



NEWTOWN UNION HEALTH SERVICE

2025

# 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 Rōpu	Tunisia Pohatu
Union Member	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), Abdul Muse (Paramedic).

#### GP Team:

Vivienne Coppel (Team Leader), Jonathan Kennedy, Tin Maung Maung, Katrina Harper, Ellen Miller, Molly Lynch, Jenny Linsell, Andrew Robertson, Pauline Horrill, Gabrielle Watts, Anna Clare O'Connor.

#### Nurse Team:

Maureen McKillop (Team Leader), Louise French, Jo Cuncannon, Mario Merlo, Rachel Mizon, Liv Browne, Ben Wittmann, Olivia Browne, Michaela Wilson, Juney Mamachan, Sarah Fraser-Clark.

#### Reception Team:

Waty Arief-Macher, Niamh Cartysquires, Debbie McGill, Ote Patu, Grace Chan, Sally Gardiner.

### 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  
I read last year's report, and it feels like déjà vu.

This Government continues its assault on the rights of working people, women and Māori. The economic policy of austerity has a brutal logic that has not only cut services (and jobs) but has also contracted the economy and sent it into a tailspin.

Reduced economic activity has reduced the tax take and forced the Government into heavy borrowing that has rocketed our debt to record levels.

The Government's adoption of the 'Liz Truss' model of economics has a predictable outcome and reflects a Government in trouble but rather than reconsider their approach they have doubled down. They appear to be aware they will lose the next election and are trying to push through as much of their agenda before the next election.

Their inability to learn was illustrated when 100,000 people marched to Parliament to oppose the Treaty Principles Bill which was then defeated, but despite that they continued their demeaning of Te Tiriti o Waitangi through the Regulatory Standards Bill, the Healthy Futures (Pae Ora) Bill and the Public Service Bill. These set out to reverse much of the progress Māori have made over the last few decades.

Māori have not been the only target; let us not forget the assault on pay equity through the amendment to the Equal Pay Act that was rushed through with urgency just before this year's budget that cut an estimated \$1.7 billion from the projected wages of low paid women.

The confusion created by the Governments cuts to Health NZ / Te Whatu Ora continue to reduce the quality of care as nurse graduates struggle to find work and services suffer from a shortage of nurses, this a return to depression economics.

It present challenges, not just for the Government and those that would replace them at the next election. We live in a dangerous and degraded world where climate, ecological, economic and social challenges exist that can seem overwhelming.

However, we can find hope in the forces of resistance that refuses to be overwhelmed, whether it's a flotilla challenging genocide in the middle east or 100,000 marching against this Governments denial of its Tiriti obligations as it attempts to ethnically cleanse of its Agencies. That these and other movements have often been led by young wahine like Greta Thunberg and Hana Rāwhiti Maipi Clarke is inspirational.



### *Chairperson report cont.....*

The strikes of workers in health and education will be standing united against the degrading of our social support systems and we must support them.

And with COVID still here and stronger flu's around, our work remains, and our mission becomes more and more about protecting the vulnerable and giving support to those who need it most.

Once again, I must pay tribute to Fiona and her team for doing the hard mahi, in tough 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 NUHS Manager, it is my privilege to present this year's annual report.

The past year has been shaped by the ongoing significant challenges faced by NZ primary health care and the broader community, particularly as financial pressures and uncertainty continue to impact so many. Despite these headwinds, the NUHS team has remained focused, collaborative, and resilient demonstrating the strength of our shared values and commitment to high quality care.

We continued to make meaningful progress on the NUHS strategic objectives, strengthened the financial position, and adapted services to better meet the needs of those we serve. Notably, the contributions and steadfast support of the patients have played a vital role in sustaining our efforts during these difficult times. This collective commitment has enabled us to maintain the high standards of care and the service that defines NUHS.

Over the past 12 months, I have been managing an extensive and demanding HR workload. This has included increased recruitment activity, complex compliance requirements, and a high level of employee relations and support matters. The intensity and volume of these tasks have been time-consuming and, at times, challenging, reducing the capacity to focus on strategic planning and longer-term organisational development initiatives.

I would like to express my heartfelt appreciation to the staff for their relentless dedication and contribution to excellence. Without their hard work and teamwork, we would not continue to provide high quality care to patients working towards Their work truly makes a difference.

I would also like to express my sincere thanks to the NUHS Kaumatua and Board for their ongoing guidance, support, and commitment throughout this busy period. Their leadership and cultural wisdom have been invaluable in navigating the challenges of the past year.

Fiona Osten  
Manager

## Meet the team



Left: Dr Tin, Dr Linda Bryant-Pharmacist, Fiona Osten (Manager), Dr Nikki Turner, Dr Jonathan Kennedy, Dr Vivienne Coppell, Louise French-Outreach Immunisation Nurse.



