



NEWTOWN UNION HEALTH SERVICE

2024

Annual Report

Newtown Union Health
Service

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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 Roopu representative	Tunisia Pohatu
Union Member	Fran Renton Lloyd Woods Allanah Clark
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), Linda Bryant (Clinical Advisory Pharmacist), Abdulqani Muse (Paramedic).

GP Team:

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

Nurse Team:

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

Reception Team:

Waty Arief-Macher, Pela Tavarua, Niamh Cartysquires, Debbie McGill, Adara Gordon, Grace Chan.

SECTION TWO

Chairperson 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

2024 has laid bare the agenda of this coalition Government that resulted from last year's election. The first thing they did was to close Te Aka Whai Ora after within 18 months of it being established. It was set up after a Kaupapa Inquiry by the Waitangi Tribunal found the health sector had failed to deliver effective care to improve Māori health for most of our history and Te Aka Whai Ora was an attempt to give Māori a greater say in the health services delivered to them.

It took years of effort to get the Government to finally realise that the Māori community might know their health needs better than the health sector, the Government or Ministry of Health. It was, in a way an expression of Te Tiriti o Waitangi, as a model of health and social support. A model that built a partnership between communities and those services that support them.

It is a model that reflects the Ottawa Charter the public health model that is based on the principle that health development comes from community development, not delivered from above but grown in those communities. It is a principle that drives the Newtown Union Health Sector the vision, that we are not here to tell you what is good for you but, to work with you to achieve wellbeing.

This is what the Government destroyed on day one using urgency to ensure no one, Māori or Pākehā clinician or community or even the Waitangi Tribunal were able to discuss, critique or challenge the closure. Years of negotiations were ignored and like a thief in the night, a bold new vision of health partnership was gone. The Government was not worried about its faults but its success. It was emblematic of a more equal society and that is an anathema to this Government.

Since that time its agenda has been expanded attacking te reo Māori in Government Agencies names and documents, attacking Māori engagement in local government and even trying to rewrite Te Tiriti itself.

They have not just focussed on Māori, they have reduced workers' and tenants' rights that will hurt the low paid, they have attacked beneficiaries and slashed thousands of public sector jobs putting the country into a serious recession.

They have cut subsidies for medicines and have ditched the smokefree strategy in favour of over \$200million dollar tax cuts for tobacco companies.

They have also given more than \$2 billion in tax relief to landlords and must borrow to afford this. Their approach to poor people is perhaps most clear in the justice system. They are seeking to remove cultural assessments, despite clear evidence that they work to reduce offending, while seeking to introduce 'boot camps' for young offenders, despite clear evidence that they don't work. And they admit this as the one substantial increase of funding is to build more prisons.

I am sorry to be so grim, but we are all seeing in real time who have given real meaning to the word reactionary. This is our reality now and we must step up to protect those most vulnerable to these Government attacks.

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.

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.

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



As part of my preparation for writing the Manager's annual reports I have been reflecting on the past year focusing on the positive achievements of the service.

This has been no easy task, the media remind us daily of the issues we face, the gaps in the workforce, the underfunding of primary care and the growing impact that is having on people's access to timely care. The government funding has not kept up with the costs of operating/providing a not-for-profit health service like us where additional support and a highly skilled workforce is required. I don't want to dwell on this however it would be remiss of me not to mention the pressure and the concerns it brings to me daily.

Within the last year there are certainly highlights, positive events to remember and celebrate and achievements to be proud of.

In September 2023 we purchased the Broadway clinic property at 412 Broadway in Strathmore. We had been rent payers for more than 10-years and having the opportunity to secure the property bring opportunities and stability to NUHS is certainly a win. The longer-term goal is to build a purpose-built building that would cover the needs of the service and extend what we are able to offer on that site. For a number of reasons, cost being one, it is not possible at this time. However, we are looking to extend the back of the building to add 2 additional clinic rooms and an alternative entry to the building for red stream infection control access. The facility currently is small, and the extension will allow other possibilities.

This year the Newtown and Broadway sites have successfully achieved the New Zealand College of General Practice Foundation Standard accreditation. The preparation work is extensive, and many hours of work has gone into this. Sincere thanks to all those involved.

Last year I reported the difficulty with recruitment of staff. This remains a significant problem for the sector however I am pleased to report we have been able to recruit excellent staff and as at the time of writing this report we have no vacancies.

The team at NUHS is exceptional, we approach work with a passion, we are committed to providing a high level of care and expertise and importantly staff are caring to each other and support each other without exception. This collective camaraderie helps us to remain focused on what we are here for rather than spiral down with the negativity within the current health environment.

In February this year we joined Te Toi Mahana to organise a Newtown Park Health Day. It was a beautiful sunny Wellington Day where community and health providers came together to celebrate how to keep well and share information. The planning has started for a repeat event in February 2025.

I thank the staff for continuing to carry forward the values and kaupapa of the service. I thank them for the passion and commitment they bring to their work.

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.

