NEWTOWN UNION HEALTH SERVICE

Annual Report 2015 - 2016

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Table of Contents

SECTION ONE

Newtown Union Health Service Policy Board and Staff

Policy Board

Chairperson	Eileen Brown
Treasurer	Julie Lamb
Secretary	Fiona Osten
Kaumatua	Te Urikore (Julius) Waenga
Staff (clinical) Representatives	Dianne Theobald Jonathan Kennedy
Māori Rōpu Representative	Fiona Da Vanzo
Union Representative	Eileen Brown Grant Brookes
Community Representatives	Julie Lamb Debbie Leyland Shyama Kumar Barbara Lambourn

Staff

Administration Team	Fiona Osten (Manager), Michelle Curel (Operations Coordinator), Kareena Bryant (PA/Senior Administrator - on leave March 2016 to March 2017), Michele Johnson (temp Executive Assistant - March 2016 to June 2016), Tunisia Pohatu (Clinical Administrator), Briar Bloomfield (Administration Support - June 2016, Executive Assistant)
Allied Health	Philippa Thompson (Social Worker), Tanya Kotua (Māori Social Worker), Sonia Smith (Mental Health Advocate), Flora Toma (Interpreter)
GP Team	Vivienne Coppell (Team Leader), Jonathan Kennedy, Tin Maung Maung, Katrina Harper, Ben Gray, Victoria Scobie (resigned February 2016), Nikki Turner, Phillip Dashfield, Kerry Daniel (maternity leave - January 2016), Derek Ngieng, Howard Livingston (Locum GP - February 2016 to June 2016), Atalie Colman (February 2016 to October 2016), Anna Kang (Registrar to December 2016), Sarah Huse (Registrar - December 2015 to May 2016), Louise Poynton (Registrar December 2015 to May 2016)
Nurse Team	Dianne Theobald (Team Leader), Fou Etuale, Bryony Hales, Maureen McKillop, Louise French, Fiona Da Vanzo, Barbara Bos, Karen Fry, Lynn Davies (Locum Nurse), Asha Clark, Delisa Paau, Serena Moran, Pauline Twiss
Reception Team	Debbie McGill, Erin Stewart (resigned May 2016), Elaine Hill, Judith McCann, Emma Barnett, Pito Pati, Freya Osten, Krys Keenan (temp), Georgina Makamaka

SECTION TWO

Chairperson's Report

Tēnā koutou, tēnā koutou tēnā koutou katoa

A strong and unified NUHS Board has stood us in good stead this year as we have confronted new challenges. A proposal to alter the funding formula that enables us to provide very low cost appointment fees was a big worry. It was a relief that the proposed model, which would have taken substantial funding away from our service, was shelved by the Minister of Health. However it exposed our vulnerability in the current constrained health funding climate.

The pressures on Well Health – the Primary Health Organisation (PHO) of which we are a member – are another concern. Well Health signaled last year that it was concerned about its future sustainability. The NUHS Board were of one mind wanting the PHO to remain a stand-alone PHO and support the kaupapa of NUHS and the founding mission of union health clinics. We are concerned that some of the unique character of NUHS could be diluted if we were to become a member of another PHO. This remains a live issue for the 2017 NUHS Board. Good stewardship will be needed in relation to these decisions.

Despite the challenging environment, the Service has continued to deliver excellent primary health services in the last year. I thank all the staff for their commitment and convictions and for serving the needs of the NUHS enrolled population most of whom have challenging health issues and social circumstances.

In July we reviewed our Strategic Plan 2014-2019 and compared the activities of the Service against the plan since it was signed off in 2015. It is very pleasing to note that the Plan is providing direction and focus and that many of the goals are being achieved. Work that we commenced on the NUHS Constitution is progressing and while we had hoped to have it ready for this AGM it will be finished next year. It's important that its done right and done well.

It was a big blow in June this year to face budget cuts in contracts. I stated publically that this would be detrimental to the health needs of the people we serve. Budgets and services being reduced will have an adverse impact on our Service and the needs of the people we serve. The end result, following some working through the issues with the DHB, was that the budget cuts were not as large as originally proposed. I acknowledge the PHO for their advocacy and thank Sharon Cavanagh for her support in negotiations with the DHB over these contract cuts. But it is a warning signal and we should not feel any complacency. We cannot deliver better services to improve primary health outcomes with reduced funding.

It has been my privilege to lead the NUHS Board. I thank all the Board members for their support, time and the commitment they make in being on the Board. There will be challenges ahead next year but a committed Board dedicated to the Service and aware of its history and values will ensure NUHS remains a strong primary health care service for the people in South Wellington.

Lastly I conclude with sincere thanks to the Manager of NUHS, Fiona Osten, for her capable leadership in the year. She leads a great team of committed staff who are dedicated to serving the people in our community in their needs for access to excellent primary health care.

He aha te mea nui o te ao! He tangata! He tangata! He tangata!

Eileen Brown
Chairperson NUHS Policy Board

Manager's Report

Newtown Union Health Service has finished the 2015/2016 year in good heart. We have approached the challenges as a unified committed team looking for opportunities to improve the health and wellbeing of the community that we serve. Of importance to the team is that we provide a high quality service that encompasses all aspects of the services we deliver.

Health Care Home Programme

The Health Care Home Programme is a national initiative that is responding to New Zealand's expanding and ageing population. People are living longer and as a consequence there is an increase in chronic disease, pressure on the workforce and financial sustainability for the health system.

The Health Care Home initiative is being implemented in the CCDHB region and, NUHS is one of the first 9 GP services to be part of the PHO/DHB initiative. Specifically at NUHS we are looking to progress improving access to the service, making sure that acute presentations are managed in a timely way and that we provide targeted care to those with the greatest need.