Left: Jo Cuncannon, Michaela Wilson, Rachel Mizon



Ote Patu, Debbie McGill, Waty Arief-Macher



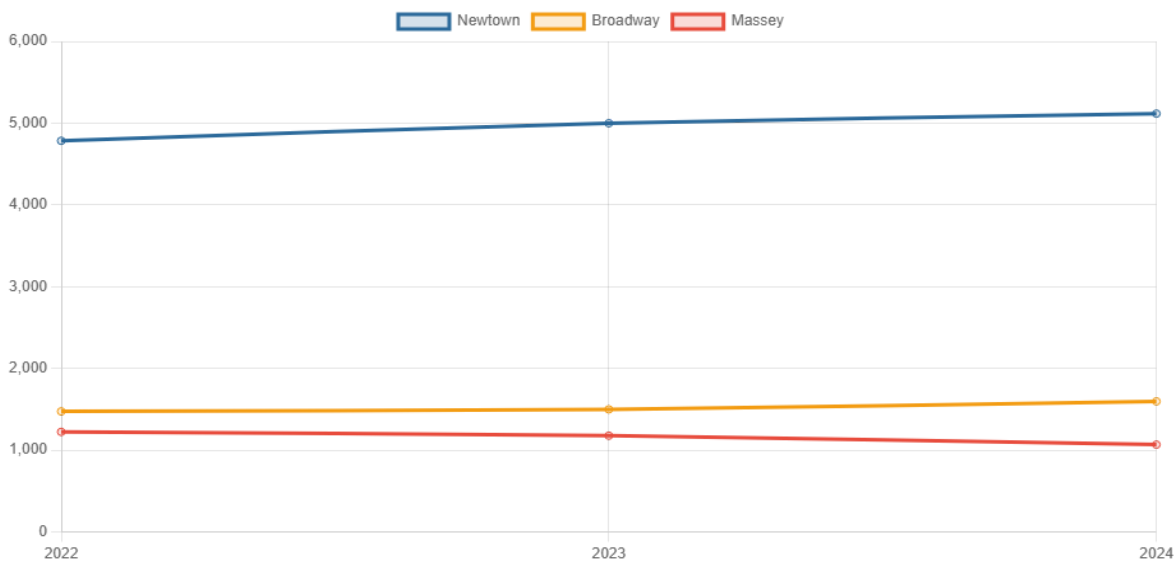
Left: Kathy Symonds, Giordano Rigutto, Tunisia Pohatu

# Patient Register and Demographics Report

This report provides a detailed overview of patient demographics for Newtown Union Health Service, based on data from the three sites: Broadway, Massey and Newtown. The analysis covers a three-year period and examines patient distribution by growth, age, gender, geographic location, and socio-economic status.

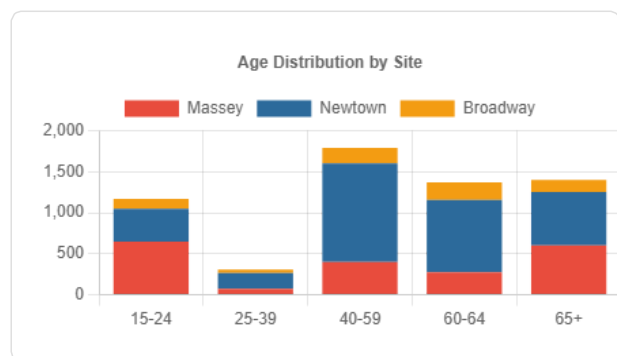
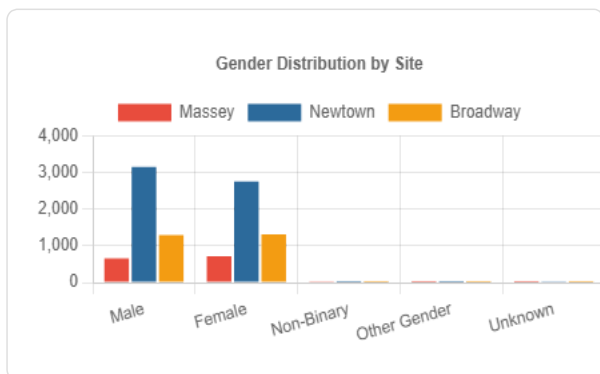
## Patient Growth Over Three Years

Newtown Union Health Service has experienced steady growth in total patient numbers over the past three years. This growth is primarily driven by an increase in patients at Newtown, which continues to be the largest and fastest-growing site.



## Patient Demographics: Age and Gender

An analysis of the patient demographics reveals that the service caters to a broad range of age groups. The largest patient cohort falls within the 25-39 and 40-59 age brackets, highlighting the NUHS role in providing care to working-age adults and families. The gender distribution remains stable and shows a balanced representation across male and female patients, with a small but important number of non-binary and other gender patients.





## Geographic and Ethnic Diversity

NUHS patient base is highly diverse, reflecting the multicultural communities we serve. The data shows that the majority of NUHS patients identify with a Māori, Indian Subcontinent, or Pacific (non-Māori) background. This underscores the health service's critical role in serving a diverse range of communities.

No of Patients	Site				
Region		Massey	Newtown	Broadway	Total
New Zealand (Non Maori)		721	902	223	1,846
Pacific Islands		28	703	559	1,290
Maori		134	571	249	954
Southeast Asia		46	674	151	871
Africa		9	757	79	845
Middle East		4	620	169	793
Indian Subcontinent		9	626	66	701
Europe		128	178	29	335
Americas		6	90	28	124
Central Asia		1	92	14	107
Australia		3	4	1	8
<b>Total</b>		<b>1,089</b>	<b>5,217</b>	<b>1,568</b>	<b>7,874</b>

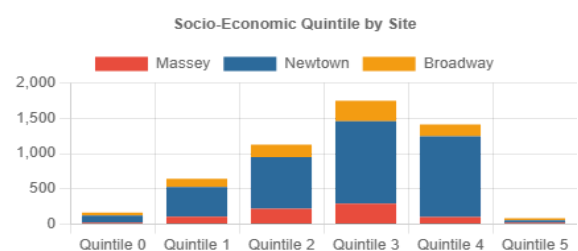
## Local Patient Distribution in the Greater Wellington Region

Within the Greater Wellington region, the largest number of patients are located in the Wellington area, followed by Hutt Valley and Porirua. The concentration of patients in these areas aligns with the locations of the main sites and indicates strong local engagement.

