



NEWTOWN UNION HEALTH SERVICE

Annual Report 2022 - 2023



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SECTION ONE

Newtown Union Health Service Board and Staff

Policy Board:

Chairperson	Tim Rochford
Treasurer	Julie Lamb
Secretary	Fiona Osten
Kaumatua - Tangata Whenua Member	Te Urikore (Julius) Waenga
Staff (clinical) Member	Jonathan Kennedy, Linda Bryant
Staff Māori Rōpu	Tunisia Pohatu
Union Member	Fran Renton Grant Brookes Bryony Hales
Community Member	Julie Lamb Senia Bartley Bryony Hales

Staff Administration Team:

Fiona Osten (Manager), Tunisia Pohatu (Reception Team Leader), Kathy Symonds (Executive Assistant), Giordano Rigutto (Finance Administrator), Paul Marsden (Clinical Administrator), Diane Ratty (HR Administrator).

Allied Health:

Philippa Thompson (Social Worker), Sonia Smith (Māori Social Worker), Flora Toma (Interpreter), Breandan Lynch (PCPA), Linda Bryant (Clinical Advisory Pharmacist).

GP Team:

Vivienne Coppell (Team Leader), Jonathan Kennedy, Tin Maung Maung, Katrina Harper, Nikki Turner, Angharad Dunn, John Robson, Ellen Miller, Jenny Linsell, Andrew Robertson, Megan Higgins, Pauline Horrill, Wiktorina Armstrong, Gabrielle Watts, Anna Clare O'Connor.

Nurse Team:

Maureen McKillop (Team Leader), Fou Etuale, Louise French, Rosie Wilson-Burke, Jo Cuncannon, Marcia Gawith, Mario Merlo, Rachel Mizon, Liv Browne, Ben Wittmann.

Reception Team:

Waty Arief-Macher, Pela Tavarua, Niamh Cartysquires, Nicole Galvin, Debbie McGill, Grace Chan, Breandan Lynch.

SECTION TWO

Chairperson's Report



Tim Rochford, Chairperson NUHS Board

Ko Aoraki te mauka
Ko Makaawhio te awa
Ko Uruao te waka
Te Taureka waka a Maui tōku marae
No Te Tai Poutini au

Kia ora koutou

2023 has been another challenging year, it seems crazy is the new normal. As an example, in my childhood we celebrated the advances in medicine that protected us from polio, tb, measles and other diseases that had wreaked havoc on our communities. Now it seems protecting our young and older members of our communities has become a political act. Driven by right wing extremists in the US, those who deliver health care have become targets in Aotearoa as the internet feeds gullible and vulnerable individuals an increasingly bizarre and racist ideology that seeks to put social progress back 100 years.

That this ideology may have a foothold in the new Government is particularly concerning, but Governments come, and Governments go, our work will continue. We will seek to engage with this Government as we have with the last, to promote the health needs of our community.

This becomes even more important as the social disruption of climate change and a world increasingly unable to find simple solutions to our most urgent issues, it sometimes feels like we are living in a dystopian nightmare, but we are not. We must continue to focus on our work at Newtown Union Health Services and on the needs of our patients and their whānau.

We continue to provide care and support to those who need it, and this is our first and most urgent task. In addition, however we must continue to be their advocate and help them find a voice in a very noisy political environment.

This is particularly important as the health sector undergoes yet another restructure and its often true that restructures are usually driven by a need or desire for change but often in the turmoil of change, the new structure tries to do what its predecessor system achieved so it won't be seen as a failure. Given this change was driven of the health sector to meet the needs of the most vulnerable we need to see a greater vision from MOH and the new structure then we have seen so far.

We have had the support of politicians, such as Prime Minister Chris Hipkins, Minister of Health Ayesha Verrall and Minister for Ethnic Affairs Priyanca Radhakrishnan. We have continued to receive support from former board member and MP Ibrahim Omer. It is important to ensure our issues and the issues of our community are addressed to those who hold the levers of power and whoever that is we must continue to do that.

Covid and outbreaks of increasingly devastating influenzas, continue to be a major challenge for our service as has ensuring full complement of staff. Years of Government neglect of the need to train and support health professionals has ensured a shortage of doctors and nurses for all health services and reflects our failure, as a nation to see the job of our education system to meet the needs of the country. Another example of the abject failure of the neo-liberal policies of the last few decades.

Despite all these challenges we continue in our mission. I must pay tribute to Fiona and her team for doing the hard mahi, in hard times. These are our leaders and true heroes, whatever elections bring us, we will look to the stronghearted staff, led by Fiona, to see us through.

We have continued to develop, and the Board recently endorsed the decision to purchase our Broadway clinic, that guarantees our Strathmore service and helps future proof the whole service in potentially tough times.

In addition to Fiona and the wonderful staff I must also add my thanks to the Board who have worked well together to ensure the service continues to support our community. I must also recognise the wonderful contribution of our former chair, board member and long-time stalwart, Grant Brookes who is stepping down from the board to focus on his work for Tōpūtanga Tapuhi Kaitiaki o Aotearoa / New Zealand Nurses Organisation. NUHS owes a huge debt of gratitude for his contribution I am sure Grant will always be there for us so it's not so much goodbye as a new beginning.

Finally, Papa Julius has generously gifted us a Māori name: **Te Puna-Wai-Ora Whakakotahitanga Hauora**. Te Puna Wai Ora is the name of the stream that used to through Newtown, Whakakotahitanga is to unify signifies our union base and Hauora is a word for our health. It is a beautiful name, and I would like us to formally incorporate adopt it in our constitution. This is, of course, a process and of course will need to be done appropriately, but I believe this will contribute to te puāwai o te reo Māori (flowering of Māori language).

No reira

Kia mahara a tātou te whakaaro o tātou tīpuna.

Ko te pae tawhiti
whāia kia tata,
ko te pae tata
whakamaua kia tīna

(Seek out distant horizons, and cherish those you attain).

Tim Rochford

Chair

Manager's Report



Fiona Osten, Manager



Another year has passed quickly with the familiar change and challenges that we have experienced in recent years continuing. Towards the end of this reporting year, I feel I am understanding the new normal for NUHS which means I can try and be prepared to reduce the time spent in the reactive workspace and become measured with time spent where it is most important.

Recruitment remains a significant piece of work given the shortages of nurses and doctors across the country. For the first time the difficulty in recruiting nurses has impacted on NUHS and vacancies remain. We have been very privileged to recruit excellent staff this year and continue to recruit to fill the vacancies. We have had a significant number of staff changes within the reception team, for those visiting Broadway and Newtown clinics you will meet the new team.

This year we farewelled Nurse Team Leader Dianne Theobald and thanked her for 18 years of service with NUHS. Nurse Maureen McKillop has moved into the Nurse Team Leader and brings 25 years of experience of working within the NUHS team.

The effects of Covid and the cost of inflation has meant many people we work with are under increasing pressure to put food on the table, find suitable accommodation and pay their bills. There are times when their frustration impacts on how they present and talk to staff. I would like to commend the staff for their resilience and understanding when this happens.

Increasingly the complexity of working in the Primary Care space brings challenges that has put pressure on all staff this year. **Our People** is one of NUHS's strategic goals and I acknowledge the team is the principal asset of the organisation. Without them we would not be who we are or be able to provide comprehensive health care to the NUHS patients. I sincerely thank all staff for their hard work, commitment, resilience for their collegial teamwork and for genuinely caring for each other.

At the staff Christmas lunch last year, we celebrated 35 years of NUHS. It is important to take time to celebrate the achievements and reaching 35 years is a legacy for the organisation.

This year, Tunisia Pohatu, Reception Team Leader, and I attended an Executive Leadership Summit in Sydney. It was 3-days of listening and interacting with inspirational leaders from a variety of organisations. I returned feeling energised and refreshed and ready to continue to lead the NUHS team for another year.

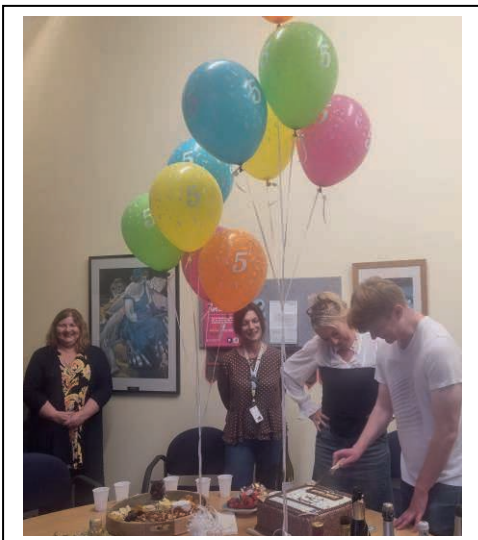
In April this year NUHS and Massey University celebrated 5-years of working together to provide services to Massey students enrolled with the health service. I have enjoyed maintaining the relationship with the Massey Leadership Team, we have a unique agreement to provide the clinical services to Massey students.

Early in 2023 we achieved the Foundation Standards accreditation for the Massey site. I would like to thank Nurse Marcia Gawith for her time and energy that went into the achievement.

I would like to acknowledge and thank Papa Julius, our Kaumatua and Board member, for his leadership and guidance to us all. We value his wisdom and contribution to NUHS.

Thank you to the NUHS Board for their governance and guardianship of NUHS.