As a start we have introduced a new role at the Newtown clinic that involves one receptionist answering the incoming phone calls. The intention is to reduce the noise and activity within the reception area and allow the front desk receptionist to focus on patients without the interruption of calls. The outcome and feedback has been positive; that the patient experience has improved, the time for calls to be answered has reduced and that the reception area is calm and welcoming.

Patient Portal

The patient portal is a secure and convenient online tool that allows patients to interact with their clinical team. This includes email access, request prescriptions, access to medical history and laboratory results.

This technology is now available to our patients and although we have a slow uptake since the launch in August 2015 we have plans to improve patient awareness and to support patients to activate their portal.

Peer Led Advocacy Contract

This year we commenced a new contract to provide a peer led advocacy service for people and their families/whanau requiring advocacy across all CCDHB mental health and addiction services. This is a 12 month contract where part of the work has been to develop a model for a future Action Research Peer Led Advocacy Service that will meet the needs of mental health consumers and their families of the CCDHB population.

Within this contract we work alongside Kites Trust, Te Ara Korowai and Vincents Art Studio. We have approached this work as a collective so that we could develop a consistent advocacy approach that enhances the consumer experience and reduces gaps.

After-Hours Contract

The After-Hours contract funding ended on 30 June 2016 however the NUHS Board have committed to continuing this service for the foreseeable future. This means the service is open until 7:00 pm week nights and Saturday mornings, for urgent care.

Outreach Immunisation Contract

The changes required for this new contract went smoothly and we are now providing outreach immunisation services to 37 Wellington GP Practices including NUHS.

We have introduced a new electronic system for collecting the OIS data. This has improved the timeliness of access to data, accuracy of data integrity and simplified the reporting process.

Website

In August 2015 our website was launched. This has been a long time-in-waiting so we are very excited that we now have a way to improve our communication with patients and the wider community.

Building

Over this year maintenance projects have continued at both the Newtown clinic and our building on 7 Hall Street. In June, sadly the building at 7 Hall Street received unrepairable fire damage in an arson attack.

Staff

This year we welcomed Emma Barnett, Freya Osten and Krys Keenan to the reception team, Tanya Kotua Māori Social Worker, Nurse Pauline Twiss joined the OIS team, Dr Derek Ngieng and Michele Johnston to the administration team. We said farewell to Dr Victoria Scobie, and Nurse Fiona Da Vanzo.

My continuing thanks and gratitude go to Kaumatua Te Urikore (Julius), for his practical and spiritual input into our service. We greatly value Papa's friendship and his support to NUHS.

I would like to thank the NUHS Board for their commitment to the community of NUHS and the health of NUHS as an organisation. Thank you too, to Eileen Brown, for her leadership of the board and my personal appreciation for the support she provides to me.

I would like to acknowledge and thank all NUHS staff for their passion and commitment to the patients and community that we serve. It takes a motivated and coordinated team who consistently look for ways to improve the patient experience and health outcomes and the NUHS staff do this. I am grateful for the support I receive from the team in particular as we navigate the organisation external pressures as a consequence of change. The health environment continues to change rapidly and we need to remain open and flexible to make the changes required of us. This would not be possible without the commitment and vision shown by the team.

I thank the wider community for their continued support and positive words of encouragement, which help to ensure NUHS remains part of the community for the years to come.

Fiona Osten
Manager

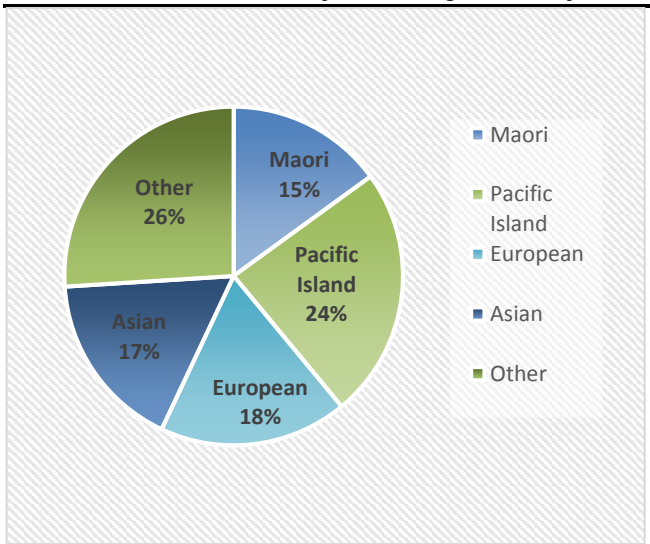
Patient Register Demographics Report

Our current number of registered patients at Newtown Union Health Service is 6551 (excluding casual patients)[1]. Our on-the-day service sees an average of 31 patients per day.

The data analysed in this demographics report gives a snapshot of the Newtown Union Health Service patient register. The distribution of patients, as seen in Graph 1 illustrates the ethnicity by percentage, and Graph 2 is the distribution of patients by ethnicity and age group.