## Health Status and Socio-Economic Profile

The data on health and lifestyle factors provides valuable insights. The majority of NUHS patients have never smoked, which is a positive health indicator. We also track patients identified as having "High Needs" who represent a small but significant group requiring additional care.

NUHS patient base is well-distributed across all socio-economic quintiles, with a notable concentration in the lowest (0) and highest (5) quintiles. This suggests the health service is effectively serving patients from both the most vulnerable and most affluent parts of the community. This is a misrepresentation given that there are pockets of social housing as gentrification has moved into the eastern and southern suburbs of Wellington.



**Diabetes Report**



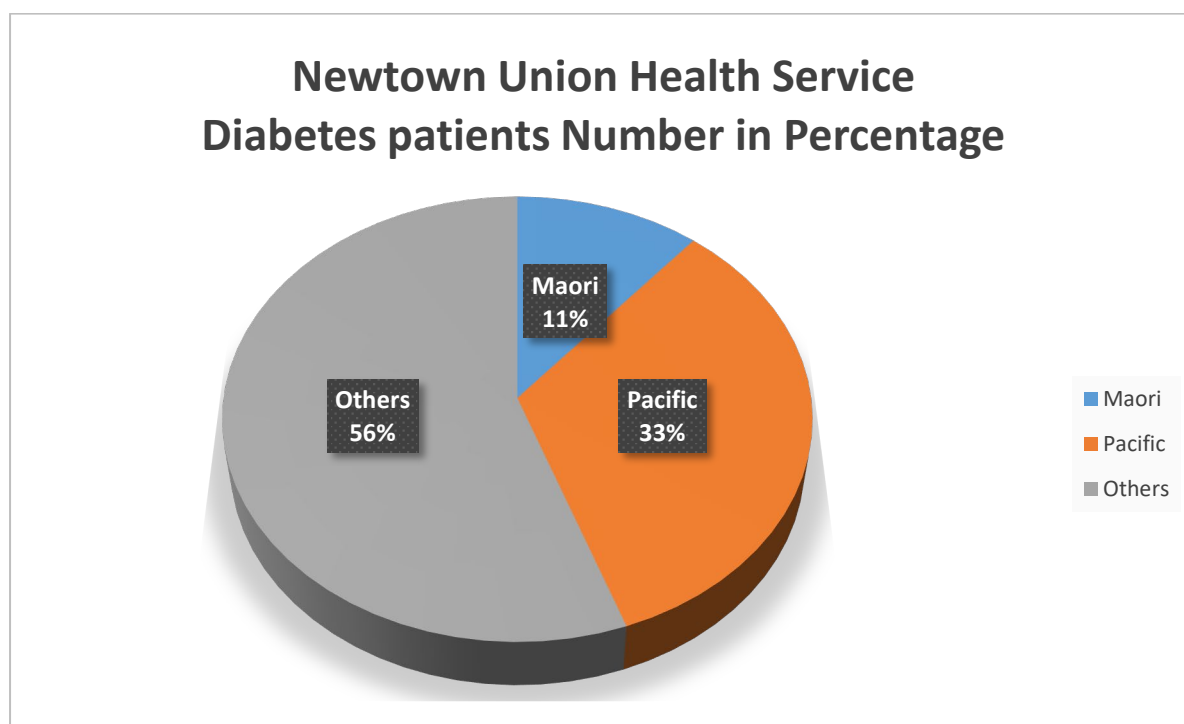
**Diabetes Team Annual Report July 2024 to June 2025**

Newtown Union Health Service (NUHS) is a trusted service at 3 sites, Broadway, Massey and Newtown. The service provides a comprehensive range of services, including diabetes care.

**Diabetes Services at NUHS**

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 like Dr. Tin Maung Maung, Nurses Fou Etuale and Benjamin Whittman, Clinical Pharmacist Linda Bryant.

There are 701 registered patients with Diabetes, categorized as Māori 78, Pacific Islander 234 and others 389. Of these groups 671 have Type 2 diabetes, 30 have Type 1 diabetes. Approximately 76.4% -533 out of 701 patients meet clinical guideline. Additionally, NUHS serves 871 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 their GP. Regular appointments provide the opportunity to monitor and manage the patient's condition and set future goals. All clinicians work with 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 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.

If the patient's diabetes is difficult to control, they have the 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 and 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, dietitians 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.



## **Diabetes report cont .....**

- One nurse is a member of the Diabetes Nurse Practice Partnership Team which 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 an oversight of Diabetes Services in the greater Wellington region.
- On February 26, 2025, the Diabetes team conducted a presentation titled "Diabetes - What is happening at NUHS" for NUHS staff members. The session provided insights into the current initiatives, challenges, and developments surrounding diabetes care and management within NUHS.
- In May 2025 – The Diabetes team conducted an audit on monitoring renal function in patients with Diabetes. 90% of the patients had renal function and Urine microalbuminuria test completed during the last 12 months period. This audit reveals a high compliance rate with the recommended annual testing for both renal function and microalbuminuria urine among the sampled Diabetes patients. However, there is room for improvement in ensuring that all relevant tests are both requested and completed

### **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 Report

Newtown Union Health service Mental health contract currently provides funded visits for 207 enrolled patients and continues to provide support and education across sites for staff in multiple roles. Over the past 12 months, utilisation rates show there have been 1126 consultations this representing strong engagement with the NUHS mental health service at the Newtown and Broadway clinics.

### Team members

Dr Ellen Miller and RN Rachel Mizon lead our mental health service, with support from current GPs and Primary care nurses providing mental health care across the service.