Meet the team



Conference time

Christmas Luncheon



PINK SHIRT DAY

A COUPLE OF OUR NURSES



Fiona Osten – 27 Years Service

Manager & Nurse Team Leader

Patient Register and Demographics Report

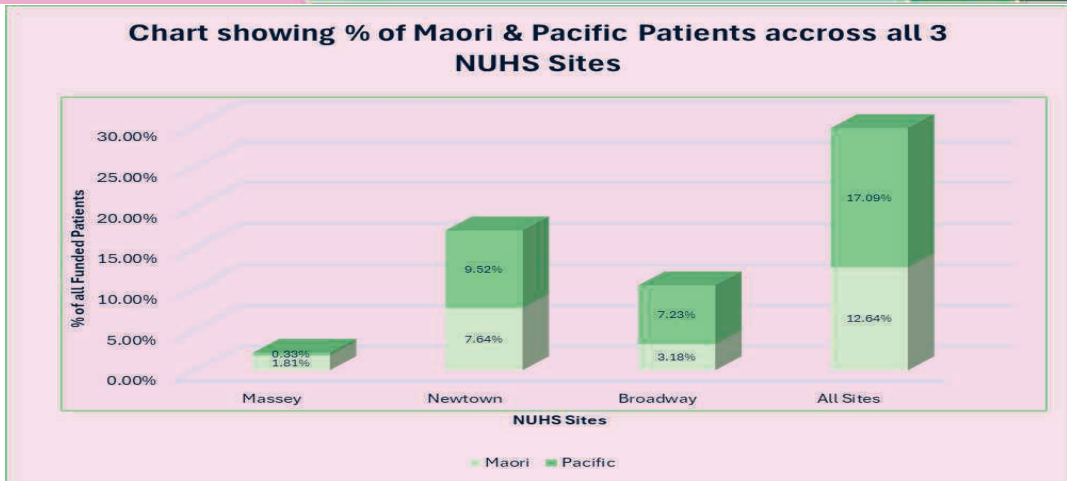
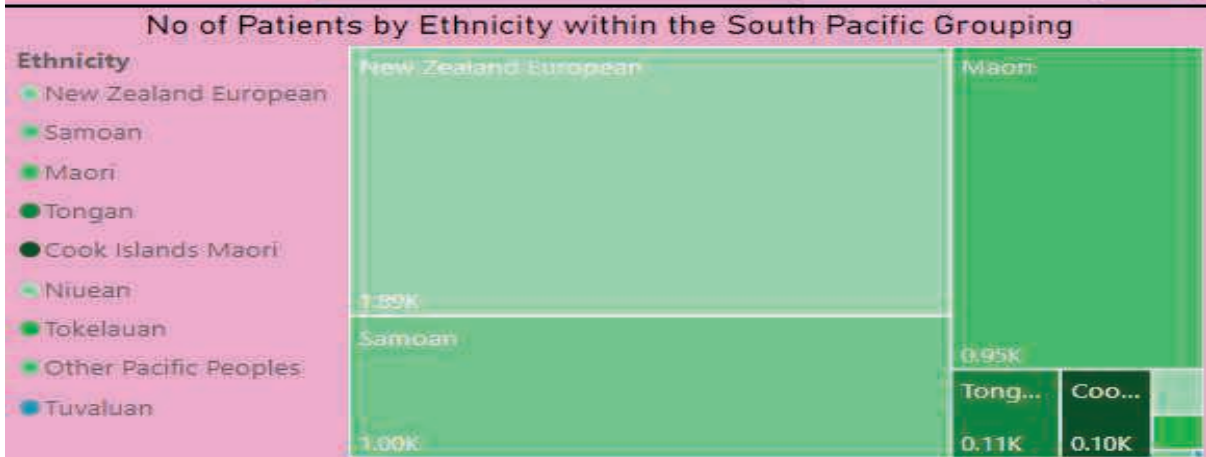
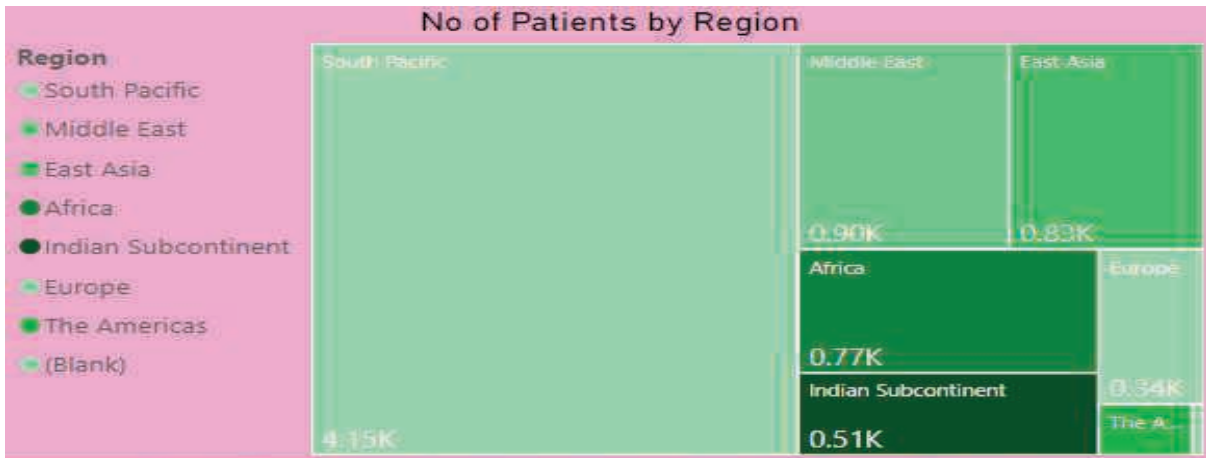
The following demographic data for NUHS was sourced on Thursday 22 August 2024, the total of fully funded NUHS patients was 7,587.

The table below highlights this in green, the rest of the table describes the various permutations of casual patients with different registration status etc, this gives the figures across the three NUHS locations (Newtown, Broadway, Massey). This shows the comparison with the previous year and overall. Total funded patients has risen by 78 patients.

2023/2024 NUHS Patient Numbers					2022/2023 NUHS Patient Numbers					Variance	
# of Patients	Practice Site	Massey	Newtown	Broadway (blank)	Total	Massey	Newtown	Broadway	Total		
Casual		354	43	6	1	404	353	29	3	386	18
Casual(C)			3			3					
Enroled Elsewhere (L)		23	1			24					
Funded(F)			1			1					
Not Funded		8	9	1		18					
(blank)		323	29	5	1	358					
Confirmed Enrolment (C)		1,178	4,999	1,500	7	7,684	1,255	4,784	1,475	7,525	159
Casual(C)			38	7		45					
Enroled Elsewhere (L)		2	4	1		7					
Funded(F)		1,155	4,939	1,486	7	7,587	1,247	4,778	1,473	7,509	78
Not Funded		4	9	2		15					
Rejected (R)		1				1					
(blank)		16	9	4		29					
Enrolled		1	15	9		25	1	16	5	22	3
Casual(C)			5			5					
Funded(F)			1	1		2					
Not Funded		1	4	3		8					
(blank)			5	5		10					
Un-enroled		267	2,832	314	23	3,436	205	2,530	275	3,029	407
Casual(C)		78	509	83		670					
Enroled Elsewhere (L)		4	4	25	1	34					
Funded(F)		2	1			3					
Not Funded		87	1,301	139	21	1,548					
Rejected (R)				9		9					
(blank)		96	1,017	58	1	1,172					
Total		1,800	7,889	1,829	31	11,549	1,814	7,372	1,759	10,976	573

Over half (55%) of NUHS patients relate their ethnicity to Aotearoa and the Pacific nations with almost another quarter of patients affirming an African or Middle Eastern background. Depicted in the first tree map below It shows that NUHS patients map to all corners of the world. The following tree map below drills down deeper into the Pacific grouping. This visualisation shows that 25% of NUHS funded patients indicate their ethnicity as being NZ European, and Samoan as the next largest ethnic grouping.