Graph 1[2]

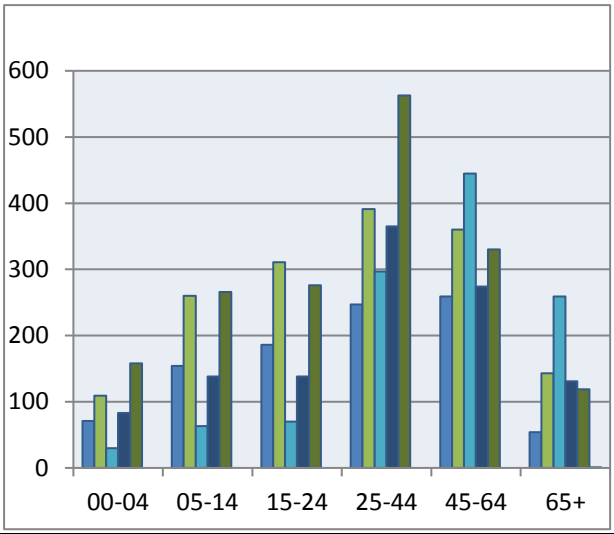
Newtown Union Health Service
Total of Patients by Percentage Ethnicity



Source: Newtown Union Health Service, Karo Data Management Ltd

Graph 2

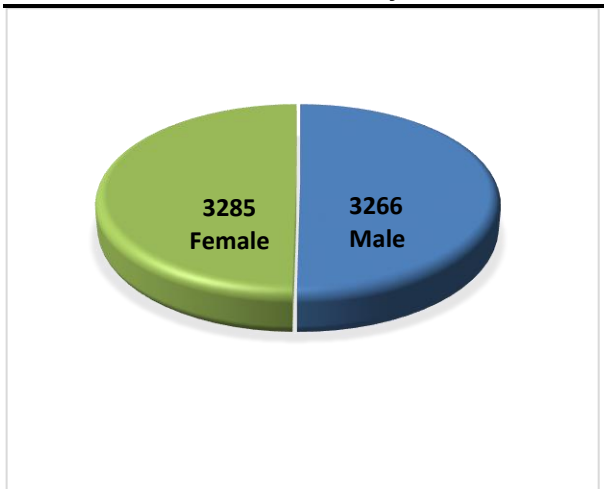
Newtown Union Health Service
Distribution of Patients Ethnicity and Age



Source: Newtown Union Health Service, Karo Data Management Ltd

Graph 3

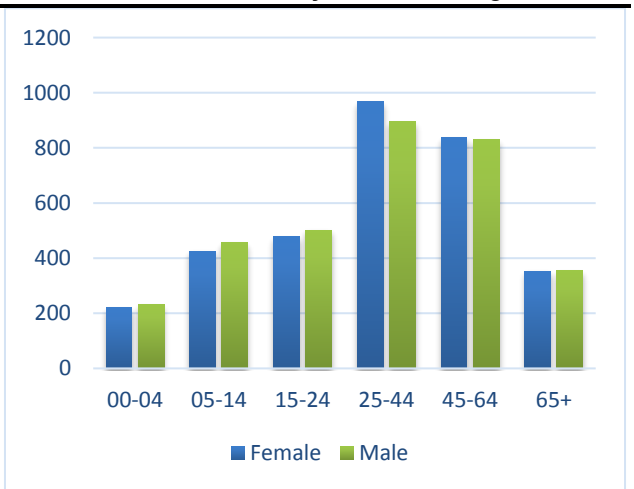
Newtown Union Health Service
Distribution of Patients by Gender



Source: Newtown Union Health Service, Karo Data Management Ltd

Graph 4

Newtown Union Health Service
Distribution of Patients by Gender and Age



Source: Newtown Union Health Service, Karo Data Management Ltd

This year the distribution by gender at Newtown Union Health Service has seen an increase in registered females and a small decrease in males. Our highest number of patients by age group still remains with the 25 year olds to 44 year olds, which is shown in Graph 4 above.

The following reports in Section three give a more detailed breakdown about the health care services that are provided at Newtown Union Health Service for the period 1 July 2015 to 30 June 2016.

[1] Patients who are still in the process of being enrolled; or enrolled with another practice and in the process of transferring out.

SECTION THREE

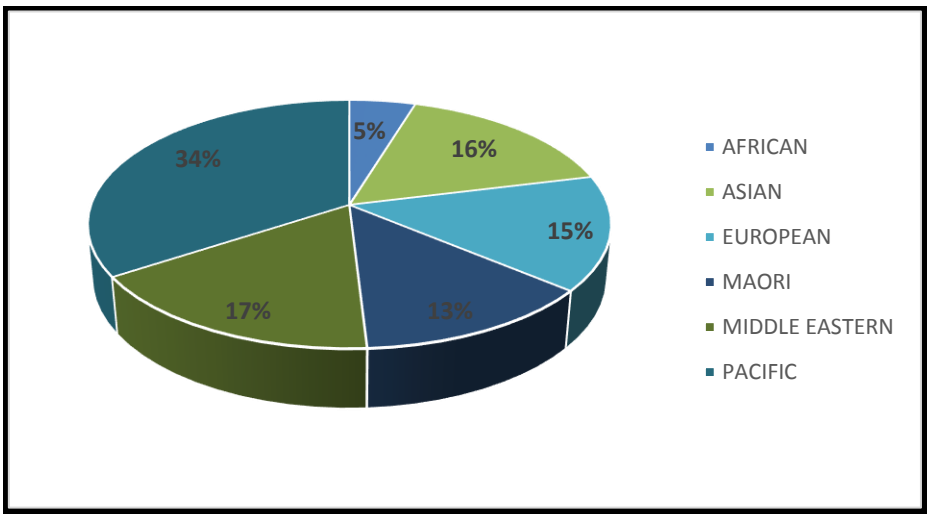
The reports in this section give more detailed information about the health care services provided and the work done with these groups.

Diabetes Report

Newtown Union Health Service (NUHS) provides a comprehensive Diabetes screening, assessment and treatment service to an approved Diabetes Management Plan (DMP). We have a team of health professionals and allied health workers who provide the oversight of diabetes services at NUHS. The team members are Dr Tin Maung Maung, Dr Derek Ngieng, Nurses Dianne Theobald and Fou Etuale, and Flora Toma, NUHS interpreter.

There are 591 registered patients who have a diagnosis of diabetes, 588 with pre diabetes, and 31 with gestational diabetes. Of these groups 567 have Type 2 diabetes and 24 have Type 1.