Celebrations



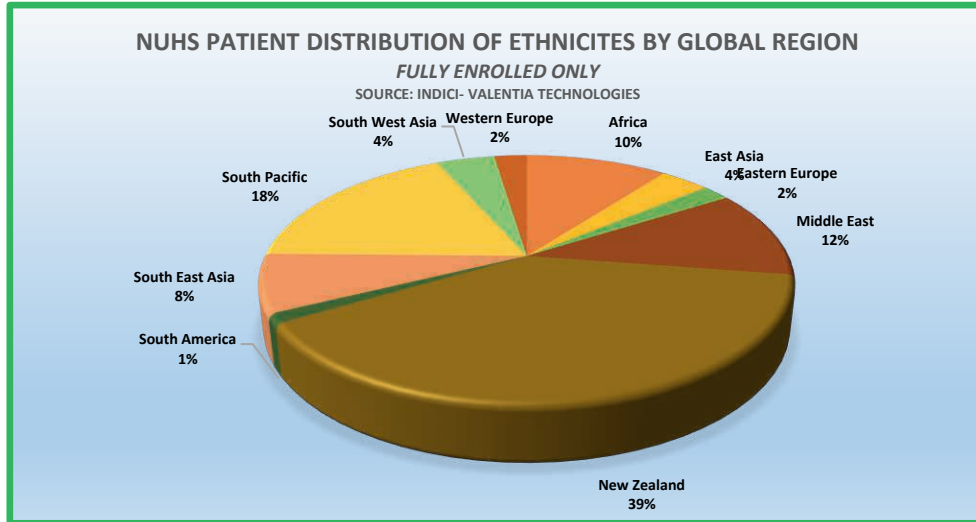
Patient Register and Demographics Report

The following demographic data for NUHS was sourced on the Wednesday 25 September 2023 and as of that date the total of fully funded NUHS patients was 7,509. On the table below this is highlighted in green.

The table below describes the various combinations of Casuals with different registration status, and it also reports the figures across the three NUHS locations.

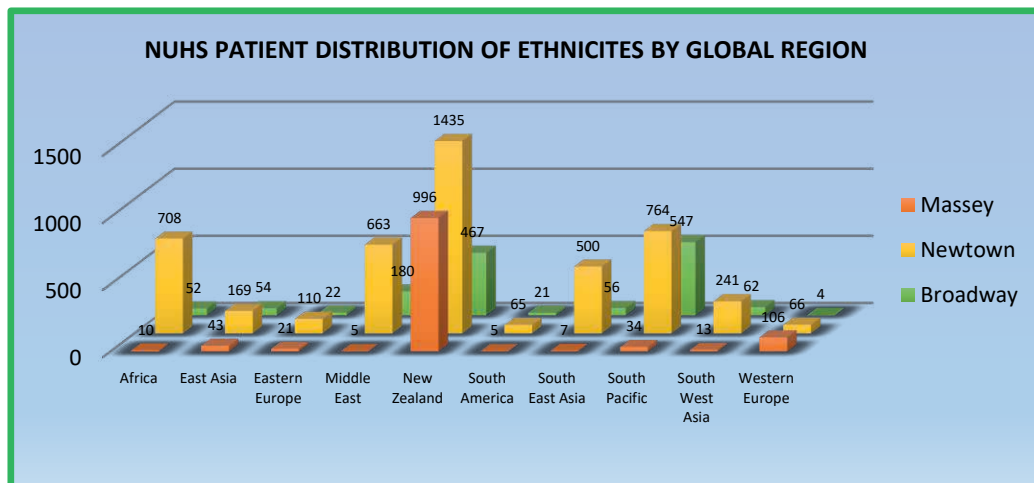
# of Patients Enrol & Reg Status	Location				Total
	Massey	Newtown	Broadway	(blank)	
Casual	353	29	3	1	386
Casual (C)	18	23	3	1	45
Not Registered (N)	335	4			339
Registered (R)		2			2
Confirmed Enrolment (C)	1255	4784	1475	11	7525
Casual (C)		3	2		5
Not Registered (N)	8	3			11
Registered (R)	1247	4778	1473	11	7509
Enrolled	1	16	5		22
Casual (C)		1			1
Registered (R)	1	15	5		21
Newborn Preliminary Enrolment (B)		13	1		14
Registered (R)		13	1		14
Un-enrolled	205	2530	275	19	3029
Casual (C)	34	1840	199	15	2088
Not Registered (N)	166	546	58	4	774
Registered (R)	5	144	18		167
Total	1814	7372	1759	31	10976

The following charts provide an indication of the NUHS patient breakdown reporting ethnicity:



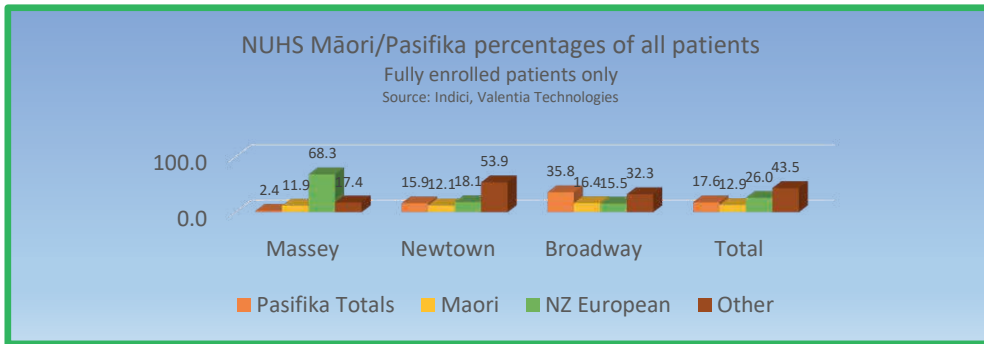
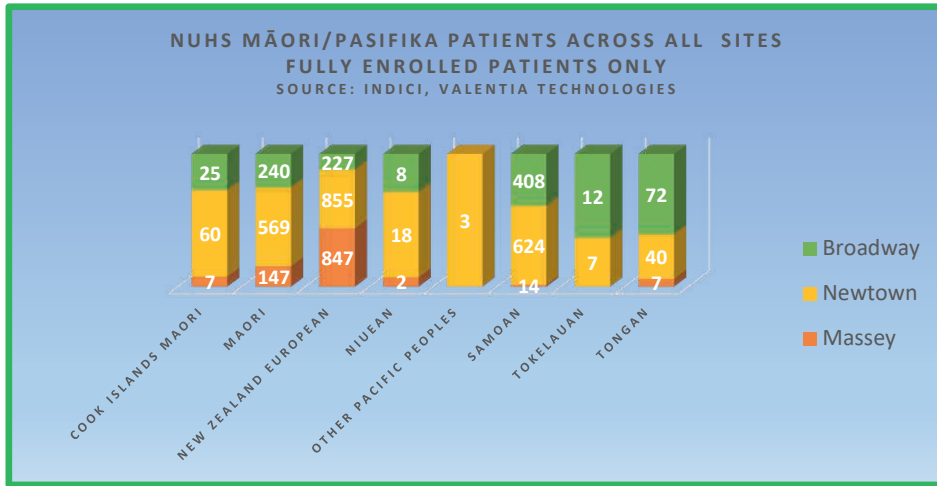
If categorizing ethnicities by global regions almost half of NUHS patients relate their ethnicity to Aotearoa and the South Pacific with another quarter of patients declaring an African or Middle Eastern origin. NUHS patients claim ties to all corners of the globe.

The next graph below applies the same regional ethnic categorization, but this time shows the distribution across the three NUHS sites. One of the main indicators of this chart is that the Newtown site is the most ethnically diverse of the three, whilst Broadway has proportionally the highest Pasifika representation. Massey is the least diverse with most of its patients claiming a Aotearoan background.