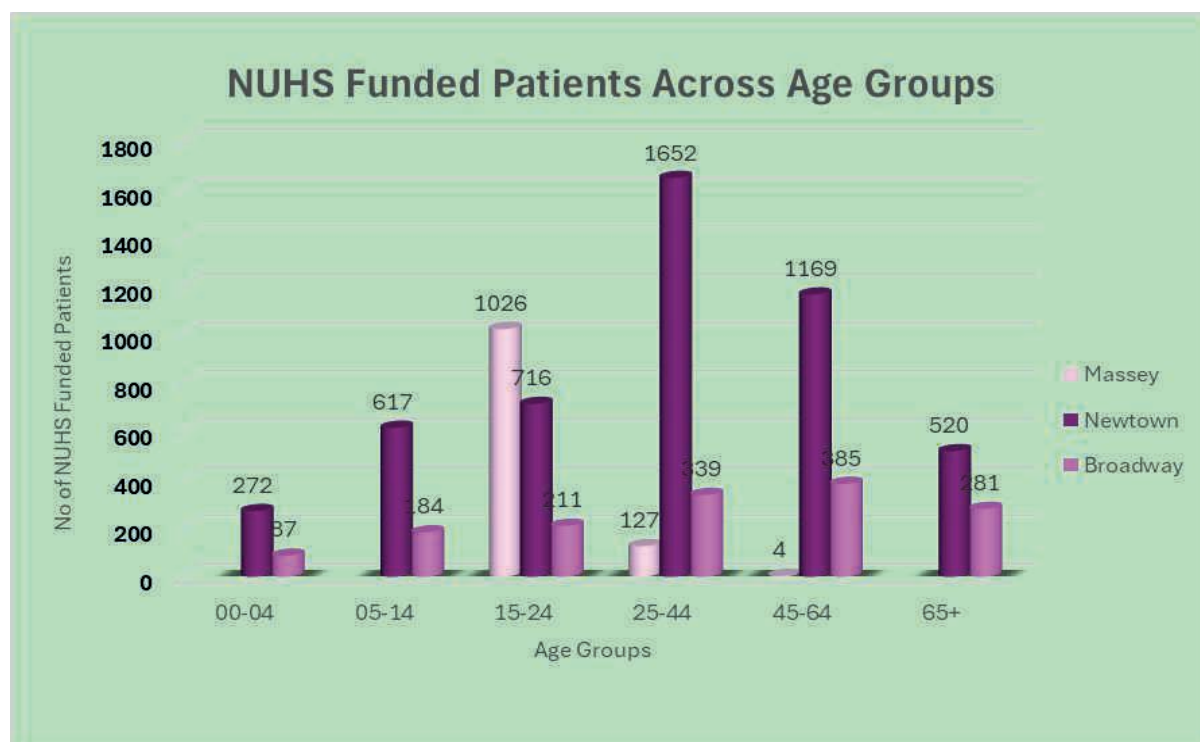
The next chart explores Māori and Pacific patients and shows the percentage of each ethnic group against the total of NUHS funded patients. Across the three NUHS sites Māori make up 12% of all the funded patients.



Next, a look at the age groupings across the three NUHS sites showing a significant proportion of Massey patients falling in the 15 – 24 age grouping (88% of their total patients), to the 24-44 age group making up a third of Newtown patients, and Broadway having a much older population with almost half of their patients being over 45.

The table below shows the percentage of each sites patients that fall within the given age groupings, and the graph represents this visual but in terms of actual numbers. Again, this refers to fully funded patients only.

Age Group	Massey	Newtown	Broadway	All Sites
00-04	0.0%	5.5%	5.9%	4.7%
05-14	0.0%	12.5%	12.4%	10.6%
15-24	88.7%	14.5%	14.2%	25.7%
25-44	11.0%	33.4%	22.8%	27.9%
45-64	0.3%	23.6%	25.9%	20.5%
65+	0.0%	10.5%	18.9%	10.6%



SECTION THREE

Diabetes Report

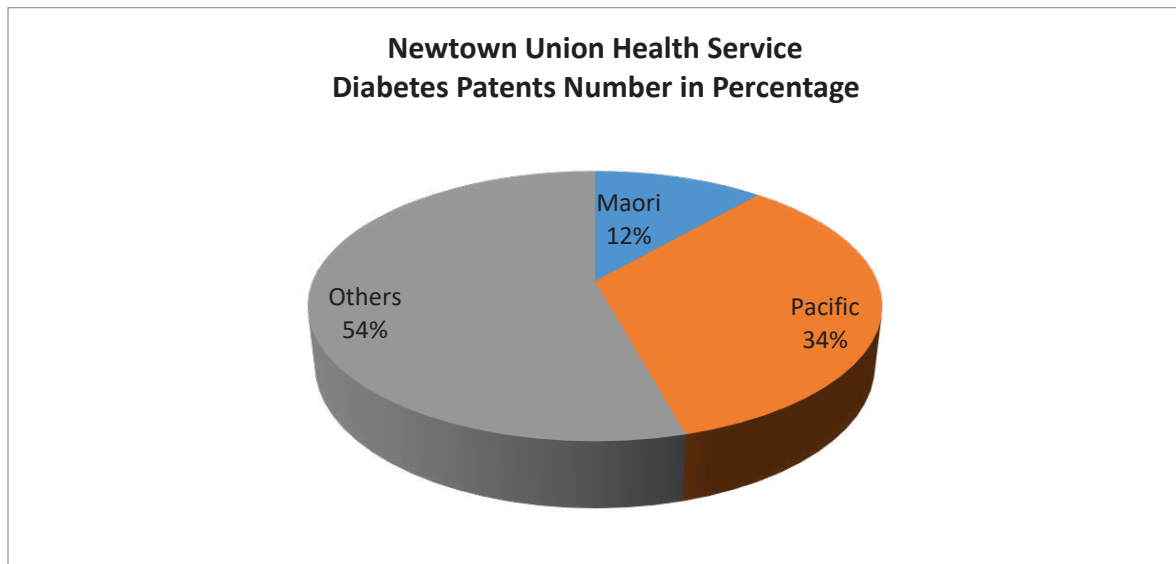


Diabetes Team

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 includes health professionals, Dr. Tin Maung Maung, Nurse Fou Etuale, Clinical Pharmacist Linda Bryant, and recently joined Nurse Benjamin Whittman.

There are 682 registered patients with Diabetes. Categorized as Māori 78, Pacific Islander 234 and others 370. Of these groups 648 have Type 2 diabetes, 33 have Type 1 diabetes and 2 have Unclassified Diabetes. Approximately 54% -368 out of 682 patients meet clinical guideline. Additionally, NUHS serves 545 Prediabetes patients.