A significant positive development has been the addition of Dr Ben Werkmeister working with the practice as a liaison psychiatrist. Ben provides fortnightly 60-minute meetings which allow GPs and primary care nurses to discuss cases with higher complexities alongside three one-hour patient consultation. Alongside this Dr Werkmeister has already made a valuable contribution providing training sessions to Newtown Union staff covering AHHD management and care for those who have bipolar.

### Liaison and Outreach clinics

Bimonthly meetings with Opioid treatment services (OTS) and Bimonthly meetings with Assertive Community treatment (TACT). This helps improve communication and enables better collaboration and more proactive care for vulnerable patients. Three monthly GP and a nurse clinic are held at Henry Street supported living facility, operated by Emerge Aotearoa, providing essential health care access to some of our most vulnerable community members.

### Recent activity in the past 12 months

- 15 new client enrolments
- 6 client withdrawals
- 250 consultations in the past 6months

### Current Client demographic

- The enrolled patients represent diverse community demographics
- Ethnicity: Māori 26%, Pacific 6% other 64%
- Age primarily 25-65 with 13% being over 65

NUHS has expanded the mental health support capabilities with the health improvement practitioner and health coach. This enhancement allows patients to be seen on the same day and free of charge for support with mental distress, social stress, behavioral change support for both physical and mental health concerns across all NUHS sites.

### Current challenges

Access to crisis service and acute mental health support continues to be a significant challenge for both clinicians and patients. While we have strengthened relationships with some secondary health services, there remains notable gaps in care for patients who don't meet the criteria for secondary services or have been discharged without sufficient community support.

This gap particularly affects individuals who are declined by secondary care or need specialist input but don't qualify for ongoing secondary services. We continue discussions with Tū Ora and other providers to address this service gap.



### **Future Focus and Development**

We are currently updating the mental health enrollment process to align with recommended monitoring standards, used by mental health addiction and intellectual disability services. This is to ensure appropriate recalls and reviews are consistently in place for all enrolled patients.



*Dr Linda Bryant*

### **Clinical pharmacist prescriber**

The clinical pharmacist prescriber is funded for 2.5 days by Tū Ora, plus an extra six hours funded by NUHS. There are three clinic sessions a week, plus other time undertaking repeat prescribing, medicines information queries and quality improvement activities. The aim of improving medicines-related health outcomes and reducing inequity from medicines-related morbidity and mortality through collaboration and integration continues to drive the clinical pharmacist prescriber service.

### **Long term conditions**

There were 590 clinic consultations over the last year. Diabetes and cardiovascular disease were the most frequent long-term conditions addressed (~ 70%), requiring education and medicines adjustments. Other conditions included pain, gout, respiratory, dermatology, mental health, heart failure and general medication reviews involving complexity. Since completing the Libre Freestyle Continuous Glucose Monitoring training there has been increased, beneficial use of the 2-week trial per eligible person, working jointly with the diabetes nurse lead at NUHS.

### **Continuous quality improvement**

Pharmacotherapy is an important part of health care and the clinical pharmacist prescriber continued to assist with improving medicines-related clinical indicators.

As part of the quality programme NUHS focused on undertaking medication reviews in Māori and Pacific people over 65 years old and non-Māori and Pacific people over 85 years old. We achieved 83% completion for this indicator – the leading general practice in the Tū Ora network.

The clinical pharmacist prescriber also assisted with Diabetes Annual Reviews to achieve 77.5% to 82.0% completed, and cardiovascular risk completion to 91.3%. Of note the rate of people with diabetes at NUHS is 7 to 8%, almost double the average rate of diabetes. This has been a successful collaborative team focus.

A review of 95 repeat prescriptions was undertaken, finding that 65% of people were seen within the 3 months prior to the prescription request, and 24% had an appointment booked within the next 3 weeks. This confirmed that repeat prescriptions do not mean that our people are going for extended periods of time without a general practitioner consultation and review, but that appointments and repeat prescription requirements are difficult to align. There were other interventions undertaken at the time of the repeat prescription such as requesting blood tests, contacting regarding the need for an appointment, recommending changes for the next appointment and contacting the person to discuss a change. It was determined that NUHS provides a thorough, high-quality service and that the issuing of repeat prescriptions does not mean that people are not being closely reviewed.

### **Staff development**

The clinical pharmacist prescriber provided sessions at 3 general practitioner peer groups and continued responding to medicines information enquires from all staff. Staff development continued with completion of the University of Auckland Optimising medication / polypharmacy micro-credential course (50 hours) and attending the Goodfellow Symposium, Goodfellow GP Update day, study day on acne, study day on ADHD and Goodfellow webinars on liver abnormalities, diabetes in pregnancy, heart failure; helicobacter, rosacea, Vitamin D; CAPA one-day 'Bootcamp' and webinars on electrolytes, hypertension, heart failure; and Tū Ora small group sessions on insomnia, diabetes, frailty and menopause.

These courses, and sharing this knowledge with colleagues within the practice, will be helpful and contribute to improving pharmacotherapy management for people enrolled at NUHS.

## Outreach Immunisation Report



### *Outreach Immunisation Team*

Newtown Union Health provides Outreach Immunisation Services on behalf of Tū Ora Compass Health via a contract with Tū Ora PHO. The service covers 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 working part-time, and an administration support person. Extra hours were worked by the nurses this year in response to an increase in referral numbers and need.

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 621 referrals. 188 children were given vaccinations during the reporting year. Less referrals were received this year with more children immunised.