Newtown Union Health Service
Percentage of Patients with Diabetes by Ethnicity



Source: Newtown Union Health Service, Medtech

NUHS has a Diabetes Education Programme that covers all aspects of diabetes care, including initial assessment and education and ongoing screening with recalls for follow up. The programme is delivered on an individual basis at regular scheduled appointments with the patients' allocated nurse. Regular appointments provide the opportunity to monitor and manage the patient condition and set future goals. The team work with patients to set and review their goals on a regular basis and to reduce the long term negative impact of diabetes alongside improving overall wellbeing.

We continue to offer funded diabetes appointments with a nurse every 3 to 6 months and a funded annual review with either their GP or nurse. Patients starting on insulin are currently supported by funded appointments to establish their insulin regime and ensure that they are able to manage their treatment in a safe way.

We routinely screen patients opportunistically who may be at risk of developing diabetes. People who are identified as having pre-diabetes are offered initial diet/lifestyle education and are recalled in an appropriate time frame to review their progress.

Outreach nursing services are available to diabetics who have identified barriers to them attending appointments. The Pacific Navigation Service will be involved to provide support for Pacific patients accessing NUHS diabetes service. A NUHS Diabetes Nurse Educator coordinate's a monthly health promotion for the Taranaki Exercise Group. Pacific patients are encouraged to attend this group for regular exercise and health promotion.

Māori patients with diabetes are referred to and encouraged to attend Te Puna Waiora who are a group who hold monthly meetings providing education and support for people living with diabetes and other long term conditions.

All NUHS patients with diabetes are offered a self-management programme and will be encouraged to attend an appropriate self-management group as available.

- The activities of the NUHS diabetes service are: Monthly Diabetes team meeting involving Nurses, GP's, Community Dietitian, and interpreter. This time is used to discuss and plan individual case management and the implementation of the DMP.

- Three monthly Diabetes Specialist consultation clinic with Dr Jeremy Krebs for patients with HbA1c >64 and higher level of complexity. On average 3 - 5 patients have a joint consultation with Dr Krebs and their Primary Care provider. Time is allocated to discuss and review management of approximately 15 - 20 additional patients with diabetes. All clinicians and allied health workers have access to attend this clinic for increasing knowledge and skill in diabetes management regular contact with community podiatrists to ensure a collaborative approach to managing patients with diabetes.
- Regular staff updates on best practice management for people with diabetes.
- Interdisciplinary consultations involving nurses and dietitian.
- One on one mentoring of nurses by staff Diabetes Nurse Educators.
- Monthly group health education and support by Diabetes Nurse Educator to community Pacifica Group (Taranaki Group).
- All NUHS nurses to have completed an online Diabetes Education Programme to achieve level 2 of the National Diabetes Nursing Knowledge and Skills Framework. There are five NUHS nurses who are competent and confident in insulin initiation.
- Two diabetes nurses who are members of the Diabetes Nurse Practice Partnership Team (DNPPT). This is collaboration between primary and secondary care and was initiated to promote quality and consistency of diabetes service provision to priority practices across the region. These nurses facilitate communication between the DNPPT and NUHS, and take responsibility for ensuring a consistent and quality approach diabetes service provision.

What's new?
As per the NUHS DMP all nurses employed by NUHS are to complete level 2 of the National Diabetes Nursing Knowledge and Skills Framework. The provision of providing management of diabetes care is now allocated across all the nursing team. As a service, we have found that we have a team of nurses who are gaining confidence and expertise in managing people with diabetes which enhances the quality of care provision.

The Diabetes Team

Urgent Care and Drop-in Service Report

Newtown Union Health Service has always put a high priority on seeing people with acute medical problems. At the Newtown clinic site there is a team comprising of a GP, two nurses, and receptionists who manage requests for health care "on the day". For parts of the week this team is augmented by a clinical pharmacist.

The work of this service involves responding to people who have an urgent need to be attended to, either by being seen or by responding to telephone requests, urgent requests for repeats of medication, review of urgent lab results (particularly warfarin monitoring) and the provision of telephone advice.

At the Broadway clinic there are protected times within the appointment schedule for on the day appointments. All requests for on the day care are first assessed by the nursing staff (either by phone or in the clinic). Nurses do a comprehensive assessment of these patients and either organise an appointment for them to be seen at a later time, address the problems themselves (when doctor involvement is not needed) or triage them in preparation for the doctor seeing them. Patients are seen for this service between 8.30am-1.00pm and 2.00pm-4.00pm.

Demand fluctuates, but at the busiest times we would see more than five patients an hour averaged over a whole morning; per day this would average 31 patients. "On the day" health care is somewhat different to other practices due to the need for an interpreted consultation. Despite this, our ability to manage the workload is done well and we achieve this safely by knowing our patients well, utilising nurses to the top of their scope of practice and having experienced doctors. Because of the complexity of our patients (limited English proficiency, mental health diagnoses, people from refugee background, at risk children) there are considerable benefits in them receiving their acute care at Newtown Union Health Service.

We are committed to continuing to provide good care for our patients with acute needs.