Diabetes Education Programme

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 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.

Treatment and Support

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 they can manage their treatment in a safe way. The Clinical pharmacist offers additional appointments to review Diabetes medications and is available to initiate insulin if required.

Pacifica patients have ongoing 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. All nurses have been encouraged to complete the NZSSD Diabetes online learning and additional training is given as needed and as available.

Prevention and Outreach

We regularly screen patients who may be at risk of developing diabetes to provide diet and lifestyle education to people who have been identified as having Prediabetes. 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 Activities

- 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 access to retinal screening services.
- One nurse is a member of the Diabetes Nurse Practice Partnership Team, this is a 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.

One of our doctors, nurses and our clinical Pharmacist are participating in online Advance Diabetes Management Course run by Dr Ryan Paul – Endocrinologist from University of Waikato.

Many of our doctors and nurses participated in training for use of Libre sensor 2 and how to access blood sugar results of patients and interpretation of results in June 2024.

The Future...

There is an ever-increasing number of people being diagnosed with Prediabetes 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

Newtown Union Health Service (NUHS) Mental health contract is currently used to provide funded visits for 582 patients and to train and support staff roles.

In the past 12 months utilisation rates show there have been 1523 consultations this is an average of 2.6 consults per person on the register. This number has significantly higher than the last report. This is linked to appropriate staffing in the past 3 months.

Two years ago, Newtown Union lost their fortnightly meeting with a psychiatrist. This service was used for patients who didn't meet criteria for secondary care but were requiring a psychiatrist review. While steps have been made to fill this role and extra support has been given by some mental health teams, this is only addressing patients who are currently under the care of a mental health team and is not addressing individuals who are being declined by secondary care.

Unfortunately, there is therefore still a significant gap in care and support for those patients who don't meet criteria for a secondary service or have been discharged without sufficient community support. These patients would previously have been eligible for reviews by Dr Paul French in his Liaison clinic and this service is sorely missed. NUHS remains in discussion with Tu Ora regarding finding a replacement for the service but there are no firm plans as yet.

NUHS has been able to develop relationships with some secondary mental health service providers. Three-monthly Multi-disciplinary team meetings (MDT) have been started with South Community Mental Health team. The purpose of attendance at these meetings is to help improve communication between secondary care and NUHS staff to enable better collaboration, more proactive care and better support for vulnerable patients. In addition, the mental health team are arranging Three-monthly meetings with the Team for Assertive Community Treatment (TACT team) and bi-monthly 30-minute meetings with Opioid Treatment Service Primary Care Liaison (OTS) to improved shared care with these teams as well. Communication has also been started with Te Whare Marie, while a meeting has not been set with this team introductions have been made and communication between the services is working well.

A GP and RN run an outreach clinic in supported living 3 monthly providing GP consults for some of our most vulnerable in the community who live within the supported accommodation.

Future

Continue to improve connection with other community mental health teams.

Re-start liaison psychiatrist meeting and clinics once mental health addiction and intellectual disability service (MHAIDS) We have recently heard from the SCMHT that a psychiatrist has been appointed to fill the role and we look forward to re-instating the service in the coming months.



Dr Linda Bryant, Clinical Advisory Pharmacist

Mission

By utilising unique pharmacotherapy understanding and skills clinical pharmacists are accountable and responsible for reducing drug-related morbidity and mortality through whānau centric optimisation of medicines, thereby working to eliminate inequities and achieving best possible health-related outcomes

Linda Bryant, the clinical pharmacist / pharmacist prescriber was contracted through Tū Ora Health PHO, for 0.3 FTE, with Newtown Union Health Service (NUHS) funding a further 6 hours a week. From April 1st 2024, Tū Ora Health increased the clinical pharmacist allocation to 0.5 FTE, resulting in Linda extending her time at NUHS to 0.7 FTE (Monday, Tuesday, Wednesday and Thursday afternoon).

Clinics are on Tuesday and Thursday afternoon at Newtown clinic, and Wednesday afternoon at Broadway clinic. The clinic work is diverse, though primarily involves people with diabetes and cardiovascular conditions requiring medicines adjustments to achieve clinical targets, plus respiratory, pain, skin and gout. Shared appointments with nurses are also increasing so that medicines can be adjusted.

Clinic appointments

Linda was on leave for five weeks but undertook 88 clinics at the Newtown site, with 420 appointments. At the Broadway clinic there were 32 clinics with 60 reviews

The non-clinic time involves doing repeat prescription, medicines information enquiries, medicines reconciliation and paperwork / inbox management for patients. With a change to the Controlled Drug Act in October 2023, requiring monthly prescriptions of Class C opioids (tramadol, codeine) there has been an increase in the repeat prescribing and follow up of these medicines

Clinical audits

- A review of heart failure treatment was undertaken. There was a potential issue with coding, which was confirmed when the 2024 general practitioner registrar repeated the audit. This was beneficial for our continuous quality improvement (CQI).
- Assisted with increasing our Tū Ora CQI activity of increasing our routine monitoring for people on lithium. We identified that calcium was often not included in the blood test and so improved this in the recall section.
- Assisted with annual medication reviews in people over 85 years old, our second Tū Ora CQI activity.

Continuing education completed (own time)

- Linda participated in five general practitioner peer group.
- Completed a 40-hour course in optimising medicines through CAPA (revising literature searching and critical appraisal) (passed with distinction).
- Completed a 20-hour course in advanced diabetes management through the University of Waikato (Ryan Paul, diabetologist).
- Completed the postgraduate course for Human Genomics (paper 2) through the University of Otago.

Moving forward

For the 2024 – 2025 year the extra day funded by Tū Ora Health means an increase in participation in continuous medicines-related quality improvement and assisting staff with medicine-related issues. The clinics appear to be expanding which is positive and we are looking forward improving our prescribing outcomes.

Outreach Immunisation Report



Outreach Immunisation Team

Newtown Union Health Service provides Outreach Immunisation Services covering the Wellington region from eastern and southern suburbs through to Churton Park in the North, including Makara and Ohariu Valley.

The team consists of 2 experienced registered nurses working part-time (restricted by contract funding), and an administration support person.

Referral levels continue to increase year on year but appear to have plateaued to a “new normal”. Over the past year the service received a total of 664 referrals, a 4% increase from the previous year. A total of 166 children were given vaccinations during the reporting year, an increase of 8%.

During this past year, 281 home visits were completed by the nurses, 929 phone calls, and 709 text messages sent. Email has become an increasingly useful tool for the outreach team, but this is not officially recorded in our statistics. This is beneficial in contacting hard to reach families, who often move house and change contact numbers frequently. This is also essential in contacting families who have moved overseas without advising their medical centre.