During this past year Outreach Nurses completed:-

- 357 home visits
- 835 phone calls
- 887 text messages sent

Email has become an increasing 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 for contacting families who have moved overseas without updating their medical centre.

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. Several different communication methods are used to follow-up referrals. This reflects the diverse and flexible model required to action referrals

The total number of children immunised by ethnicity over the past year by the OIS are:-

- NZ Māori – 96
- Pacific – 37
- European – 35
- Other – 20.

Most of the immunisations were given in the child’s home, including emergency accommodation. Other venues include community centres, a local school and at a Kohunga Reo. 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.

Outreach Service has continued to receive referrals for children living with extended whanau. This includes children in the care of aunts, uncles, grandparents and Oranga Tamariki.



## ***Outreach Immunisation Report cont .....***

This has meant an increase in the level of time spent contacting both caregivers and parents to gain consent for immunisations and arrange suitable times for home visits and give the immunisations.

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

Many referrals to OIS were for children/families who have moved to the Wellington region and have been unable to register with a GP. 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 whanau remained unenrolled with a GP.

The nurses utilised email to ascertain if they were still in New Zealand. Most families 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 AIR, 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 Pepi 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 PHO, Kokori Marae and the Tū Ora Community team; local Tamariki Ora and Plunket nurses; and GPs for further health care.

Both OIS 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



The Newtown Park Flats (NPF) outreach clinic operates weekly on Fridays, staffed by a nurse (Fou Etuale / Elaine Shirley). Additionally, a doctor (Dr Tin Maung Maung) 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 2025

Ethnicity	0-4	5-14	15-24	25-44	45-64	65	
AFRI	6	11	4	16	11	1	49
ASIA	2	1	1	1	6	2	13
EURO		1	1	5	7	4	18
MAORI				2	5	4	11
MIEA	4	3	1	9	5	1	23
OTHER		1		2	2		5
PI	1	7	3	4	7	2	24
<b>Total</b>	<b>13</b>	<b>24</b>	<b>10</b>	<b>39</b>	<b>43</b>	<b>14</b>	<b>143</b>

The current registered population at NPF stands at 143.

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

### Community Engagement

- Newtown Union Health Service actively participates in the Newtown Park Flat Health Day, particularly focusing on flu and COVID-19 immunisation 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.

The clinic has faced challenges due to staff shortages, staff sickness, and leave 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). Primary care nurse Michaela Wilson joined the team at the start of 2025. We continue to be supported by Dr Jonathan Kennedy.

Pressures across the health sector have been increasingly evident this year. High demand for primary care for both acute and chronic conditions continued. Alongside this, there has been growing difficulty in accessing secondary care and acute care out of hours, resulting in additional workloads for primary care. The effect of this has been increasingly complex presentations within primary care. The refugee population of the practice is likely disproportionately disadvantaged by these issues due to lack of system knowledge and capacity for advocacy, in part due to language and cultural barriers.

Outside of healthcare, major pressure for adequate housing continues to be a common and this has direct and indirect consequences on health. Housing continues to often be of poor quality and high cost, creating physical and mental health issues for refugee families who are frequently reliant on rental properties.

Access to appropriate interpreting services has improved this year, though there are still some languages which pose difficulties such as Pashto and some Burmese dialects where there are very limited numbers of interpreters available in New Zealand, and at times none available at all. This leads to reliance on family members as interpreters which can limit access and also restrict what can be appropriately discussed during consultations.

Access to mental health support for refugees has been somewhat limited during this year whilst Refugee Trauma Recovery closed their waitlist to new referrals on account of high workloads and staff shortages. Fortunately, the service has recently reopened with an updated structure aimed at better supporting clients and allowing more new cases to be seen.

### **Refugee Team and NUHS refugee activities**

Refugee Liaison Meetings continue to be 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. During 2025 we have regularly welcomed Tesha Misipeka to our meetings. Tesha works at Te Awakairangi PHO and is responsible for supporting refugee families who currently do not have access to a regular enrolled general practice.

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

The team have been involved in a research project from Victoria University Wellington looking at digital health tools for migrant communities. This work is currently still in progress.



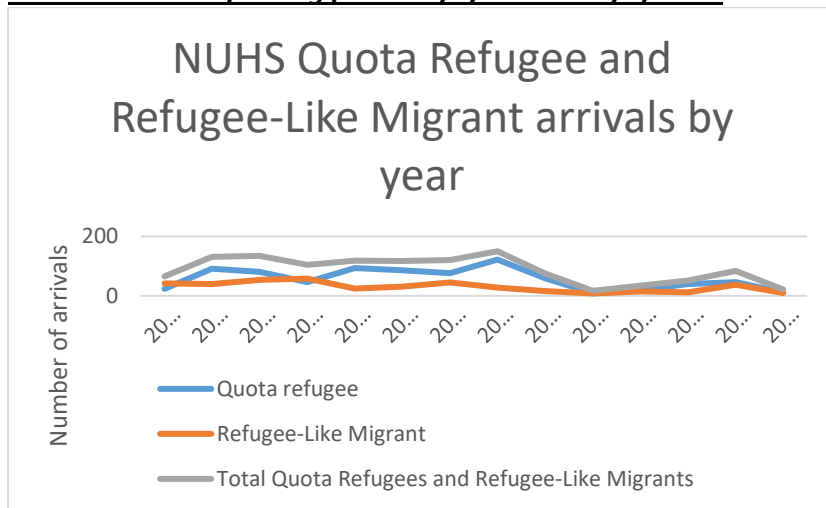
**Other activities**

Philippa Thompson has regularly attended the Former Refugees Stakeholder Network meetings, which are held quarterly. This is an opportunity to network with others who support former refugees in non-clinical settings, including education, housing, law and other settlement support.