The OTD Team

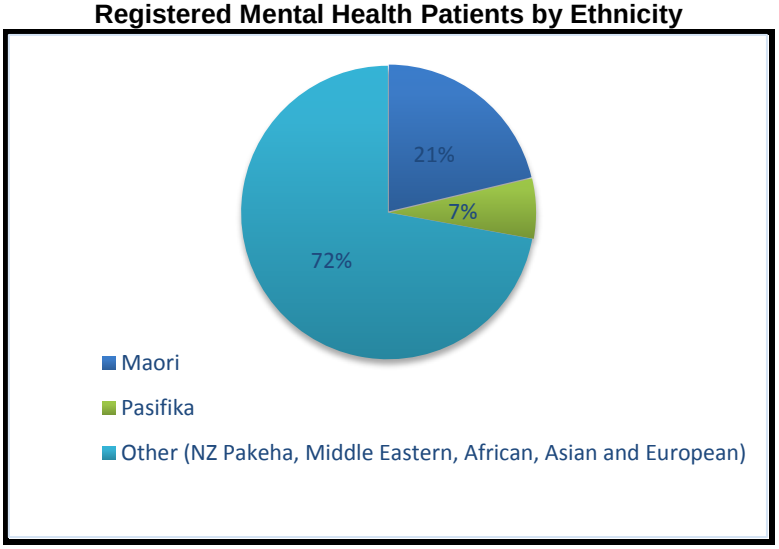
Mental Health Report

The mental health team comprises of Primary Health Care Nurse Bryony Hales, Dr's Katrina Harper and Atalie Colman and Social worker Tania Kotua. The team provide oversight of mental health services to 348 patients registered on the mental health (MH) programme.

All patients with moderate to severe mental health conditions across the NUHS and Broadway clinics are involved with the mental health team via registration in the MH programme.

The overall figure has remained stable although there has been a number of admissions and discharges. Our ethnicity data shows Maori patients 74; Pasifika 23; other 251 (NZ Pakeha, Middle Eastern, African, Asian and European). The higher users are the 45-64 year old age group followed closely by 25-44 year olds with more male (208) than female (140) registered.

Newtown Union Health Service
Registered Mental Health Patients by Ethnicity



Source: Newtown Union Health Service, Medtech

The service aims to ensure quality healthcare is provided meeting each patient's mental and physical health needs. All patients are on regular screening for CVDRA, diabetes, smoking risks, cervical screening, immunisation, mammography and offered free flu vaccinations. Those patients who do not access services regularly are followed up and care offered on a regular basis via a consult recall. Contact is also made with secondary services if they are involved to ensure we maintain communication. A recent review of the entire register was done, our screening processes were updated, and patients were identified who needed care plans brought up to date.

Of the 348 patients on the register, 147 are from deprivation index 5. This figure does not fully reflect the true level of deprivation, as many of our patients live in clustered pockets of socially provided housing within higher income areas such as Te Aro, Central City, Newtown and Mt Cook.

The Mental Health Register allows patients with severe mental health illness to receive funded health care to maintain wellbeing. To provide good continuing care many of these patients do require intense, input with frequent clinic visits, home contacts and phone calls. A significant amount of time is spent by all the clinicians at NUHS in coordinating with other services such as CATT, Te Haika, Te Ara Pai, WINZ, Wellington City Council and other NGOs involved in offering services to our patients.

Due to the resignation of one our Primary Mental Healthcare Nurses, we have ceased visits to the City Mission at present. Dr Atalie Colman continues with regular visits to Henry Street. We are aware that the numbers of people attending the City Mission continues to increase and that issues around homelessness are worsening.

Within NUHS the workload remains high and reduced funding to NUHS is provoking a need to re-address how we can continue to provide funded care and high quality support to people who are often in very vulnerable and marginalised situations with poor resources.

The Mental Health Team

Clinical Advisory Pharmacist Report

The Newtown Union Health Service (NUHS) clinical advisory / prescribing pharmacist service is provided by Dr Linda Bryant. The initial introduction of pharmacist prescribing was through managing the repeat prescribing requests. The aim is to develop and implement a model of delivery of clinical advisory pharmacist services within the health care home model which includes person and whanau centred care, inter-professional teams, and optimal staff utilisation are also to reduce drug related morbidity and mortality and optimise medicines related health outcomes in NUHS.

The service:

- Delivers health care home based services, based on best practice and determined in discussion with the health care home in line with their particular needs, and focus at a specific time.
- Creates efficiencies and reduces medication wastes through system improvements in the health care home, promoting the optimal use of medicines through individual person-focused care, plus developing innovative quality improvement processes and specific medication campaigns.
- Improves the health status and reduce the incidence of drug-related morbidity and mortality of the population of the health care home by undertaking and supporting best practice prescribing and management of long-term conditions.
- Upskills non-pharmacy members of multidisciplinary terms within health care homes.
- Supports process improvements for those patients who have been recently discharged from the hospital to optimise their medication regime as they move back into the community.

Services are delivered in a supportive manner that respects the dignity, needs, abilities, and cultural values of Maori, Pacific and other ethnicity service users and their families/Whanau. Access barriers for service users are minimised as far as possible and service provision promotes equity.

Dr Linda Bryant
Clinical Advisory Pharmacist

Outreach Immunisation Report

Newtown Union Health provides outreach immunisation services for Capital and Coast DHB. The contract area is from Churton Park south and referrals are received from any services providing care for children and self-referrals are accepted.

For this reporting period the service received a total of 284 referrals. 44 referrals were unable to be contacted, and 40 referrals were out of the contracted area and were transferred to another outreach immunisation service; this occurred when the children lived either in the Hutt Valley or in Porirua. 75 children were given vaccinations during the reporting year with a total of 165 vaccinations.
All immunisations were given in the child's home environment.

A number of different communication methods are used to follow-up referrals through telephone calls, text messages and home visits made by the Outreach nurses. This reflects the diverse and flexible model required to action referrals.

The Outreach Immunisation team work collaboratively with local Plunket nurses, the Pacific Navigators, practice nurses and the National Immunisation Register team to contact and reach families that have difficulty in engaging with their primary care provider. The team also liaises with a wide network of health professionals, and referrals were made to Kokiri Marae OIS, Ora Toa OIS, local Tamariki Ora nurses, and GPs for further medical care.

The Outreach nurses attend regular meetings with the other OIS providers in the CCDHB area, as well as attending meetings with the wider immunisation stakeholder's network.