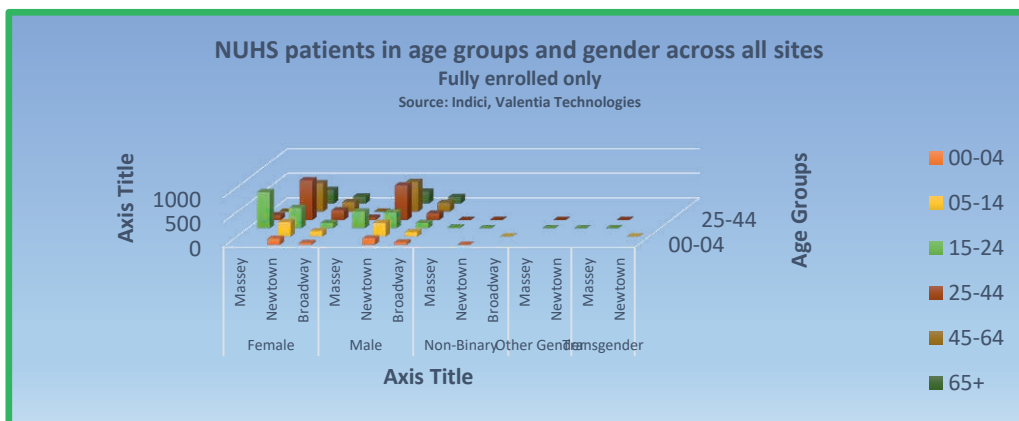


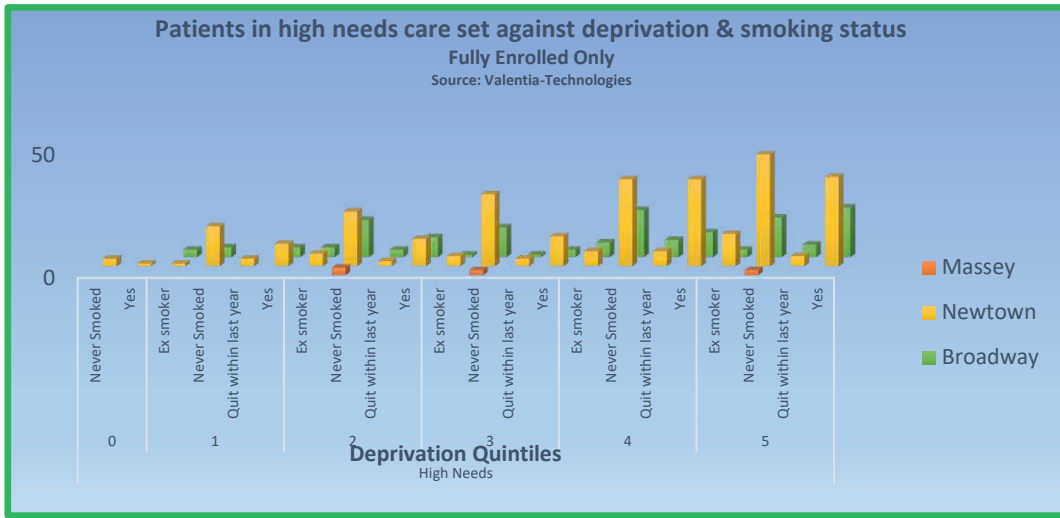
Patient Register and Demographics Report cont

The next two charts give a more detailed breakdown of the NUHS Māori/Pasifika representation. The first chart shows how each Māori and Pasifika ethnic group is distributed across the sites, and the second one depicts ethnic representation of four groups (Pasifika, Māori, Pakeha and Other), again across all three sites, measured as a percentage.



The next chart gives presents the NUHS gender make-up, including the contemporary gender classifications which avoid the traditional gender dichotomy, but set against the standard age groupings, and again this is across the three NUHS sites. Significant points of note are that at Massey, not only is there double the number of females to males, but also, the 25 to 44 age group is by far the majority. Newtown on the other hand shows a typical bell curve distribution among the age groups, with the 25 to 44 group edging in both traditional gender classifications. Alternatively, Broadway shows an aging population with the two eldest age groupings coming out on top.





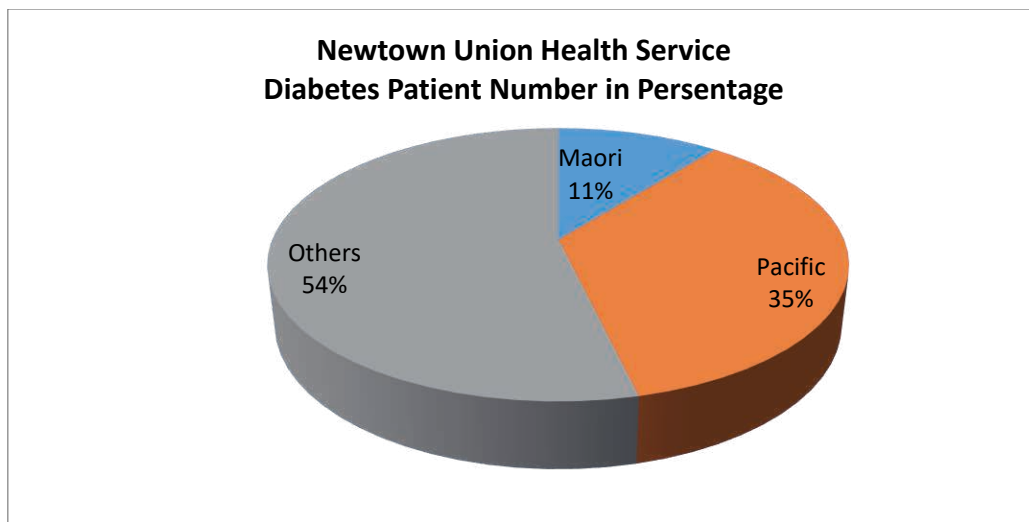
Diabetes Report



The Diabetes Team

Newtown Union Health Service (NUHS) provides a comprehensive Diabetes screening, assessment, and treatment service to an approved Diabetes Management Plan (DMP). We have a team of health professionals and allied health workers who provide the oversight of diabetes services at NUHS. The team members are Dr Tin Maung Maung, Nurse Fou Etuale and Clinical Pharmacist Linda Bryant.

There are 671 registered patients who have a diagnosis of diabetes, 537 with pre-diabetes. Of these groups 641 have Type 2 diabetes and 30 have Type 1 diabetes.



NUHS has a Diabetes Education Programme that covers all aspects of diabetes care, including initial assessment and education and ongoing screening. The programme is delivered on an individual basis at regular scheduled appointments with the patients' allocated nurse or their GP. Regular appointments provide the opportunity to monitor and manage the patient's condition and set future goals. All clinicians work with their patients to set and review goals with the aim of reducing the long-term negative impact of diabetes as well as improving overall wellbeing.

We currently offer a funded annual review with either their GP or nurse. Patients starting on insulin are supported by funded appointments to establish their insulin regime and ensure that they can manage their treatment in a safe way. The Clinical pharmacist also offers appointments to review Diabetes medications and is available to initiate insulin if required.

We have continued to offer Pacifica patients with diabetes an opportunity to trial a freestyle libre blood glucose monitor with the aim of educating and improving blood sugar outcome for this population. We are monitoring patients eligible for newer diabetes medications empagliflozin / Dulaglutide and initiate treatment where applicable.

We regularly screen patients who may be at risk of developing diabetes and provide diet and lifestyle education to people who have been identified as having Pre-Diabetes. These people are monitored regularly to ensure early detection of any progression of their condition.

Outreach nursing services are available to people with Diabetes where we have identified barriers to them attending appointments. The Pacific Navigation Service provides support for Pacific patients to access NUHS.

Māori patients with diabetes are referred to and encouraged to attend Te Puna Waiora which is a group providing education and support for people living with diabetes and other long-term conditions.

Regular Diabetes related activities include:

- Three monthly Diabetes Specialist consultation clinic with Dr Jeremy Krebs for patients with HbA1c >64 and higher level of complexity.
- Education to update staff on best practice management for people with diabetes.
- Interdisciplinary consultations involving nurses, dietitian, and clinical pharmacist.
- One on one mentoring of nurses by staff Diabetes Nurse Educators.
- Outreach nursing service.
- Fortnightly community Dietitian clinics.
- Liaison with community Podiatrists to ensure collaborative approach to managing patients with Diabetes.
- Liaison with local Optometrists to ensure people have access to retinal screening services.
- One nurse is member of the Diabetes Nurse Practice Partnership Team which is collaboration between primary and secondary care and works to promote quality and consistency of diabetes services across the region.
- She is also a member of the Wellington Regional Diabetes Clinical Network which has oversight of Diabetes Services in the greater Wellington region.
- COVID has presented us with many challenges as shortage of nurses due to sickness; leaves and energies of staffs have been diverted to providing care and follow up of patients with COVID. This has meant that management of long-term conditions including Diabetes has not been delivered in the same way. There has been less opportunity to see people in person and virtual consultations with our high- needs population are often limited and made more difficult if English is not their first language. It is anticipated that as COVID work starts to stabilise, there will be more opportunity to follow up patients who may be needing support with their long term condition management.

The Future...

There is an ever-increasing number of people being diagnosed with Pre-Diabetes and Diabetes, including more people from younger age groups being diagnosed with Type 2 Diabetes. This is in part due to the increasing incidence of obesity and more sedentary lifestyles. There will be wider ramifications as this group are more likely to be impacted by long term complications of Diabetes.

This increase in numbers of younger people with Diabetes will present an even greater challenge to all health providers, to ensure that appropriate health services are available to them.



Mental Health Team Report

The Newtown Union Health Service (NUHS) Mental health contract provides funded visits for 583 patients. This is a slight increase from the previous year.

In the past 6 months (1 January 2023 – 31st July 2023) utilisation rates show there have been 558 consultations, an average of 1.04 consults per person on the register.

This number has decreased in the last 6 months due to less staff on site to provide the service, and there has been a noticeable increase in demand to meet. Because of this, staff have been doing mental health check-ins over the phone and during non-patient contact times to help with the demand.



Since the end of 2022, Newtown Union has not had access to the fortnightly meeting with a psychiatrist. This service was used for patients requiring specialised support, which included medication reviews, assessments, 6 monthly reviews, and advice for complex patients. Not having this service available has added extra pressure on both us and the secondary services as more patients have required referral.

There remains a noticeable gap for those who don't meet criteria for secondary service or have been discharged with little or no support in the community, adding extra support needing to be provided by staff at Newtown Health Service.

Newtown Union Health Service has been able to develop relationships with many secondary mental health service providers. Three monthly multi-disciplinary team meetings (MDT) have been restarted with South Community Mental Health team. This helps to alleviate some of the pressure and to improve communication with the Case Manager and Newtown Union Health (NUHS) staff. This allows to facilitate collaborative care for patients and help support the more vulnerable patients that are being seen.