The total number of children immunised by ethnicity over the past year by the OIS are NZ Māori – 87, Pacific – 32, NZ Pakeha – 18 and Other – 24.

Most of the immunisations were given in the child’s home, including emergency accommodation. Referrals to families in emergency accommodation have reduced this year, but there remain high levels of transient housing situations for whanau referred to our service.

The Outreach Service has continued to receive referrals for children living with extended whanau. This includes children in the care of aunts, uncles and grandparents. This has meant an increase in the level of time spent contacting both caregivers and parent to gain consent for immunisations and arrange 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 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 huge effort and challenges that the nurses face in reaching these high needs and vulnerable 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 have navigated this during their visits with the help of family members, translation, and interpreters.

Many referrals to the OIS were for children/whānau 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.

As few medical centres are currently enrolling new patients, options are limited. Many whānau remained unenrolled with a GP.

27 referrals received from GP practices were for children who had relocated overseas. The nurses utilised email to ascertain if they were still in New Zealand. Most whānau quickly responded, and the nurses were able to pass this information on to practices.

The Outreach Immunisation team continue to work collaboratively with local Plunket nurses, Tamariki Ora nurse, Practice nurses' and the Aotearoa Immunisation Register team to contact and reach families that have difficulty in engaging with their primary care provider.

When families move out of the Wellington region, the nurses liaise with the Aotearoa Immunisation Register (AIR) team, and the Well Child provider, to ensure they are referred to the OIS in the area they are moving to, for ongoing immunisation events, and pēpi support.

The team liaises with a wide network of health professionals, and referrals were made to other Outreach Immunisation teams in the region including Ora Toa, Kokori Marae and the Tu Ora Community team; local Tamariki Ora and Plunket nurses; and GPs for further health care.

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.

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 Clinic

The Newtown Park Flats (NPF) outreach clinic operates weekly on Fridays, staffed by a nurse. Additionally, a doctor attends the clinic on the first Friday of each month. The clinic is located at D Block on the ground floor at 320 Mansfield Street in Newtown.

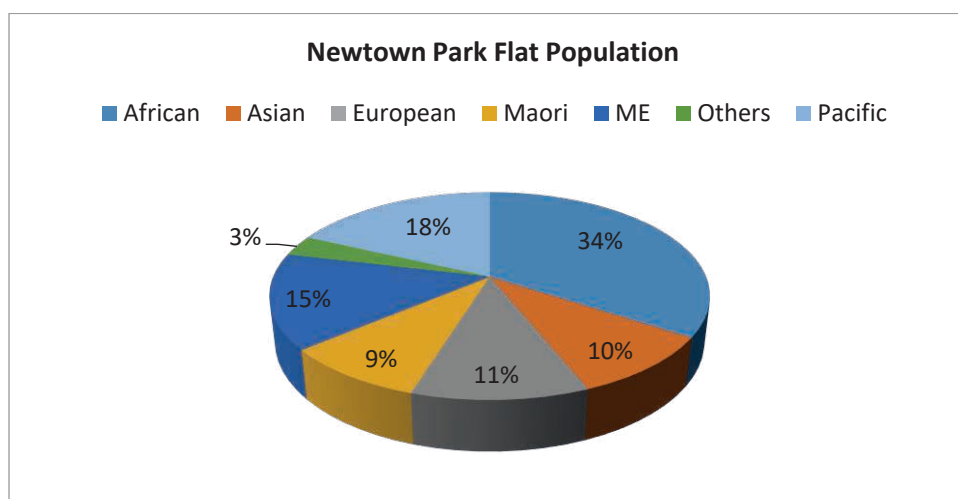
Purpose and Services:

The clinic's primary purpose is to provide accessible and low-cost health care to residents with low incomes living in the flats and surrounding areas.

Services offered include comprehensive medical care, health checks (asthma, diabetes, sexual health, mental health), blood pressure monitoring, child health assessments, immunizations, social support, smoking cessation, elderly care, and health education.

Patient Demographics:

Newtown Park Flat registered population – June 2024



Ethnicity	00 to 04	05 to 14	15 to 24	25 to 44	45 to 64	65 +	Total
AFRI	10	10	3	18	10	2	53
ASIA	2	1	1	1	8	2	15
EURO		1	1	4	9	2	17
MAORI			1	2	7	4	14
MIEA	4			11	5	3	23
PI	3	6	2	5	9	3	28
Other		1		2	2		5
Total	19	19	8	43	50	16	155

Newtown Park Flats Clinic cont

The current registered population at NPF stands at 155 down from 170.

The highest ethnic group among residents is Africans, followed by Pacific Islanders, Middle Eastern, Europeans, Asians, Maori, and Others (Latin Americans).

Community Engagement:

Newtown Union Health Service actively participates in the Newtown Park Flat Fair, particularly focusing on flu and COVID-19 immunization and running health check clinics.

Most attendees at the NPF clinic fall within a deprivation index of 5.

Home visits are a crucial component of this clinic, ensuring health care for housebound clients.

Challenges:

The clinic has faced challenges due to staff shortages, staff sickness, and leaves during the reporting period.

Overall, the NPF outreach clinic plays a vital role in reducing health inequalities and providing essential care to the community



Refugee Team

The Newtown Union Health Service Refugee Team most recently has consisted of Philippa Thompson (Social Worker) and Angharad Dunn (General Practitioner – returned from parental leave May 2023). Recruitment is underway to allocate a primary health care nurse to the Refugee Team. Jonathan Kennedy (General Practitioner) has continued to support the team throughout the year.

As the Covid-19 pandemic has settled further throughout the year, some challenges have lessened though impacts on former refugees already in New Zealand continue to some degree, including disrupted settlement processes, and access to health care and social services. 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.

Te Āhuru Mōwai o Aotearoa/Mangere Refugee Resettlement Centre now aims to accommodate 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. Difficulties of finding appropriate housing continue to have flow on effects to the physical and mental health of the refugee population. In particular, the shortage of housing in the usual catchment area of NUHS means that refugees are often settling further away from the clinic. The result of this is that they must travel for appointments or are enrolled into practices who traditionally have had less exposure to refugee health and may not have appropriate funding and systems to support use of interpreters. Housing has been more available in the Hutt Valley area, but there is significant pressure and very limited access to primary care in that area. Also of note is that the quality of available housing is often poor and expensive, which can result in multiple medical conditions and exacerbations of chronic issues along with poor mental health and wellbeing.