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 and limited transport options contribute to barriers to accessing care. The OIS team works alongside families to reconnect them to their primary health providers.

The Outreach Immunisation Team

Child Health Report

The Child Health Team is comprised of Dr Katrina Harper, Nurse Maureen McKillop, Social Worker Philippa Thompson and Māori Social worker Tanya Kotua. The team meets fortnightly to discuss families in the service that may need extra support and/or the involvement of the Social Worker or Māori Social Worker.

The benefits of the multidisciplinary team model are the skills and relationships that each professional has to contribute and who the most appropriate person is to respond to particular issues for families. This is particularly important where there are care and protection concerns and protects the team from acting in isolation when making decisions about reporting concerns.

The team have updated all the files for families currently identified as vulnerable for health, development or social reasons. The team continues to work on a tool to identify vulnerable children and families and hope to introduce an advance form screening tool for this in the near future.

CCDHB Doctor Kate Hall (Developmental Paediatrician) continues to attend a quarterly clinic at NUHS for children requiring assessments and access to Child Development services. This clinic is accessible to families at NUHS. Interpreters are organised for onsite consultations, and access to the child's clinician and electronic notes provide a broader view of the needs of the child for the Specialist.

Once a term Regional Public Health School nurses meet with the Child Health Team to identify children that may have extra needs e.g. eczema follow-up, allergy plans for schools, or if the sick child at school presented to the service.

Five independent midwives currently hold weekly clinics at NUHS caring for many pregnant women from the service. They refer women to the Social Worker for issues such as housing, family concerns, coping with parenting and teenage parenting. The Child Health Team continues to liaise with the Vulnerable Pregnant Women's Team at Wellington Hospital.

The Dallow Fund (legacy of Graham Dallow) is available for the use of children at NUHS. The Child Health Team has tried to identify how best to use this fund for low income families. Currently children from 13 - 18 years of age are able to have pharmacy prescription costs met with this fund. Funding can be applied for to pay for school holiday programmes and other miscellaneous health costs. Additionally social workers can apply for a one-off discretionary grant to assist vulnerable families where no other funding is available to meet their needs.

This year we have been able to refer families expecting a baby to Little Sprouts, a group who provide boxes of essential baby items to those in need. Building relationships and networks with external organisations is essential to supporting the health and wellbeing of children and their families.

The Child Health Team

Strathmore Community Clinic Report

Outreach from NUHS to the Strathmore community consists of a weekly Wednesday morning doctor's clinic at the Strathmore Community Centre, and visits, phone-calls, referrals and documentation associated with this. The outreach nursing services for this community have been provided from the 412 Broadway clinic for this period, and on occasion when the computers have been out of action the doctor's clinic has been provided out of the Broadway site also.

The regular team comprises Vivienne Coppell (Doctor), Georgie Makamaka (Receptionist) and Elaine Hill (Co-ordinator).

The numbers using the outreach clinic are variable from week to week, as expected for a drop-in, unplanned care service. The data confirms that the people seen at the outreach site are mainly higher need groups and Maori/Pacific, which reflects the local community population. Most users are local residents and use the outreach clinic as their main site of service. Services provided in the clinic include regular follow-up of chronic care conditions, repeat medications, and treating acute illness.

There is additional input into the community outside of clinic times - such as home visits and phone calls. The increased use of computer-based support tools and advanced forms has meant that reliable computer services are essential for top-quality care, and also that some of the services to this community can be provided outside of the set clinic hours or from offsite. Fortunately our computer networks have been generally more reliable this year than previously.

We are able to liaise very effectively with our second site in Broadway, to follow-up on tests and review conditions which need more time or different facilities from those available at the outreach site, or need to be reviewed between Wednesdays.

The Strathmore Outreach Team

Newtown Park Flats Clinic and Outreach Report

Newtown Park Flats (NPF) outreach clinic operates weekly on Fridays by a nurse; the doctor attends on the first Friday of each month. The purpose of the clinic is to provide easy access and low cost health care to those with low income living at the flats and surrounding areas. Our aim is reducing barriers by improving access to health care closer to where the patient lives.

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

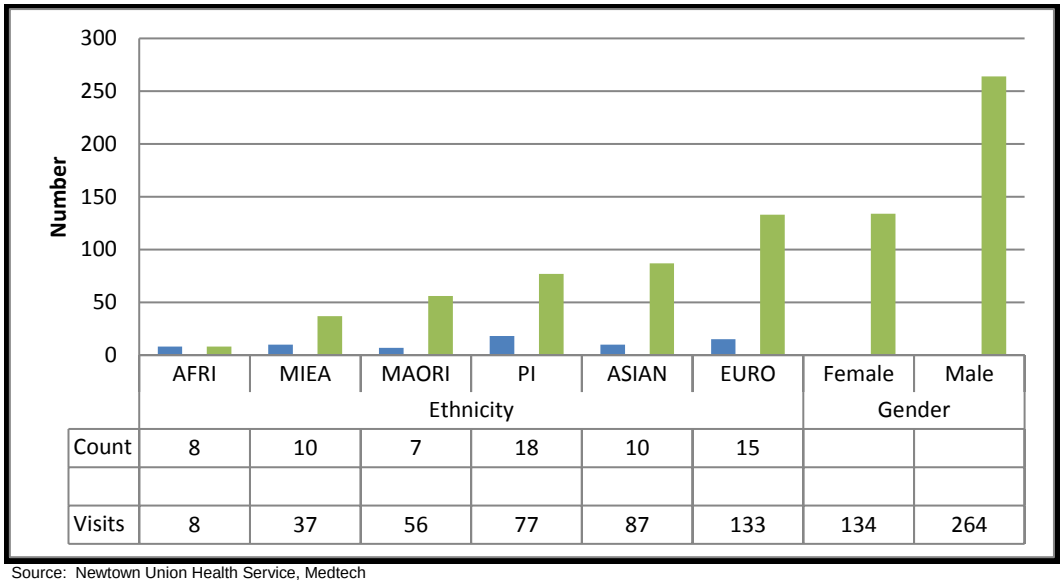
Newtown Park Flats Clinic Registered Population by Age