Three-monthly meetings with the Team for Assertive Community Treatment (TACT team) are in place and bi-monthly 30-minute meetings with Opioid Treatment Service Primary Care Liaison (OTS). Communication has also been started with Te Whare Marie with a face-to-face meeting to be scheduled.

A Doctor and a Nurse provide an outreach clinic within a supported living accommodation 3-monthly providing GP consults, diabetic checks, and general check-ins for patients.

Clinical Advisory Pharmacist Report



Dr Linda Bryant, Clinical Advisory Pharmacist

The clinical advisory pharmacist (CAP) works 2.5 days at NUHS, 1.5 days funded by Tū Ora Compass and 1.0 day funded by NUHS. The service is provided primarily from the Newtown Clinic, with half a day at Broadway clinic.

The CAP has continued to be a combination of clinics for patient appointments to optimise medicines, repeat prescribing to identify potential medicines issues, opportunistic patient consultations and medicines information / recommendations. This is through a clinic on three afternoons a week, and at other times managing repeat prescriptions, inbox management and responding to medicines information enquiries.

There has been an increase in workload, as has occurred in general practice generally. Due to difficulty getting appointments with general practitioners and nurses due to staff shortages and increased patient demand for acute conditions, CAP clinics have increased so that long term conditions are continued to be reviewed and medicines therapy optimised. This is primary for people with diabetes, but also includes cardiovascular, respiratory, gout, pain, and general multi-medicine reviews. At the Broadway clinic there have also been year-of-care reviews undertaken in older people.

The continual focus is optimising medicine therapy to reduce drug-related morbidity and mortality and reduce inequity in our population with high unmet need. Contact with patients may be in clinic, telephone, text, email or through the My Indici patient portal.

Medicines updates an information includes dissemination through attendance at peer group meetings and included updates on use of statins for cardiovascular disease, medicines and impaired driving risks, an update on medicinal cannabis products, heart failure medicines and respiratory medicines.



Outreach Immunisation Team

Newtown Union Health provides Outreach Immunisation Services for the Wellington region from Island Bay in the South through to Churton Park in the North, including Makara and Ohariu Valley. The team consists of 2 experienced registered nurses, and an administration support person.

Over the past year the service received a total of 639 referrals, an 18% increase from the previous year. 154 children were given vaccinations during the reporting year, an increase of 14%.

During this past year there were 312 home visits, 862 phone calls were made, and 721 text messages sent. Due to the marked increase in referrals to the service, extra admin support has been provided to assist the nurses in contacting families.

Most of the immunisations were given in the child's home, including emergency accommodation.

The Outreach Service has noted more referrals for children living with extended whānau, over the past year. This extends the time taken when contacting the correct person and arranging suitable times to home visit and give the immunisations.

Several different communication methods are used to follow-up referrals through telephone calls, text messages, email and home visits are made by the Outreach nurses. This reflects the diverse and flexible model required to action referrals. Multiple attempts are made to contact families, reflecting the effort and challenges that the nurses face in reaching families.

The OIS nurses have had several referrals for children from refugee and migrant backgrounds. These families have English as a second or third language, and the nurses navigate during their visits with the help of family members, interpreter, translation services (via google on mobile phone) and family members as appropriate.

Many referrals to the OIS were for children/families who have moved to the Wellington region and have been unable to register with a GP. The OIS nurses have encouraged them to follow up with this and have provided local GP contact information. 30 referrals received from primary care practices were for children who had relocated overseas. The nurses utilised email to determine if they were still in New Zealand. Most families quickly responded, and the nurses were able to pass this information on to practices and the NIR.

The Outreach Immunisation team continue to work collaboratively with local Plunket nurses, primary care nurses and the National Immunisation Register (NIR) team to contact and reach families that have difficulty in engaging with their primary care provider. Referrals from local Plunket nurses have increased during this year. This was assisted by the introduction of a new referral form created by the Wellington Plunket Clinical Lead.

The team liaises with a wide network of health professionals, and referrals were made to Ora Toa OIS, local Tamariki Ora and Plunket nurses, and general practice providers for further health care.

The Outreach nurses attend regular meetings with the wider immunisation stakeholder's network. Both nurses have attended professional development courses in the immunisations, including the IMAC study day held in May. This provided the team an opportunity to enhance their knowledge and skills as well a chance to network with other immunisation providers.

Outreach Immunisation Report cont ...

The OIS service provides a valuable contribution to improving and achieving immunisation targets. Many families have limited resources, which creates barriers to their access to primary health care. No telephone contact, frequent changes to where the families are living, and limited transport options contribute to barriers to accessing care. The OIS team works alongside families to reconnect them to their primary health providers. A positive interaction with the OIS team in their own homes contributes to this re-engagement.



Newtown Park Flats Clinic

Newtown Park Flats (NPF) outreach clinic operates weekly on Fridays by a nurse; doctor attends on first Fridays monthly. The clinic is situated at D Block on the ground floor at 320 Mansfield Street Newtown.

The purpose of the clinic is to provide accessible and low-cost health care to those living with a low income and reside at the flats and surrounding areas. Our aim is reducing barriers and health inequalities.

The clinic delivers full medical care including health checks on asthma, diabetes, sexual health, mental health, blood pressure checks, child health checks, immunization, social support, smoking cessation, elderly support, health education, health promotion etc. Those who need urgent support or treatment are referred to Newtown Union Health Service clinic. Patients needing social support are assessed and referred to the NUHS social worker or appropriate social service providers.

Newtown Park Flat Registered Population July 2023

Ethnicity	00 to 04	05 to 14	15 to 24	25 to 44	45 to 64	65 +	Total
AFRI	12	11	5	23	9	2	62
ASIA	3	3	2	4	8	1	21
EURO			1	3	9	3	16
MAORI			1	3	8	2	14
MIEA	2	1	1	9	4	6	23
PI	3	5	4	5	9	3	29
Other		2	1	3	3		9
Total	20	22	15	50	50	17	174

The current registered population stands at 174. Africans are the highest ethnic group residing at NPF followed by Pacific Islanders, Middle Eastern, Asians, Europeans, Māori and Others (Latin Americans).

We have conducted one flu clinic at NPF during this period. The majority of attendees at NPF clinic are at deprivation index of 5. Home visits are also a key component of this clinic to provide health care to house bound clients.

The number of clinics provided at NPF has been affected by COVID due to the small waiting area without the ability to provide safe infection control measures.

Ia Manuia
 Fou Etuale and Tin Maung Maung
 NPF Health Team



Refugee Team

Narrative Reporting -1 July 2022 to 30 June 2023

The Newtown Union Health Service Refugee Team most recently has consisted of Cathy O’Callaghan (Primary Care Nurse – resigned May 2023), Angharad Dunn (General Practitioner – on maternity leave March 2023-March 2024) and Philippa Thompson (Social Worker).

Jonathan Kennedy (General Practitioner) has continued to support the team throughout the year. The Primary Care Nurse position is vacant and being advertised.

The direct impact of the Covid-19 Pandemic has gradually reduced during the reporting period, with the final vaccine mandates lifted in September 2022. However, the flow-on effects will continue. Quota refugee numbers have increased but the Family Support Category places not filled during the pandemic, will not be replaced.

As the situation with the pandemic has stabilised throughout the year, some challenges have lessened though impacts on former refugees already in New Zealand with disrupted settlement processes, and disrupted access to health care and social services, including primary health care continue to some degree. Issues with accessing appointments, variable use of interpreters by health services and major pressure for adequate housing continue to be common them

es reported by people with refugee backgrounds to NUHS clinical staff.

Te Āhuru Mōwai o Aotearoa/Mangere Refugee Resettlement Centre now accommodates Quota refugees for 5 weeks before they settle in different areas around the motu. Stays have continued to be extended, due to insufficient housing availability all over Aotearoa.

Refugee Team and NUHS refugee activities

Refugee Liaison Meetings are now held bi-monthly due to reduced staff capacity. There is regular representation from Red Cross Refugee Trauma Recovery, Red Cross (resettlement support), Regional Public Health (public health nurses), and other health professionals working in the refugee sector. Recently, Newtown Budgeting and Advocacy Service has been invited to attend, reflecting the severe financial hardship many of the refugee families face. At times these meeting have been held virtually to accommodate staff shortages.