Philippa Thompson presented to the Refugee and Migrant Health paper taught by Otago University in August 2024. This is co-ordinated by Doctor Jonathan Kennedy and Doctor Pauline Horrill.

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 1/7/2024 – 30/6/2025**



Arrivals have been increasing over the last two years, following on from border restrictions being removed, with larger numbers of both quota and refugee-like migrants. The trend could be expected to continue through 2025.

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.

**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 workers team*

The role of the social worker at Newtown Union Health is to support doctors and nurses when patients present with issues that are not medical 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.

#### **Staffing**

Sonia Smith continues her role as the NUHS Māori social worker (MSW). Philippa Thompson continues as the general social worker (GSW). From 1 June, Philippa began reducing her hours to begin additional study. Sarika Asokan has joined the team providing GSW.

Both the GSW and MSW have experienced very high demand in the past year, referrals have been put on hold at times to manage the case load. Unfortunately, the ongoing cost of living and housing crises and the lingering effects of the Covid-19 pandemic means many whānau are struggling and social work support is needed.

For the GSW, most referrals come from within NUHS but there are 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.

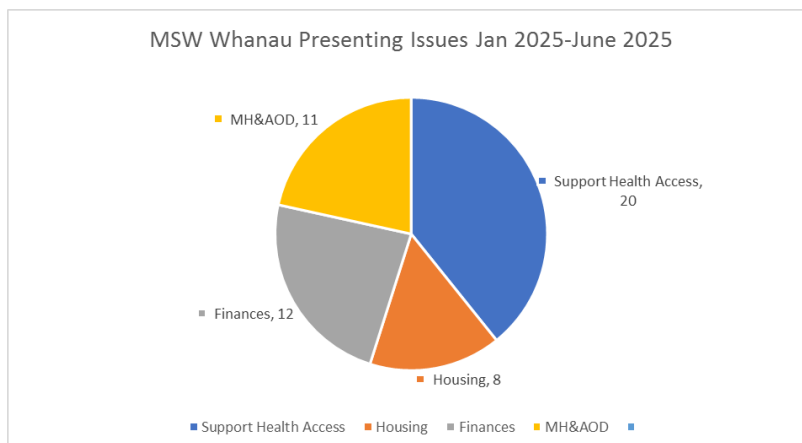
The housing crisis continues to affect many NUHS patients. Around three-quarters of patients have a housing need as either primary reason for referral or an underlying issue. Needs include overcrowding, damp conditions, expense, safety or living in transitional or emergency housing. Other reasons for referrals 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 GSW aims to provide strengths-based support both through advocacy and being a listening ear. The GSW 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.

#### **Trending Issues for the Māori Social Worker (MSW)**

It is recognised that Māori still face discrimination and inequities in healthcare, employment and housing on a regular basis, therefore the MSW continues to highlight these barriers by bringing it to the forefront where necessary. The overall advocacy intent is to provide a clearer understanding of Māori through a Te ao Māori lens, alongside encouraging all networks involved to tackle the presenting issues collaboratively.

Improving health access for Māori is a regular task for the MSW, as life expectancy remains lower for Māori than that of any other ethnic population. The MSW provides holistic support for whanau by being the key lead in offering a culturally appropriate equitable approach that encourages health and wellbeing motivation and participation for Māori, by Māori, in a Māori way.

Please see graph: highlighting “support health access” as being the predominant presenting issue in the last 6months, please do also note that most whanau do present with more than one issue at a time.



### MSW Successors

### GSW Successes

Success in social work is where we celebrate clients achieving their goals, whether big or small. A significant success this year was the safe arrival of two families under Refugee Family Reunification after more than 5 years of advocacy with Immigration New Zealand.

Although it takes time, some families have been successful with finding suitable housing. Others have celebrated new babies or gaining NZ citizenship. Other achievements might be engaging with a budget adviser, accessing English classes or having their housing priority recognised.

### MSW Kaupapa Māori Professional Development

The MSW went on a three-day Kaupapa Māori Wananga called Te Whare Aio to learn about Māori healing practices through a Hauora Māori lens. The spiritual aspect of this learning was a unique healing component that is unfamiliar in the western clinical realm.

MSW has embraced these meaningful learnings on a personal and professional level with future intentions of enhancing the connection of both the western and Māori healing worlds to better suit the needs of Māori whānau.

### Networking

There continues to be a community monthly social worker peer-group, facilitated by the NUHS GSW. As part of the Refugee Team, the GSW also attends the three-monthly Former Refugee Stakeholder meetings. We also attend the monthly Te Rito Family Violence Network meeting. The regular outcomes achieved by the MSW is a strong hands-on indicator that the cultural connection the MSW provides from the Māori community to health services has been successful to date.

NUHS social workers direct access to the nurses, doctors, pharmacists, community liaison psychiatrist, Health Improvement Practitioner and other clinical services supports breaking down some of the barriers that Māori face in the health sector.

MSW continues to support whānau in gaining and sustaining new housing opportunities as well as overcoming hardship issues for Māori whanau on a regular basis. The Kaupapa is to remain realistic in goal setting between the whanau and collegial government agencies to ensure their needs are obtained within a timely suitable manner.