Ethnicity	00 to 04	05 to 14	15 to 24	25 to 44	45 to 64	65 to 74	75 +	Total
AFRICAN	14	2	6	32	2			56
ASIAN	2		2	3	3	5	3	18
EUROPEAN		1	1	4	9	2	5	22
MAORI		1		3	8	2		14
MIDDLE EASTERN	2	2		8	4	5		21
PACIFIC	3	4	3	7	6	1	5	29
Total	**18**	**9**	**20**	**52**	**28**	**12**	**11**	**160**

Source: Newtown Union Health Service, Medtech

This table shows that within the reporting period 160 people accessed the clinic. This is an increase from the previous year when 131 people were seen at the clinic. Within this year 68 patients accessed the clinic 398 times. We have had two free flu vaccination clinics during this period.

Newtown Park Flats Visits and Numbers



Source: Newtown Union Health Service, Medtech

This graph shows that European was the highest user followed by Asian, Pacific Islands, Māori, Middle Eastern and African. 64% of our service consumers are 65 years of age and above. Majority of the clinic attendees are male. Sixty eight out of 62 clients attended at NPF clinic were at deprivation index of 5.
Home visits are also a key component of this clinic to provide a full service of health care to house bound clients. Sixty home visits were made during this period which is not included in the above count.

The Newtown Park Flats Clinical and Outreach Team

Refugee Report

The Newtown Union Health Service (NUHS) Refugee Team continued to coordinate fortnightly liaison meetings, attended by representatives from a range of refugee and health services including Refugee Trauma Recovery, Red Cross Refugee Services and Regional Public Health. This meeting covers general sector updates and multidisciplinary case discussion for shared clients to encourage coordinated care without duplication. The NUHS Refugee Team is a resource for Newtown Union Health Service staff and external health providers of primary health care for refugees and their families. Both Barbara Bos and Philippa Thompson have attended strengthening families meetings at Red Cross for new refugee families needing extra support.

Much of the sector focus this year has been on the Syrian refugee crisis and New Zealand's increased refugee quota intake. NUHS attended a meeting at Red Cross with many other representatives from the Wellington refugee sector which focused on the increased numbers of refugees expected to arrive in New Zealand in 2016, and service capacity to manage the arrivals. NUHS has responded to the demand by accepting additional Syrian refugees. This has increased demand on all our resources and the NUHS Refugee Team has endeavoured to manage this efficiently through good inter-sectorial and in-house communication and effective processes. Services to improve communication with our patients have been at a premium. We are fortunate to have a NUHS interpreter who works on-site to assist us in our consultations and we make frequent use of Language Line and Interpreting New Zealand to ensure all non-English speaking are able to communicate accurately and appropriately with their clinician or support worker. NUHS continues to endeavour to provide high quality health care. This is supported by an internal audit of immunisation records which found that from February to December 2015, 98 (79%) of 124 refugees and refugee-like migrants had completed their catch up immunisations.

The social work role with new refugees typically starts only after settlement support from Red Cross closes (to avoid duplication), whereas support for refugee-like migrants can begin as soon as they enrol with NUHS if needed. At times Philippa has also been involved prior to arrival in NZ by supporting families through the immigration process. Refugee-like migrants may get no other formal support, therefore this role is especially significant for them. Help with navigating health and government systems (including benefits, housing and immigration) is typically the greatest need for refugee and refugee-like social work clients.

The NUHS Refugee Team have taken part in refugee-related health sector activity during the reporting period, participating in the health and disability strands of the Wellington Refugee Health and Wellbeing Action Plan and providing education to other health professionals at Otago, Massey and Auckland Universities. A refugee wellbeing and safety day held in November was attended by Barbara, Jonathan and Bryony Hales (Primary Health Care Nurse) and Katrina Harper (General Practitioner) who ran a stall with information about NUHS services. This was an opportunity to converse with the refugees who attended, many of whom were NUHS patients.

Continuing Education

The NUHS Refugee Team have shown a commitment to educating other health professionals (both internally and externally) about refugee health. In September 2015 staff training was arranged (presented by Refugee Trauma Recovery) for NUHS staff regarding post-traumatic stress disorder and mental health of Refugees. Barbara Bos and Serena Moran have provided two presentations to 2nd year nursing students at Massey University about Refugee Health and Serena Moran and Jonathan Kennedy prepared and delivered a presentation about the model of care provided by NUHS for refugees, at the Refugee Research Symposium at Auckland University of Technology (AUT). Serena has also presented to the Regional Dieticians Continuing Education Forum about concepts to consider when working cross-culturally.

From June to November 2015 Jonathan Kennedy convened the Refugee and Migrant Health post-graduate paper for the University of Otago. In addition he provided education to Dunedin general practitioners about refugee primary health care in preparation for Syrian refugees arriving in Dunedin and presented to University of Otago postgraduate students studying Tropical and Infectious Diseases. In November he presented at a Regional Public Health workshop at Kenepuru Hospital, attended by a range of health professionals including nurses, doctors, health managers and social workers.

In December the NUHS Refugee Team attended the Refugee Research Symposium at Auckland University of Technology (AUT) and the following day visited the Mangere Refugee Resettlement Centre (MRRC) which included a tour of the old centre plus a comprehensive tour of the new centre being built next door. The team appreciated meeting the nurses and doctors who work at Mangere and used the opportunity to discuss processes and streamlining of paper work and assessments between the MRRC and NUHS.