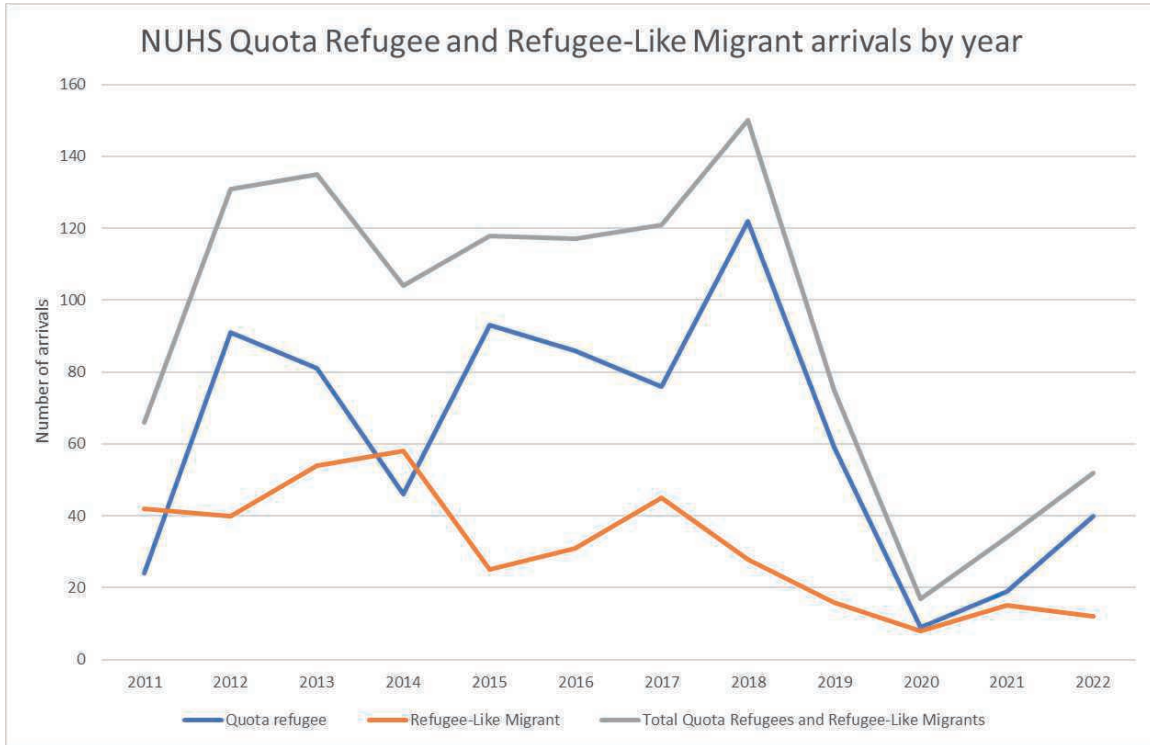
Refugee team members attended the Aotearoa Refugee Hui hosted by MP Ibrahim Omer at parliament on 21 November 2022. This was a fantastic opportunity to network with others in the sector and celebrate the amazing work being done.

Philippa Thompson and Jonathan Kennedy attended the New Zealand Health Strategies Engagement with Ethnic Communities on 13 March 2023.

Video-interpreting continues to be used especially with the NUHS-employed interpreter. Video-consultation capability remains and continues to be used when needed.

Overall, capability for delivery of our primary health care service has been reduced in part due to shortage of staff resulting in longer wait times for appointments. The ongoing work for former Quota Refugee and Refugee-Like Migrant patients already enrolled continues, though there could be expected to be additional stresses on these groups because of concern for family members overseas and delays in family reunification that can impact on health and need for primary care services.

Arrivals in the reporting period 1/7/2022 – 30/6/2023



Refugee Arrivals by Ethnicity July 2022 to June 2023

Ethnicity	Quota	RLM	AS	Totals
Burmese		4		4
Colombian	6	4		10
Somali	7	11	1	19
Ethiopian		2		2
Pakistani	9			9
Eritrean	2			2
Syrian	4			4
Other South Asian	2			2
Other African		1		1
Other Asian		1		1
Other Middle Eastern		2		2
Totals	30	25	1	56

Refugee Arrivals by Gender July 2022 to June 2023

Gender	Quota	RLM	AS	Totals
F	13	15		28
M	17	10	1	28
Other	0	0	0	0
Totals	30	25	1	56

Refugee Arrivals by Age Group July 2022 to June 2023

Age Group	Quota	RLM	AS	Totals
5-9	5	4		9
10-14	4	2		6
15-19	1	3		4
20-24	3	2	1	6
25-29	5	2		7
30-34	4	2		6
35-39	2	6		8
40-44	3	3		6
45-49	3	1		4
Totals	30	25	1	56

Newtown Union Health Service refugee team members look forward to ongoing provision of health care for existing and newly arrived refugees and their migrant family members, with an anticipated increase in arrival numbers over this time and more stability of issues created by the pandemic.

Appendix: *Newtown Union Health Service 'Refugee-like Migrant' Eligibility Criteria

(Also referred to as 'direct' refugees, 'humanitarian' refugees, 'family reunification' refugees)

- From a background comparable to people admitted to New Zealand with refugee status **AND**
- Could be expected to have similar health needs and require screening similar to a quota refugee.

Specific criteria may include:

- High rates of endemic disease in country of origin.
- Poor access to health care.
- Exposure to trauma.
- Exposure to war or conflict.
- Prolonged residence in refugee camps or asylum countries.
- Forced migration or internally displaced people.
- Origin from country where refugees are currently originating.



Social Work Team

The role of the social worker at Newtown Union Health is to support the doctors and nurses when patients present with issues which are not medical and yet still affect their health. This could be housing, finances, immigration, family transitions (marriage, new baby, children growing up) or family breakdown, or coming to terms with a new diagnosis. The aim is for client and social worker to set goals and work together to achieve them. This can include advocacy, accompanying someone to appointments or being a listening ear. It is voluntary and can continue as long as needed. Working as a team with doctors and nurses ensures we can offer effective support, such as being able to quickly get assistance from a triage nurse if someone mentions they are unwell while talking to us.

Sonia Smith continues her role as the NUHS Māori social worker (NUHS MSW). Philippa Thompson continues as the general social worker.

Now that Covid has started to subside, referrals have increased significantly, with housing, financial hardships, mental health, and addictions being the predominant of the presenting issues. One of the most challenging issues faced by the MSW, is the substantial number of referrals coming in from Māori whānau seeking moderate to acute mental health support.

Wellington has a closeknit Māori community and the MSWs' mahi and successful outcomes is known and therefore self-referrals have increased significantly. This includes self-referrals from whānau who are not patients of NUHS. The MSW will direct whānau to services that can provide the assistance they need or support them to enrol at NUHS if appropriate. The work of the MSW includes working alongside Oranga Tamariki, providing advocacy and a communication channel for all parties.

For the general social worker, most referrals come from within Newtown Union but there are likewise a significant number of self-referrals. These come from clients who have either received social work support previously or have had a friend or relative benefit from social work support. There is always a diverse ethnic and linguistic diversity among referrals, with most clients being Quota Refugees, Family Support Category, or refugee-like migrants. Around one-third rely on interpreting services and others ask family members or friends to support them.

The housing crisis continues to affect many of our clients. Around three-quarters of clients have a housing need as either primary reason for referral or an underlying issue. Needs include overcrowding, damp conditions, expense, safety or living in transitional or emergency housing. Other reasons for referral are diverse but include financial support, crisis support, immigration issues, family violence and family change such as a new partner, pregnancy, or relationship breakdown. The social worker aims to provide strengths-based support both through advocacy and being a listening ear. The social worker refers on to other agencies as appropriate for specialised services, including legal advice, immigration support or counselling. Appointments can be at the clinic, at home, attending other services, or even remote support.

Successes

Success in social work is whenever we can celebrate clients achieving their goals, whether they be big or small.

The Māori social worker is always looking at ways to holistically better the lives of Māori whānau, to broaden networks that benefit the whānau, and to ensure their practice is safe, evolving, and effective. The MSW has had to advocate at a systemic level to gain traction and success on housing vulnerable Māori whānau. In terms of financial adversities, the MSW has successfully built stronger streamlined connections with Work and Income and Inland Revenue, which has shown in many circumstances to gain immediate results. Mental health referrals to the MSW are predominantly

being made by the NUHS clinicians where a multi-disciplinary approach is then effectively carried out through the clinicians, the Health Improvement Practitioner and the NUHS social workers.

For the general social worker, this year's achievements have been two clients, successful application for family to reunite, find appropriate housing, supporting people into employment. Partnering with Newtown budgeting to offer support has also been a rewarding outcome for this year.

Networking

There continues to be a monthly social worker peer-group, which is facilitated by the NUHS general social worker. Other networks that continued to be strengthened are with Te Toi Mahana (formerly Wellington City Council Housing), Kainga Ora, Dwell Housing, EIS, Oranga Tamariki, Rangatahi MH Unit, Birthright, Family Courts, Police, City Mission Social Supermarket and whaanau support, Salvation Army, Wesley Care, WCLC, NEST Collective, CCDHB Ora Team, Tu Ora PHO, SVDP, Tui Hauora, Taeaomanino Trust, Te Roupu Awhina, Te Haika, Refugee Trauma Recovery, Strengthening Families, Red Cross, Sustainability Trust, Healthy Homes, WellHomes, Work and Income, SCMHT, Te Whare Marie, Te Waka Whaiora, Inland Revenue, ICAFs, Kahungungu Whaanau Services, Te Atiawa Social Services, Probation and Emerge.



Ssendam Rawkustra

NUHS continues to support Ssendam Rawkustra. This music program has been running for 16 years and was initially established for those living with MH pressures propagated by negative disorders. Currently run by volunteers (Musician’s themselves).

Ssendum Rawkustra meets weekly for band practice in Island Bay. On average usually 20 participants come along with varying skills of music, using voice, keyboard, string and brass.

The qualitative benefits Ssendum brings for these people is social connection and cohesion, activity and endurance, confidence development and positive self-identity, future focused and a sense of purpose, appears absolutely apparent at almost each and every session.