**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 regularly at public concerts, Newtown Festival, private functions around the Wellington area 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 many our wahine are predominantly from Wellington’s 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 2025**

- 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 2025

#### 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 2025	June 2024
0-14	1,255	1,113
15-24	1,958	1,197
25-44	2,236	2,065
45-64	1,619	1,554
65+	819	798
<b>Total</b>	<b>7,887</b>	<b>7,497</b>



### Enrolment numbers by ethnicity

Māori	1,012	999
Pacific	1,310	1,313
European	2,103	2,154
Asian	1,659	1,299
Other	1,803	1,732
<b>Total</b>	<b>7,887</b>	<b>7,497</b>
<b>High needs patients</b>	<b>3,795</b>	<b>3,746</b>

## 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 2025

	Notes	2025 \$	2024 \$
<b>Revenue from exchange transactions</b>	3.3		
<b>Primary Care Contracts</b>			
Capitation		2,085,402	1,886,122
PHO and MINHEA Contracts		1,762,453	1,563,362
<b>Total Contracts</b>		<u>3,847,855</u>	<u>3,449,484</u>
PHO Quality Payments		34,693	33,497
Operations		745,715	609,423
<b>Total Operating Income</b>		<u>4,628,263</u>	<u>4,092,404</u>
<b>Non Operating Income</b>			
Interest on Investments		13,853	20,700
<b>Total revenue from exchange transactions</b>		<u>4,642,115</u>	<u>4,113,104</u>
<b>Revenue from non-exchange transactions</b>			
Donations		1,000	1,000
<b>Total Income</b>		<u>4,643,115</u>	<u>4,114,104</u>
<b>Less: Expenses</b>			
Staff Costs		3,766,194	3,377,756
Operating Costs		575,878	559,848
Financial Costs		105,267	98,354
Other Costs		68,669	33,316
<b>Total Expenses</b>		<u>4,516,008</u>	<u>4,069,274</u>
<b>Net Surplus/(Deficit)</b>		<u>127,107</u>	<u>44,830</u>
<b>Other Comprehensive Revenue and Expense</b>		-	-
<b>Total Comprehensive Revenue and Expense</b>		<u>127,107</u>	<u>44,830</u>



**Newtown Union Health Service Inc.**  
**Statement of Changes In Equity**  
**For the Year Ended 30 June 2025**

	Notes	2025 \$	2024 \$
<b>Accumulated Comprehensive Revenue and Expenditure</b>			
Opening Balance		2,334,333	1,746,519
Total Comprehensive Revenue and Expense for the year		127,107	44,830
<b>Movements in Reserves</b>			
Transfer from/(to) Capital Replacement Reserve		(84,910)	377,208
Transfer from/(to) Redundancy Reserve		(7,527)	(9,185)
Transfer from/(to) Service Building Reserve		-	174,961
<b>Accumulated Comprehensive Revenue and Expenditure at 30 June 2023</b>	3.7	<b>2,369,003</b>	<b>2,334,333</b>
<b>Reserves</b>			
<b>Capital Replacement Reserve</b>			
	3.7		
Opening Balance		<b>85,289</b>	<b>462,498</b>
Depreciation for the year		84,910	85,289
Transfer from/(to) Accumulated Comprehensive Revenue and Expenditure		-	(462,498)
<b>Closing Balance</b>		<b>170,199</b>	<b>85,289</b>
<b>Service Building Reserve</b>			
Opening Balance		-	<b>174,961</b>
Transfer from/(to) Accumulated Comprehensive Revenue and Expenditure per reserve policy		-	(174,961)
<b>Closing Balance</b>		-	-
<b>Redundancy Reserve</b>			
Opening Balance		<b>138,763</b>	<b>129,578</b>
Transfer from/(to) Accumulated Comprehensive Revenue and Expenditure per reserve policy		7,527	9,185
<b>Closing Balance</b>	3.7	<b>146,290</b>	<b>138,763</b>
<b>Service Development Reserve</b>			
<b>Closing Balance</b>	3.7	<b>103,848</b>	<b>103,848</b>
<b>Total Equity at 30 June 2025</b>		<b>2,789,340</b>	<b>2,662,233</b>



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

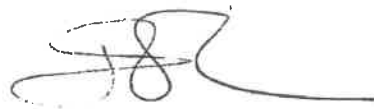


**Newtown Union Health Service Inc.**  
**Statement of Financial Position**  
**As at 30 June 2025**

	Notes	2025 \$	2024 \$
<b>Current assets</b>			
Cash and Cash Equivalents	4	830,386	786,049
Term Investments	4	82,929	78,320
Receivables from Exchange Transactions	3.3	218,580	178,498
Prepayments		14,197	62,486
Accrued Income		1,567	12,472
Accrued Interest		715	984
		<u>1,148,374</u>	<u>1,118,809</u>
<b>Fixed Assets</b>	5	2,463,665	2,418,825
<b>Total Assets</b>		<u><b>3,612,039</b></u>	<u><b>3,537,634</b></u>
<b>Current liabilities</b>			
Trade and Other Creditors	3	379,698	296,594
GST Payable		46,106	133,127
Employee Entitlements	3.4	285,298	335,844
Advance Income		23,175	23,175
Dallow Fund		43,422	41,211
Union Support Fund		5,000	5,450
		<u>782,699</u>	<u>835,401</u>
<b>Term Liabilities</b>			
Trade Union Loans		40,000	40,000
<b>Total Liabilities</b>		<u><b>822,699</b></u>	<u><b>875,401</b></u>
<b>Net Assets</b>		<u><b>2,789,340</b></u>	<u><b>2,662,233</b></u>
Accumulated Comprehensive Revenue and Expense	3.7	2,369,003	2,334,333
Service reserves	3.7	420,337	327,900
<b>Total Equity</b>		<u><b>2,789,340</b></u>	<u><b>2,662,233</b></u>