Over the course of the year, there has been an increase in the number of refugee arrivals with Pashto as a first language. Access to Pashto language interpreters is very limited and this has caused some issues with adequate communication and often results in needing to use a second language to access interpreters.

Also of note is an increasing number of refugee arrivals who have been born in refugee camps and spent their whole lives there before being resettled in New Zealand. This creates an added component to presentations where secondary languages and cultures may be present, as well as the impact on physical and mental health of long-term presence in refugee camps.

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. Newtown Budgeting and Advocacy Service have been attending as needed, reflecting the severe financial hardship many of the refugee families face.

Meetings this year have been held in person with an online option available where travel to be on site is not possible.

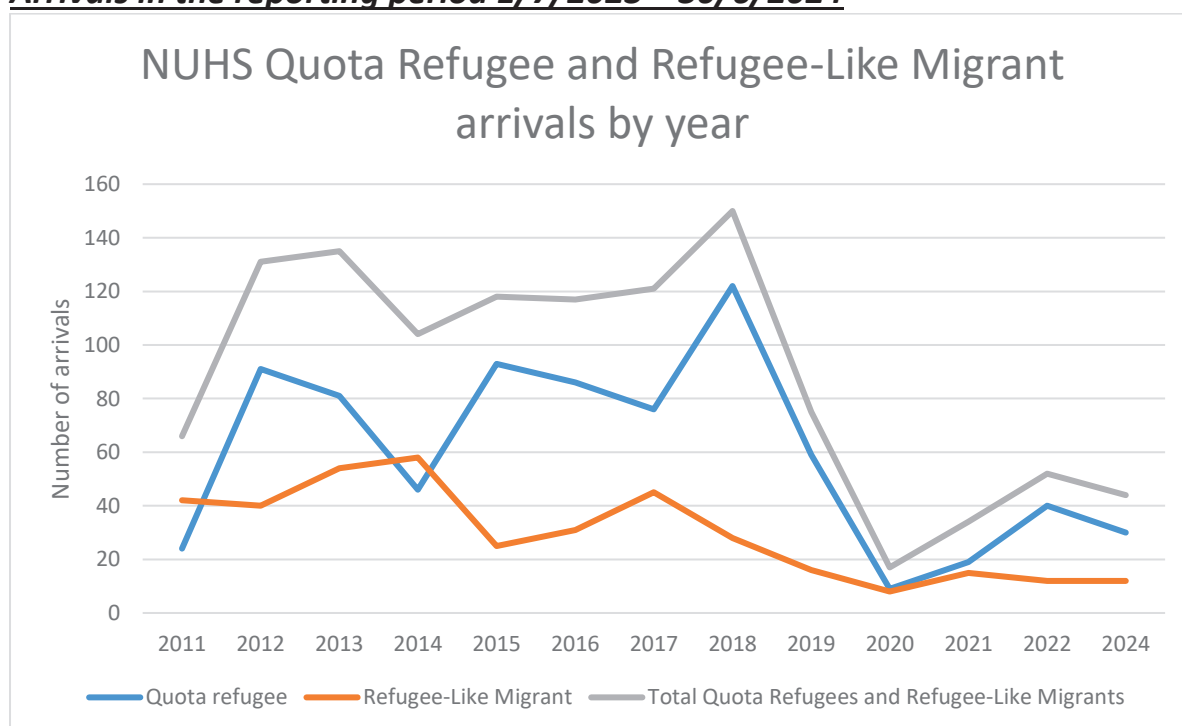
Philippa Thompson attended the Refugee Health Communities of Practice Forum in Auckland 20-21 June (coinciding with World Refugee Day on 20 June). This was held at Te Āhuru Mōwai and was a fantastic opportunity to learn from and network with others in the refugee resettlement sector. Philippa will continue to network via online meetings with this forum.

Philippa Thompson has also been attending the Wellington Former Refugee Stakeholder Network meetings, which occur quarterly. This year there has been a focus on housing needs of former refugees settling in Wellington. As noted, this continues to be a major challenge for many as most refugee arrivals are settled in private rentals, which may be found to be expensive and inadequate.

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 service has been stable, with more consistent levels of staffing throughout this year. Numerous other demands on primary health care, such as shifting workload from secondary to primary care and inadequate funding increases, place delivery of appropriate services at risk. Vulnerable populations such as refugees may be more likely to experience difficulties because of this. This may also be reflected in data collection as patient ethnicity is variably listed according to country of birth or identified ethnic origin of the family.

Arrivals in the reporting period 1/7/2023 – 30/6/2024



Refugee Arrivals by Ethnicity July 2023 to June 2024

Patient Ethnicity	Quota Refugee	Refugee-Like Migrant	Grand Total
Afghani	1		1
African	1	5	6
Assyrian		3	3
Burmese	1		1
Colombian	6		6
Karen			
Middle Eastern	2		2
Other Ethnicity	1		1
Somali	2	5	7
Southeast Asian	2		2
Syrian	11		11
Grand Total	27	13	40

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.

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

Social work role

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.

Staffing

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

Issues

Social work support is in high demand and both the social worker and Māori social worker have had to put referrals on hold at times in order to manage demand. A substantial proportion of the referrals received by the Māori SW are for mental health individuals needing support, therefore eliminating gaps in the mental health sector through advocating barriers faced and the needs of the individuals not yet met, has been no easy straight forward task.

For the Social Worker, housing is the primary reason for referral, followed by finances and immigration. Other issues can be very diverse and it's always impossible to know what the day will bring.

Successes

The high demand for social worker support, and particularly the large number of self-referrals received, shows the success of both social workers in engaging with whānau to achieve outcomes. As for Māori they are initially known to be very reserved when encountering issues and tend to try and battle their problems in isolation due to trust issues, and encounters of discrimination. However, after five years of working up a reliable reputation, the Māori SW is now approached almost every week from those asking for support, within and after work hours, from those under NUHS and outside the service, which indicates whānau are now willingly and consistently trying to engage, and it demonstrates our Māori communities confidence and trust in the Māori SW to help them throughout their time of critical need.

Success is always when our clients no longer need us. It's always exciting to visit a client for the last time when they are settled in their new home or when family members arrive from overseas, or they are receiving the right benefit or find work to enable them to live with dignity. Sometimes success can come after only a few appointments, but more often it is the result of months or even years of working together.

Learning Opportunities

The Māori SW and general SW both attended the Māori and Pasifika Symposium 2024, with a focus on "Mō tātou, ā, mō kā uri ā muri ake nei – for us and our children after us". The Māori SW and general SW also undertook further child safety training and then led training for NUHS staff. It is essential for all staff to be aware of safety needs for our tamariki and act when needed.