Over the years Ssendam has grown and developed under its own momentum. It continues to provide weekly engagement focus and fun and remains accessible to all who need it, whilst remaining free of charge.

The group has progressed to performing privately around the Wellington area. They perform regular public concerts and have a keen following.





The Descendentz

Newtown Union Health Service (NUHS) and Wesley Care Services are the proud valuable sponsors of the Island Bay Descendentz Women's softball Team and the Ngā Mokopuna Descendentz Netball Team.

The ongoing support that NUHS provides "The Descendentz" allows our wāhine from Wellingtons hardest to reach communities to stay consistently engaged in weekly sporting activities all year round. This is done through tackling the low socio-economic determinants they face and providing our wahine with the tools, support and whakamana (empowerment) to eliminate them.

The Descendentz kaupapa is around focussing on your Iwi, whenua and turangawaewae of where you descend from as our predominant core belief, value and drive. This kaupapa is proven to influence and draw in interest from those who are trying to step in a new positive direction in life and break the cycle of intergenerational adversity and hardship. Playing sports has an effective way of enhancing the connection, kotahitanga, teamwork, confidence, and developing leadership and physical skills, all the while remaining actively healthy and looking after the tinana.

The Descendentz come together and do regular fundraising functions, attend health promotions, and hold frequent whakawhanaungatanga events to help keep everyone bonded. We are a very successful competitive rōpū of wahine who have predominantly taken out Softball and Netball social grade competitions throughout the last 10 years. All that we do in our active sporting world is inclusive of our babies and our Rangatahi and they continue to grow and evolve with us.

Our latest venture was in March 2023 as we travelled up to the "The Fun in The Sun National Softball Competition" in Hastings. Our Softball rōpū of 22 wāhine formulated some immense fundraising plans and executed them successfully within a 6-month timeframe, however without the additional valuable support of NUHS and Wesley Care Services, we would not have been able to follow through with that amazing 5-day sporting trip experience.

Our entire rōpū of 50 plus wāhine are forever grateful for having the committed backing of NUHS and Wesley Care and in return we will always endeavour to reach out, connect and grow our kaupapa as our reciprocal commitment back to these services and most of all for the betterment of our māori wāhine community.



Financial Report

NEWTOWN UNION HEALTH SERVICE INC.

ANNUAL REPORT

FOR THE YEAR ENDED 30 JUNE 2023

- 1. Audit Report**
- 2. Statement of Service Performance**
- 3. Statement of Comprehensive Revenue and Expense**
- 4. Statement of Changes in Equity**
- 5. Statement of Financial Position**
- 6. Statement of Cash Flows**
- 7. Notes forming part of the Annual Report**

Independent auditor's report

To the Trustees of Newtown Union Health Service Incorporated

Opinion

We have audited the general purpose financial report of Newtown Union Health Service Incorporated which comprise the financial statements on pages 4 to 13 and the service performance information on pages 1 to 3. The complete set of financial statements comprise the statement of financial position as at 30 June 2023, the statement of comprehensive revenue and expense, statement of changes in equity, statement of cash flows for the year then ended, and notes to the financial statements, including material accounting policy information.

In our opinion, the accompanying general purpose financial report presents fairly, in all material respects:

- the financial position of Newtown Union Health Service Incorporated as at 30 June 2023, and (of) its financial performance,
- and its cash flows for the year then ended; and
- the service performance for the year ended 30 June 2023 in accordance with the entity's service performance criteria

in accordance with Public Benefit Entity Standards Reduced Disclosure Regime (PBE Standards RDR).

Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (New Zealand) (ISAs (NZ)) and the audit of the service performance information in accordance with the ISAs and New Zealand Auditing Standard (NZ AS) 1 *The Audit of Service Performance Information (NZ)*. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the general purpose financial report section of our report.

We are independent of Newtown Union Health Service Incorporated in accordance with Professional and Ethical Standard 1 (Revised) 'Code of ethics for assurance practitioners' issued by the New Zealand Auditing and Assurance Standards Board, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other than our capacity as auditor we have no relationship with, or interests in, Newtown Union Health Service Incorporated.

Responsibilities of the Board for the General Purpose Financial Report

the Board are responsible on behalf of Newtown Union Health Service Incorporated for:

- a) the financial statements and service performance information in accordance with Public Benefit Entity Standards issued by the New Zealand Accounting Standards Board;
- b) service performance criteria that are suitable in order to prepare service performance information in accordance with Public Benefit Entity Standards; and

- c) such internal control as the Board determine is necessary to enable the preparation of the general purpose financial report and service performance information that are free from material misstatement, whether due to fraud or error.

In preparing the general purpose financial report, the Board are responsible for assessing the Newtown Union Health Service Incorporated's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Board either intend to liquidate the entity or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the General Purpose Financial Report

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole, and the service performance information are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (NZ) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of this general purpose financial report.

A further description of the auditor's responsibilities for the audit of the general purpose financial report is located at the XRB's website at

<https://www.xrb.govt.nz/standards/assurance-standards/auditors-responsibilities/audit-report-14/>

This report is made solely to the trustees of Newtown Union Health Service Incorporated. Our audit has been undertaken so that we might state to the trustees those matters we are required to state to them in an auditors' report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the trustees, for our audit work, for this report, or for the opinions we have formed.

Moore Markhams

Moore Markhams Wellington Audit | Qualified Auditors, Wellington, New Zealand
18 October 2023

Newtown Union Health Service

Statement of Service Performance for the year ended 30 June 2023

Description of Newtown Union Health Service Outcomes:

Newtown Union Health Service is a not-for-profit community service providing community-owned, affordable, accessible, acceptable, appropriate, not-for-profit and community based primary health care since May 1987 for some of the most vulnerable people, including new migrants, low-income families, and the beneficiaries.

NUHS operates from 3 sites, the Newtown Clinic, 412 Broadway and we have a partnership with Massey University where we provide the clinical services for the Student Counselling and Health Service.

Our Aims are:

To provide an affordable, accessible, acceptable, and appropriate primary health service for people who are enrolled patients of the service.

To develop and promote a model of primary health care delivery, which is consistent with the principles and goals of the Primary Health Care Strategy 2001.

To assist members to improve their health status.

To promote the development of healthy communities.

To encourage individual responsibility for health and health care.

To ensure a healthy working environment for employees.

This is achieved through building and maintaining professional relationships with patients built on trust and respect. It provides the opportunity to improve health literacy, provide health education and resources so patients understand their individual and whānau health that leads to sound decision-making on how they want to manage their own health and health needs. This leads to building confidence on accessing health systems and therefore external health services and providers. We monitor this through available data that records patient activities against health targets e.g., Immunisation status, smoking and vaping status, cardiovascular disease risk assessment (CVRA) to name a few.

NUHS ensures a healthy working environment via a Collective Employment Agreement which agrees that all employees should have a healthy workplace. NUHS supports a workplace culture with a collective responsibility for ensuring an appropriate balance between safe quality care, a safe quality work environment, patient access and business sustainability.

Te Tiriti o Waitangi principles of partnership are fundamental to the philosophy and activities of the Service.

Description and Quantification of Newtown Union Health Service Outputs

1. Summary enrolled population

Enrolment numbers by age group

	June 2023	June 2022
0-14	1,119	1,080
15-24	2,121	2,167
25-44	1,936	1,882
45-64	1,560	1,579
65+	789	782
Total	7,525	7,490

Enrolment numbers by ethnicity

Māori	1,010	974
Pacific	1,357	1,348
European	2,256	2,322
Asian	1,177	1,198
Other	1,725	1,648
Total	7,525	7,490
High needs patients	4,043	4,050

2. Services

Along with general medical Services we provide the following specialised services:

Diabetes

Newtown Union Health Service (NUHS) provides a comprehensive diabetes screening, assessment, and treatment service to an approved NZ Diabetes Guidelines. We have a team of health professionals and allied health workers who provide the oversight of diabetes services at NUHS.

Mental Health

The NUHS mental health contract supports the provision of funded visits for all patients on our mental health register.

The NUHS Mental Health Team activity includes:

- Liaison with secondary MH services:

Team for Assertive Community Treatment (TACT team), the Opioid Treatment Service and the secondary mental health teams

Outreach Services

NUHS provides a 3-monthly Doctor and Nurse clinic at a supported living facility, run by Emerge Aotearoa, with liaison and support provided as needed between scheduled outreach clinics.

NUHS has been fortunate to have a Health Improvement Practitioner (HIP) as part of the team during the reporting period. This is a Tū Ora PHO funded role.

Alongside the HIP role there is a Health Coach role, funded by Tū Ora PHO and employed by Te Waka Whaiora. The Mental Health team works with Te Waka Whaiora navigation service to integrate these into Newtown Union Health service provision.

Newtown Park Flats

There is a nurse clinic weekly at the Newtown Park Flats providing a range of services including diabetes management, health education and health screening, review of minor ailments, vaccination, management of long-term conditions, health, and wellbeing check. This clinic is supporting with a doctor in attendance monthly. The nurse also provides home visits to those patients living in the flats and proximity.

Outreach Immunisation

NUHS is contracted to provide the Outreach Immunisation Services (OIS) for the Wellington region. The coverage is from Island Bay in the South through to Churton Park in the North, including Makara and Ōhāriu Valley.