Approved by:

  
 \_\_\_\_\_  
 Chairperson

  
 \_\_\_\_\_  
 Board Member

13 November 2025  
 \_\_\_\_\_  
 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 2025**

	Notes	2025 \$	2024 \$
<b>Cash Flows from Operating activities</b>			
<i>Cash was received from:</i>			
PHO and other Contracts		3,893,453	3,473,647
Claims and Consultation Fees		705,633	601,189
Interest Income		14,122	29,583
Donations		1,000	1,000
		<u>4,614,208</u>	<u>4,105,419</u>
<i>Cash was applied to:</i>			
Payments to Employees		3,811,221	3,335,708
Payments to Suppliers		626,053	505,345
Union Support		450	(2,040)
Dallow Fund		(2,212)	(2,000)
		<u>4,435,513</u>	<u>3,837,013</u>
<b>Net Cash generated from/(used for) Operating Activities</b>		<u>178,696</u>	<u>268,406</u>
<b>Cash Flows from Investing Activities</b>			
<i>Cash was received from:</i>			
Receipts from Maturity of Investments		<u>78,322</u>	<u>1,416,947</u>
<i>Cash was applied to:</i>			
Purchase of Fixed Assets		(129,752)	(1,304,982)
Payments to Purchase Investments		(82,929)	(78,320)
		<u>(212,681)</u>	<u>(1,383,302)</u>
<b>Net Cash used for Investing Activities</b>		<u>(134,359)</u>	<u>33,645</u>
<b>Net increase/(decrease) in Cash and Cash Equivalents</b>		<u>44,337</u>	<u>302,051</u>
Cash and Cash Equivalents at the beginning of the year		786,049	483,998
<b>Cash and Cash Equivalents at the end of the year</b>	4	<u>830,386</u>	<u>786,049</u>
<i>Comprising:</i>			
Cash on Hand, Current Accounts and Interest Bearing Accounts		830,386	786,049
<b>Total Cash and Cash Equivalents</b>	4	<u>830,386</u>	<u>786,049</u>



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



## **Newtown Union Health Service Inc.**

Notes forming part of the Annual Report for the year ended 30 June 2025

### *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.



**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 2025

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:

	2025	2024
	\$	\$
Annual leave accrual	272,564	322,386
Sick leave accrual	12,734	13,458
<b>Total employee entitlements</b>	<b>285,298</b>	<b>335,844</b>

### *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:

	2025	2024
	\$	\$
Cash at bank and interest-bearing call accounts	830,386	786,049
Term Investments - short-term deposits with maturities of less than 12 months	82,929	78,320
<b>Total cash and cash equivalents</b>	<b>913,315</b>	<b>864,369</b>

**5 Fixed assets**

2025	Office equipment and furniture			Medical equipment	Buildings	Total
		\$		\$		\$
Cost		368,624		137,375	2,802,130	3,308,129
Accumulated depreciation		281,647		92,625	470,192	844,524
<b>Net book value</b>		<b>86,977</b>		<b>44,750</b>	<b>2,331,938</b>	<b>2,463,665</b>

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
<b>Net book value</b>		<b>71,682</b>		<b>25,010</b>	<b>2,322,133</b>	<b>2,418,825</b>



**Newtown Union Health Service Inc.**

**Notes forming part of the Annual Report for the year ended 30 June 2025**

Depreciated value of Buildings is as follows:	2025	2024
	\$	\$
Hall Avenue Clinic, including improvements	1,061,146	1,090,883
Broadway Clinic	1,270,792	1,231,250

**6 Audit**

These financial statements have been subject to audit. The audit fee amounted to \$ 12,000 (2024: \$ 12,000).

**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:

	2025	2024
	\$	\$
Board	4,895	5,509
No. of people	10	9
	\$	\$
Manager and Senior Management	371,986	377,782
No. of people	3	3

**8 Operating Lease Commitments:**

NUHS has entered into the following leases:



**Newtown Union Health Service Inc.**  
Notes forming part of the Annual Report for the year ended 30 June 2025

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

Lease from 10 July 2023 to 31 March 2026.

Due within 1 year : \$ 15,496

**Lease of two vehicles:**

**Vehicle 1:**

Lease signed on 28 March 2025 for 3 years

Due within 1 year: \$ 7,175

Due thereafter \$ 14,352

**Vehicle 2**

Lease signed on 21 August 2023 for 3 years

Due within 1 year: \$ 6,379

Due thereafter \$ 532

**9 Capital commitments**

At the balance date there is a commitment for improvements and capital works at the Broadway Clinic at an estimated amount of \$500,000.

**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.



# 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 2025, 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 2025, and (of) its financial performance,
- and its cash flows for the year then ended; and
- the service performance for the year ended 30 June 2025 in that the service performance information is appropriate and meaningful and prepared in accordance with the entity's measurement bases or evaluation methods

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 (NZ) and New Zealand Auditing Standard (NZ AS) 1 (Revised) *The Audit of Service Performance Information*. 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 preparation, and fair presentation of the general purpose financial report and service performance information in accordance with the applicable financial reporting framework;
- b) The selection of elements/aspects of service performance, performance measures and/or descriptions and measurement bases or evaluation methods that present service performance information that is appropriate and meaningful in accordance with PBE Standards RDR;

- c) The preparation and fair presentation of service performance information in accordance with the entity's measurement bases or evaluation methods, in accordance with PBE Standards RDR;
- d) The overall presentation, structure and content of the service performance information in accordance with PBE Standards RDR; and
- e) 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) and NZ AS 1 (Revised) 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  
17 November 2025