The social worker attended the Refugee Health Communities of Practice Forum in Auckland 20-21 June (coinciding with World Refugee Day on 20 June). This was held at Te Āhuru Mōwai (Mangere Refugee Resettlement Centre) and was a fantastic opportunity to learn from and network with others in the refugee resettlement sector.

Social Workers cont.....

Networking

The social worker continues to lead the Newtown social workers peer-group network and hosts monthly meetings. One month featured a visit to Whakamātūtū, the new depression recovery centre. This resulted in the social worker being able to describe the space and the programme to a client, to reassure her that it would be a safe treatment space for her. This shows the value of these networking opportunities. Success in the housing sector particularly primarily comes through personal appeals. The social worker has also been attending the Wellington Former Refugee Stakeholder Network meetings, which occur quarterly. This year there has been a focus on housing needs of former refugees settling in Wellington as this is a major challenge for all in the sector.

Building stronger networks and working in a multi-disciplinary team (MDT) setting within the wider professional community has been shown to gain traction for the Māori SW, as it brings solidarity in the advocacy stance, which also leads to further successful outcomes i.e. one recent whānau where the Māori SW has created and facilitated an MDT approach consists of: MSD, He Herenga Kura, Oranga Tamariki, Māori Women's Refuge, and Family Start Services in order to strategically work through this families many presenting issues.

The Māori SW has also gone from fortnightly MSD clinics to now weekly clinics, which creates more efficient effective outcomes for vulnerable Māori whānau suffering from financial crises and or homelessness difficulties.



Ssendam Rawkustra

NUHS continues to support Ssendam Rawkustra. This music program has been running for 18 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.

Ssendam Rawkustra perform annually at the Newtown Festival along with performing privately around the Wellington area. They perform regular public concerts and have a keen following.

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 Descendentz

NUHS is still an essential support system of the “Descendents” community sports team and has been for the last 7 years. Our forever growing rōpu of mana māori wahine consists of 3 main generations of grandmothers, mothers, and daughters. Our kaupapa has always been to encourage and empower our wahine to stay actively involved in regular fitness activities regardless of the high cost barriers that comes with it. We collectively thrive to overcome those costs barriers through any means possible.

Even though a large number of our wahine are predominantly from Wellingtons low socio hard to reach demographic population, we remain resilient as one and commit to our kaupapa. The Descendentz – is our name because we thrive to never loose sight of who we are and where our true identity “descends” from, which is; our whenua, whakapapa, whānau, hapū, and Iwi.

In March 2024, our Softball team came third in the overall 2A wellington grade. The softball season starts up again in one months time and our young 19 year old pitcher/catcher combo have confidently put their hands up and chosen to take the lead in our team as our captain and co-captian, purely because they want to win the grade once and for all! Our team has agreed with this huge shift in leadership, so exciting new times lay ahead. Without the ongoing funding from NUHS to help with our hefty fee costs, these athletic aspirations and evolvments from our youth wouldn’t be able to transpire, and we are forever grateful.

In April 2024 for our end of year event, The Descendentz chose to go to “The Kapiti Fun in the Sun Tournament”. We all collectively chose to dress up as super heroes, because we felt that this reflects our mana wahine personalities in general! As per usual we fundraised \$1,200.00 at our Newtown festival food stall to support our excursion, and this festival stall site was kindly sponsered and paid for by NUHS.



During the winter sports season our Descendentz rōpu continue our sports kaupapa through competing in the Wellington ASB competition – to ensure the continuity of being involved in fitness activities all year round. The support that NUHS provides the Descendentz is beyond amazing, as it ultimately gifts the opportunity for our wahine to continue exploring and advancing their skills, talents and natural abilities, alongside helping us remain fit and healthy.

Financial Report

NEWTOWN UNION HEALTH SERVICE INC.

ANNUAL REPORT

FOR THE YEAR ENDED 30 JUNE 2024

- 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**

Newtown Union Health Service

Statement of Service Performance for the year ended 30 June 2024

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 2024	June 2023
0-14	1,113	1,119
15-24	1,967	2,121
25-44	2,065	1,936
45-64	1,554	1,560
65+	798	789
Total	7,497	7,525

Enrolment numbers by ethnicity

Māori	999	1,010
Pacific	1,313	1,357
European	2,154	2,256
Asian	1,299	1,177
Other	1,732	1,725
Total	7,497	7,525
High needs patients	3,746	4043

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 2024

	Notes	2024 \$	2023 \$
Revenue from exchange transactions	3.3		
Primary Care Contracts			
Capitation		1,886,122	1,773,524
PHO and MINHEA Contracts		1,563,362	1,551,560
Total Contracts		<u>3,449,484</u>	<u>3,325,084</u>
PHO Quality Payments		33,497	33,690
Operations		609,423	694,467
Total Operating Income		<u>4,092,404</u>	<u>4,053,241</u>
Non Operating Income			
Interest on Investments		20,700	39,186
Total revenue from exchange transactions		<u>4,113,104</u>	<u>4,092,427</u>
Revenue from non-exchange transactions			
Donations		1,000	48,173
Total Income		<u>4,114,104</u>	<u>4,140,600</u>
Less: Expenses			
Staff Costs		3,377,756	3,269,231
Operating Costs		559,848	556,538
Financial Costs		98,354	109,668
Other Costs		33,316	76,571
Total Expenses		<u>4,069,274</u>	<u>4,012,008</u>
Net Surplus/(Deficit)		<u>44,830</u>	<u>128,592</u>
Other Comprehensive Revenue and Expense		-	-
Total Comprehensive Revenue and Expense		<u>44,830</u>	<u>128,592</u>

This statement is to be read in conjunction with the Notes to the Financial Statements and Audit Report

Newtown Union Health Service Inc.
Statement of Changes In Equity
For the Year Ended 30 June 2024

	Notes	2024 \$	2023 \$
Accumulated Comprehensive Revenue and Expenditure			
Opening Balance		1,746,519	1,677,955
Total Comprehensive Revenue and Expense for the year		44,830	128,592
Movements in Reserves			
Transfer from/(to) Capital Replacement Reserve		377,208	(66,545)
Transfer from/(to) Redundancy Reserve		(9,185)	6,517
Transfer from/(to) Service Building Reserve		174,961	
Accumulated Comprehensive Revenue and Expenditure at 30 June 2023	3.7	2,334,333	1,746,519
Reserves			
Capital Replacement Reserve			
	3.7		
Opening Balance		462,498	395,953
Depreciation for the year		85,289	66,545
Transfer from/(to) Accumulated Comprehensive Revenue and Expenditure		(462,498)	66,545
Closing Balance		85,289	462,498
Service Building Reserve			
Opening Balance		174,961	174,961
Transfer from/(to) Accumulated Comprehensive Revenue and Expenditure per reserve policy		(174,961)	
Closing Balance		-	174,961
Redundancy Reserve			
Opening Balance		129,578	136,095
Transfer from/(to) Accumulated Comprehensive Revenue and Expenditure per reserve policy		9,185	(6,517)
Closing Balance	3.7	138,763	129,578
Service Development Reserve			
Closing Balance	3.7	103,848	103,848
Total Equity at 30 June 2024		2,662,233	2,617,404