The team consists of 2 experienced registered nurses working part-time, and an administration support from the Newtown Clinic.

The OIS service provides a valuable contribution to improving and achieving immunisation targets. Many families have limited resources, which creates barriers to their access to primary health care. No telephone contact, frequent changes to where the families are living, and limited transport options contribute to barriers to accessing care. The OIS team works alongside families to reconnect them to their primary health providers. A positive interaction with the OIS team in their own homes contributes to this re-engagement.

Refugee

The NUHS Refugee Team consists of a general practitioner, a primary care nurse and a social worker.

The Covid-19 Pandemic has continued to have a major effect during the reporting period. Quota Refugee arrivals and Refugee-Like Migrant family reunification arrivals have been greatly reduced, although there are now signs that arrival numbers are increasing again.

Issues with accessing appointments, variable use of interpreters by health services and major pressure for adequate housing continue to be common themes reported by people with refugee backgrounds to NUHS clinical staff.

Refugee Liaison Meetings continued to be held monthly with regular representation from Red Cross Refugee Trauma Recovery, Red Cross (resettlement support), Regional Public Health (public health nurses), and other health professionals working in the refugee sector.

Social Worker

The role of the social worker at NUHS is to support NUHS patients where issues overall impact on a person's health and wellbeing. The aim is for client and social worker to set goals and work together to achieve them. This can include advocacy, accompanying someone to appointments or being a listening ear. It is voluntary and can continue as long as needed.

The NUHS Māori notes a substantial increase in whānau suffering from financial hardship throughout the last year. Many support requests are regarding food parcels, maximising WINZ entitlements, and finding ways to help whānau get by from one week to the next. Food is a necessity of life and without food security there is a negative domino effect that impacts overall whānau mentally, physically, and spiritually. Housing is another ongoing issue that has limitations due to the housing crisis, therefore both NUHS Social Workers have been working with whānau to manage their current living situation until a property becomes available, alongside advocating and facilitating as many different housing support streams as possible for whānau, to speed up the allocation process.

Clinical Advisory Pharmacist

The clinical advisory pharmacist (CAP) works 2.5 days at NUHS, 1.5 days funded by Tū Ora Compass and 1.0 day funded by NUHS. The service is provided primarily from the Newtown Clinic, with half a day at the Broadway clinic. The CAP has a clinic on three afternoons a week; while at other times manages repeat prescriptions, responding to medicine information enquiries, and monitoring and contributing to health targets.

Pharmacist facilitation has continued to be a combination of clinics for patient appointments to optimise medicines, repeat prescribing to identify potential medicines issues, opportunistic patient consultations and medicines information / recommendations. The continual focus is optimising medicine therapy to reduce drug-related morbidity and mortality and reduce inequity in our population with high unmet need. Contact with patients may be in clinic, telephone, text, email or through the My Indici patient portal.

Newtown Union Health Service Inc.
Statement of Comprehensive Revenue and Expense
For the Year Ended 30 June 2023

	Notes	2023 \$	2022 \$
Revenue from exchange transactions	3.3		
Primary Care Contracts			
Capitation		1,773,524	1,771,180
PHO and MINHEA Contracts		1,551,560	1,580,494
Total Contracts		<u>3,325,084</u>	<u>3,351,674</u>
PHO Quality Payments		33,690	33,065
Operations		694,467	800,182
Total Operating Income		<u>4,053,241</u>	<u>4,184,921</u>
Non Operating Income			
Interest on Investments		39,186	9,733
Total revenue from exchange transactions		<u>4,092,427</u>	<u>4,194,654</u>
Revenue from non-exchange transactions			
Donation - Well Health Liquidation Funds		48,173	-
Total Income		<u>4,140,600</u>	<u>4,194,654</u>
Less: Expenses			
Staff Costs		3,269,231	3,299,017
Operating Costs		556,538	552,422
Financial Costs		109,668	96,570
Other Costs		76,571	19,800
Total Expenses		<u>4,012,008</u>	<u>3,967,809</u>
Net Surplus/(Deficit)		<u>128,592</u>	<u>226,845</u>
Other Comprehensive Revenue and Expense		-	-
Total Comprehensive Revenue and Expense		<u>128,592</u>	<u>226,845</u>

Newtown Union Health Service Inc.


Statement of Changes In Equity
For the Year Ended 30 June 2023

	Notes	2023 \$	2022 \$
Accumulated Comprehensive Revenue and Expenditure			
Opening Balance		1,677,955	1,511,329
Total Comprehensive Revenue and Expense for the year		128,592	226,845
<u>Movements in Reserves</u>			
Transfer from/(to) Capital Replacement Reserve		(66,545)	(69,511)
Transfer from/(to) Redundancy Reserve		6,517	9,292
Accumulated Comprehensive Revenue and Expenditure at 30 June 2023	3.7	1,746,519	1,677,955
Reserves			
Capital Replacement Reserve			
	3.7		
Opening Balance		395,953	326,442
Depreciation for the year		66,545	69,511
Net transfer from/(to) Accumulated Comprehensive Revenue and Expenditure		66,545	69,511
Closing Balance		462,498	395,953
Service Building Reserve			
Closing Balance		174,961	174,961
Redundancy Reserve			
Opening Balance		136,095	145,387
Transfer from/(to) Accumulated Comprehensive Revenue and Expenditure per reserve policy		(6,517)	(9,292)
Closing Balance	3.7	129,578	136,095
Service Development Reserve			
Closing Balance	3.7	103,848	103,848
Total Equity at 30 June 2023		2,617,404	2,488,812

Newtown Union Health Service Inc.
Statement of Financial Position
As at 30 June 2023

	Notes	2023 \$	2022 \$
Current assets			
Cash and Cash Equivalents	4	483,998	984,912
Term Investments	4	1,416,949	847,081
Receivables from Exchange Transactions	3.3	170,264	169,521
Prepayments		57,651	45,473
Accrued Income		3,553	6,241
Accrued Interest		9,867	4,665
		<u>2,142,282</u>	<u>2,057,893</u>
Fixed Assets	5	1,199,132	1,187,357
Total Assets		<u>3,341,414</u>	<u>3,245,250</u>
Current liabilities			
Trade and Other Creditors	3	277,830	220,016
GST Payable		38,162	48,575
Employee Entitlements	3.4	301,807	303,133
Advance Income		23,590	104,106
Dallow Fund		39,211	38,108
Union Support Fund		3,410	2,500
		<u>684,010</u>	<u>716,438</u>
Term Liabilities		40,000	40,000
Trade Union Loans		40,000	40,000
Total Liabilities		<u>724,010</u>	<u>756,438</u>
Net Assets		<u>2,617,404</u>	<u>2,488,812</u>
Accumulated Comprehensive Revenue and Expense	3.7	1,746,519	1,677,955
Service reserves	3.7	870,885	810,857
Total Equity		<u>2,617,404</u>	<u>2,488,812</u>

Approved by:



Chairperson



Board Member

18.10.23

Date

Newtown Union Health Service Inc.

Statement of Cash Flows
For the Year Ended 30 June 2023

	Notes	2023 \$	2022 \$
Cash Flows from Operating activities			
<i>Cash was received from:</i>			
PHO and other Contracts		3,320,040	3,412,684
Claims and Consultation Fees		702,804	828,832
Interest Income		33,984	6,468
		<u>4,056,828</u>	<u>4,247,984</u>
<i>Cash was applied to:</i>			
Payments to Employees		3,276,646	3,289,357
Payments to Suppliers		634,921	600,638
Union Support		(910)	-
Dallow Fund		(1,103)	(346)
		<u>3,909,554</u>	<u>3,889,649</u>
Net Cash generated from/(used for) Operating Activities		<u><u>147,274</u></u>	<u><u>358,335</u></u>
Cash Flows from Investing Activities			
<i>Cash was received from:</i>			
Receipts from Maturity of Investments		<u>847,081</u>	<u>840,251</u>
<i>Cash was applied to:</i>			
Purchase of Fixed Assets		(78,320)	(227,686)
Payments to Purchase Investments		<u>(1,416,949)</u>	<u>(847,081)</u>
		<u>(1,495,269)</u>	<u>(1,074,767)</u>
Net Cash used for Investing Activities		<u><u>(648,188)</u></u>	<u><u>(234,516)</u></u>
Net increase/(decrease) in Cash and Cash Equivalents		<u>(500,914)</u>	<u>123,819</u>
Cash and Cash Equivalents at the beginning of the year		984,912	861,093
Cash and Cash Equivalents at the end of the year	4	<u><u>483,998</u></u>	<u><u>984,912</u></u>
<i>Comprising:</i>			
Cash on Hand, Current Accounts and Interest Bearing Accounts		483,998	984,912
Total Cash and Cash Equivalents	4	<u><u>483,998</u></u>	<u><u>984,912</u></u>

Newtown Union Health Service Inc.

Notes forming part of the Annual Report for the year ended 30 June 2023

1. Reporting entity

Newtown Union Health Service ('NUHS') Incorporated is an Incorporated Society registered under the Incorporated Societies Act 1908 and is registered as a Charitable Entity under the Charities Act 2005.

NUHS is a not-for-profit community service providing affordable, accessible, acceptable, and appropriate healthcare services for community service card holders, union members and their families.

2. Statement of compliance

The financial statements have been prepared in accordance with Generally Accepted Accounting Practice in New Zealand ("NZ GAAP"). They comply with Public Benefit Entity International Public Sector Accounting Standards ("PBE IPSAS") and other applicable financial reporting standards as appropriate that have been authorised for use by the External Reporting Board for Not-For-Profit entities. For the purposes of complying with NZ GAAP, NUHS is a public benefit not-for-profit entity and is eligible to apply Tier 2 Not-For-Profit IPSAS on the basis that it does not have public accountability and it is not defined as large.

The Board of Trustees has elected to report in accordance with Tier 2 Not-For-Profit PBE Accounting Standards and in doing so has taken advantage of all applicable Reduced Disclosure Regime ("RDR") disclosure concessions.

3. Summary of accounting policies

The significant accounting policies used in the preparation of these financial statements as set out below have been applied consistently to both years presented in these financial statements.

3.1 Basis of measurement

The accounting principles recognized as appropriate for the measurement and reporting of earnings and financial position on an historical cost basis are followed unless otherwise noted. Accrual accounting is used to record the effects of transactions in the period to which they apply.

3.2 Functional and presentational currency

The financial statements are presented in New Zealand dollars (\$), which is NUHS' functional currency.

3.3 Revenue

Revenue is recognised to the extent that it is probable that the economic benefit will flow to NUHS and revenue can be reliably measured. Revenue is measured at the fair value of the consideration received. The following specific recognition criteria must be met before revenue is recognised.

Revenue from exchange transactions

Contracts

Capitation and Contract payments received in exchange for providing services to the enrolled population are recorded as income and recognised in revenue evenly over the contract period in accordance with the Funders' payment schedule. Any undisbursed contract funds at balance date are transferred to Liabilities and carried over for use in subsequent years.

Newtown Union Health Service Inc.

Notes forming part of the Annual Report for the year ended 30 June 2023

Other Income

Income from operations received in exchange for providing services are recorded as income and recognised as it accrues.

Interest revenue is recognised as it accrues, using the effective interest method.

Financial Assets

Financial assets within the scope of NFP PBE IPSAS 29 Financial Instruments: Recognition and Measurement are classified as financial assets at fair value. The classifications of the financial assets are determined at initial recognition.

The categorisation determines subsequent measurement and whether any resulting income and expense is recognised in surplus or deficit or in other comprehensive revenue and expenses. NUHS' financial assets includes cash and cash equivalents and receivables from exchange transactions.

All financial assets are subject to review for impairment at least at each reporting date. Financial assets are impaired when there is any objective evidence that a financial asset or group of financial assets is impaired. Different criteria to determine impairment are applied for each category of financial assets, which are described below.

Receivables

Receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. After initial recognition, these are measured at amortised cost using the effective interest method, less any allowance for impairment. NUHS' cash and cash equivalents and receivables from exchange transactions fall into this category of financial instruments.

Financial liabilities

NUHS' financial liabilities include trade and other payables (excluding GST and PAYE), employee entitlements, and contract funds available.

All financial liabilities are recognised at fair value through surplus or deficit.

Cash and cash equivalents

Cash and cash equivalents are short term, highly liquid investments that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

Furniture and equipment

Items of furniture and equipment are measured at cost less accumulated depreciation and impairment losses. Cost includes expenditure that is directly attributable to the acquisition of the asset.

The amortisation periods for the NUHS' assets are as follows:

- Office equipment and furniture 4-6 years straight line
- Medical equipment 4-6 years straight line
- Buildings 50 years straight line

Buildings

Buildings consist of the building situated at 14 Hall Avenue, Newtown, Wellington which houses the NUHS clinic.

Newtown Union Health Service Inc.

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The building is depreciated on a straight-line basis on an estimated useful life of 50 years.

Leases

Payments on operating lease agreements, where the lessor retains substantially the risk and rewards of ownership of an asset, are recognised as an expense on a straight-line basis over the lease term.

3.4 Employee benefits

Wages, salaries, annual leave and sick leave

Liabilities for wages and salaries, annual leave and accumulating sick leave are recognised in surplus or deficit during the period in which the employee provided the related services. Liabilities for the associated benefits are measured at the amounts expected to be paid when the liabilities are settled.

Employee entitlement liabilities consist of the following:

	2023	2022
	\$	\$
Annual leave accrual	288,368	287,390
Sick leave accrual	13,439	15,743
Total employee entitlements	301,807	303,133

3.5 Income Tax

Due to its charitable status, NUHS is exempt from income tax.

3.6 Goods and services tax (GST)

Revenues, expenses, and assets are recognised net of the amount of GST.

The net amount of GST recoverable from, or payable to, the Inland Revenue Department is included as part of receivables or payables in the statement of financial position.

3.7 Equity

Equity is measured as the difference between total assets and total liabilities. Equity is made up of the following components:

Accumulated comprehensive revenue and expense

Accumulated comprehensive revenue and expense is the NUHS' accumulated surplus or deficit since its formation, adjusted for transfers to/from specific reserves.

Capital Replacement Reserve

This represents the potential costs of replacing or adding capital equipment.

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Service Building Reserve

This represents the potential costs of major renovations and expansion of the building.

Redundancy Reserve

This represents a portion of NUHS' total contractual obligations to make redundancy payments to staff determined on an annual basis having regard to funding levels risk and general prevailing conditions.

Service Development Reserve

This is a reserve to meet the costs incurred in expanding existing or adding new service locations and/or projects.

4 Cash and cash equivalents/Term investments

Cash and cash equivalents include the following components:

	2023	2022
	\$	\$
Cash at bank and interest-bearing call accounts	483,998	984,912
Term Investments - short-term deposits with maturities of less than 12 months	1,416,949	847,081
Total cash and cash equivalents	<u>1,900,947</u>	<u>1,831,993</u>

5 Fixed assets

2023	Office equipment and furniture	Medical equipment	Buildings	Total
	\$	\$	\$	\$
Cost	287,372	105,016	1,481,008	1,873,396
Accumulated depreciation	225,668	82,335	366,262	674,264
Net book value	<u>61,704</u>	<u>22,681</u>	<u>1,114,746</u>	<u>1,199,132</u>

2022	Office equipment and furniture	Medical equipment	Buildings	Total
	\$	\$	\$	\$
Cost	463,918	98,420	1,431,826	1,994,164
Accumulated depreciation	392,596	77,570	336,641	806,807
Net book value	<u>71,322</u>	<u>20,850</u>	<u>1,095,185</u>	<u>1,187,357</u>

Depreciated value of Buildings is as follows:

	2023	2022
	\$	\$
Hall Avenue Clinic, including improvements	1,114,746	1,095,185

Newtown Union Health Service Inc.
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6 Audit

These financial statements have been subject to audit. The audit fee amounted to \$ 11,500 (2022: \$ 11,500).

7 Related party transactions

Related Entities

NUHS is a not for profit, community-led primary health care service receiving funding for and providing a range of health services to the communities of Wellington.

NUHS funding contracts were held with Tu Ora Compass Health PHO which channels funding to NUHS via contracts with:

The Ministry of Health
 Capital and Coast District Health Board:

Certain other operations are funded by the following on a claim- by- claim basis:

Accident Compensation Corporation
 Ministry of Health
 Tu Ora Compass Health

Transactions between NUHS and the above related entities consists of funding for the provision of specific contracted health services.

Key Management Personnel

The key management personnel, as defined by PBE IPSAS 20 Related Party Disclosures, are the members of the governing body which is comprised of the Board, Manager, and all senior management level staff. The aggregate remuneration paid was as follows:

	2023	2022
	\$	\$
Board	4,177	4,884
No. of people	9	7
	\$	\$
Manager and Senior Management	334,801	264,086
No. of people	3	3

8 Operating Lease Commitments:

NUHS has entered into the following leases:

Lease of premises at 94 Riddiford Street, Newtown, Wellington.

Lease from 10 July 2023 to 31 March 2026.

Due within 1 year	:	\$ 20,621
Due thereafter		\$ 36,141

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Lease of premises at 412 Broadway, Miramar, Wellington.

Lease from 01 December 2022 to 01 December 2025.

Due within 1 year	:	\$ 51,500
Due thereafter		\$ 77,250

Lease of two vehicles:

Vehicle 1:

Lease signed on 28 August 2020 for 3 years

Due within 1 year:	\$ 1,040
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Vehicle 2:

Lease signed on 05 April 2022 for 3 years

Due within 1 year:	\$ 5,006
Due thereafter	\$ 3,337

Vehicle 3:(replacing vehicle 1)

Lease signed on 21 August 2023 for 3 years

Due within 1 year:	\$ 5,847
Due thereafter	\$ 13,290

9 Capital commitments

There are no capital commitments at the balance date.

10 Contingent assets and liabilities

There are no contingent assets or liabilities at the balance date.

11 Events after the reporting date

Newtown Union Health Service entered into an agreement for the purchase of the Broadway property (412 Broadway, Miramar) where it operates its Broadway clinic. The purchase price was \$ 1,250,000 and the transaction was finalised on 20 September 2023. The purchase was funded from the Service's own reserves and the unutilised Well Health liquidation funds. Other than the property purchase, the Board of Trustees and management is not aware of any other matters or circumstances since the end of the reporting period, not otherwise dealt with in these financial statements, that have significantly or may significantly affect the operations of the Trust. (2022: \$ Nil).