This statement is to be read in conjunction with the Notes to the Financial statements and Audit Report

Newtown Union Health Service Inc.
Statement of Financial Position
As at 30 June 2024

	Notes	2024 \$	2023 \$
Current assets			
Cash and Cash Equivalents	4	786,049	483,998
Term Investments	4	78,320	1,416,949
Receivables from Exchange Transactions	3.3	178,498	170,264
Prepayments		62,486	57,651
Accrued Income		12,472	3,553
Accrued Interest		984	9,867
		<u>1,118,809</u>	<u>2,142,282</u>
Fixed Assets			
	5	2,418,825	1,199,132
Total Assets		<u>3,537,634</u>	<u>3,341,414</u>
Current liabilities			
Trade and Other Creditors	3	296,594	277,830
GST Payable		133,127	38,162
Employee Entitlements	3.4	335,844	301,807
Advance Income		23,175	23,590
Dallow Fund		41,211	39,211
Union Support Fund		5,450	3,410
		<u>835,401</u>	<u>684,010</u>
Term Liabilities			
Trade Union Loans		40,000	40,000
Total Liabilities		<u>875,401</u>	<u>724,010</u>
Net Assets		<u>2,662,233</u>	<u>2,617,404</u>
Accumulated Comprehensive Revenue and Expense	3.7	2,334,333	1,746,519
Service reserves	3.7	327,900	870,885
Total Equity		<u>2,662,233</u>	<u>2,617,404</u>

Approved by:



Chairperson



Board Member

Nov 5th 2024
Date

This statement is to be read in conjunction with the Notes to the Financial Statements and Audit Report



Newtown Union Health Service Inc.

Statement of Cash Flows

For the Year Ended 30 June 2024

	Notes	2024 \$	2023 \$
Cash Flows from Operating activities			
<i>Cash was received from:</i>			
PHO and other Contracts		3,473,647	3,320,040
Claims and Consultation Fees		601,189	702,804
Interest Income		29,583	33,984
Donations		1,000	
		<u>4,105,419</u>	<u>4,056,828</u>
<i>Cash was applied to:</i>			
Payments to Employees		3,335,708	3,276,646
Payments to Suppliers		505,345	634,921
Union Support		(2,040)	-910
Dallow Fund		(2,000)	(1,103)
		<u>3,837,013</u>	<u>3,909,554</u>
Net Cash generated from/(used for) Operating Activities		<u>268,406</u>	<u>147,274</u>
Cash Flows from Investing Activities			
<i>Cash was received from:</i>			
Receipts from Maturity of Investments		<u>1,416,947</u>	<u>847,081</u>
<i>Cash was applied to:</i>			
Purchase of Fixed Assets		(1,304,982)	(78,320)
Payments to Purchase Investments		(78,320)	(1,416,949)
		<u>(1,383,302)</u>	<u>(1,495,269)</u>
Net Cash used for Investing Activities		<u>33,645</u>	<u>(648,188)</u>
Net increase/(decrease) in Cash and Cash Equivalents		302,051	(500,914)
Cash and Cash Equivalents at the beginning of the year		483,998	984,912
Cash and Cash Equivalents at the end of the year	4	<u>786,049</u>	<u>483,998</u>
<i>Comprising:</i>			
Cash on Hand, Current Accounts and Interest Bearing Accounts		786,049	483,998
Total Cash and Cash Equivalents	4	<u>786,049</u>	<u>483,998</u>

This statement is to be read in conjunction with the Notes to the Financial statements and Audit Report

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 2024

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.

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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:

	2024	2023
	\$	\$
Annual leave accrual	322,386	288,368
Sick leave accrual	13,458	13,439
Total employee entitlements	335,844	301,807

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.

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:

	2024	2023
	\$	\$
Cash at bank and interest-bearing call accounts	786,049	483,998
Term Investments - short-term deposits with maturities of less than 12 months	78,320	1,416,949
Total cash and cash equivalents	<u>864,369</u>	<u>1,900,947</u>

5 Fixed assets

2024	Office equipment and furniture	Medical equipment	Buildings	Total
	\$	\$	\$	\$
Cost	328,820	112,699	2,736,860	3,178,379
Accumulated depreciation	257,138	87,689	414,727	759,554
Net book value	<u>71,682</u>	<u>25,010</u>	<u>2,322,133</u>	<u>2,418,825</u>

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>

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Depreciated value of Buildings is as follows:	2024	2023
	\$	\$
Hall Avenue Clinic, including improvements	1,090,883	1,114,746
Broadway Clinic	1,231,250	

6 Audit

These financial statements have been subject to audit. The audit fee amounted to \$ 12,000 (2023: \$ 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:

Health New Zealand:Te Whatu Ora
 Capital and Coast District:

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

Accident Compensation Corporation
 Health New Zealand:Te Whatu Ora
 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:

	2024	2023
	\$	\$
Board	5,509	4,177
No. of people	12	9
	\$	\$
Manager and Senior Management	377,782	334,801
No. of people	3	3

8 Operating Lease Commitments:

NUHS has entered into the following leases:

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

Lease from 10 July 2023 to 31 March 2026.

Due within 1 year	\$ 20,662
Due thereafter	\$ 15,496

Lease of premises at 412 Broadway, Miramar, Wellington.

Lease terminated in September 2023 as property was purchased.

Lease of two vehicles:

Vehicle 1:

Lease signed on 05 April 2022 for 3 years

Due within 1 year:	\$ 3,755
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Vehicle 2

Lease signed on 21 August 2023 for 3 years

Due within 1 year:	\$ 6,379
Due thereafter	\$ 7,442

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

The Board of Trustees and Management are not aware of any 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: Purchase of Broadway Clinic for \$1,250,000 on 20 September 2023).

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 2024, 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 2024, and (of) its financial performance,
- and its cash flows for the year then ended; and
- the service performance for the year ended 30 June 2024 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
7 November 2024