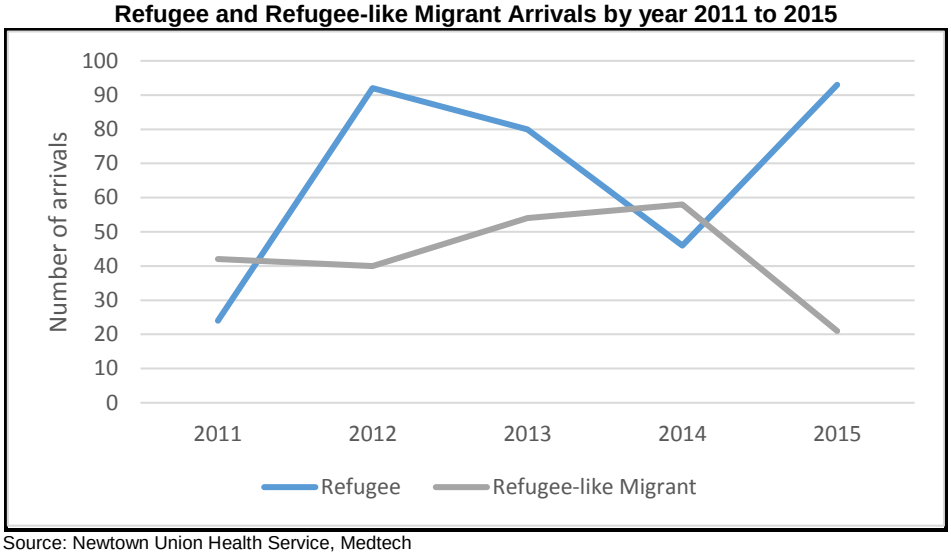
Also in December Barbara attended the national refugee nurses networking day in Nelson. Discussion with other nurses working in the refugee sector highlighted the quality service that NUHS provides to our refugee clients. Nurses from around the country were very interested and impressed with the service we provide and it was clear that this is not matched in many other places in New Zealand. Once refugees leave the MRRC

their follow up health care is variable depending on where they are resettled. Funding barriers in particular may prevent refugees from attending for health issues in a timely manner.

On a personal level the team have endeavoured to increase their own knowledge by post graduate studies. Barbara Bos is working towards a diploma in Primary Health Care and this year completed a University of Otago postgraduate paper In Tropical and Infectious Diseases. Jonathan Kennedy has continued with his studies for a Diploma in Public Health. Jonathan Kennedy progressed a research proposal to investigate refugee-like migrant health needs, in conjunction with the University of Otago.

Arrivals

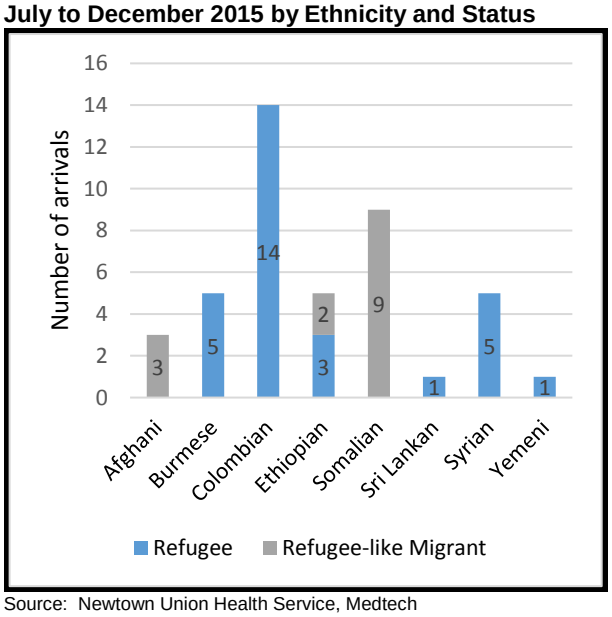
Newtown Union Health Service
Refugee and Refugee-like Migrant Arrivals by year 2011 to 2015



Source: Newtown Union Health Service, Medtech

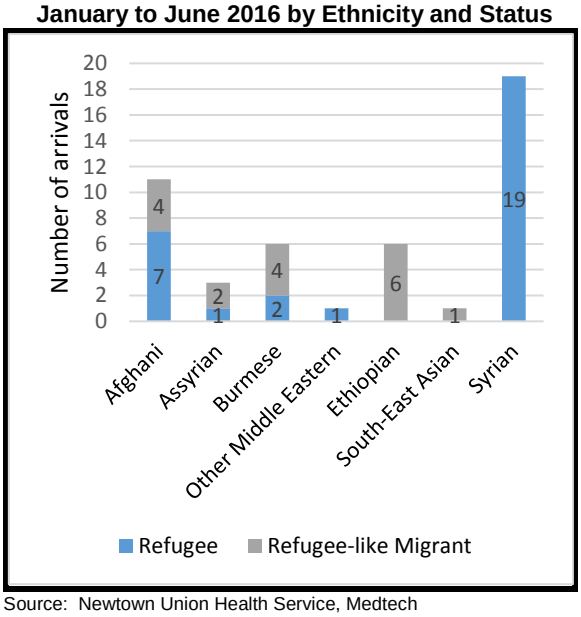
In 2015 the number of quota refugees was relatively high compared to the previous four years with fewer refugee-like migrants. Overall from 2011 to 2015 the combined number of arrivals each year has varied from 66 (2011) to 134 (2013) with an average of 110. There were 114 arrivals in 2015.

Newtown Union Health Service
Refugee and Refugee-like Migrant arrivals
July to December 2015 by Ethnicity and Status



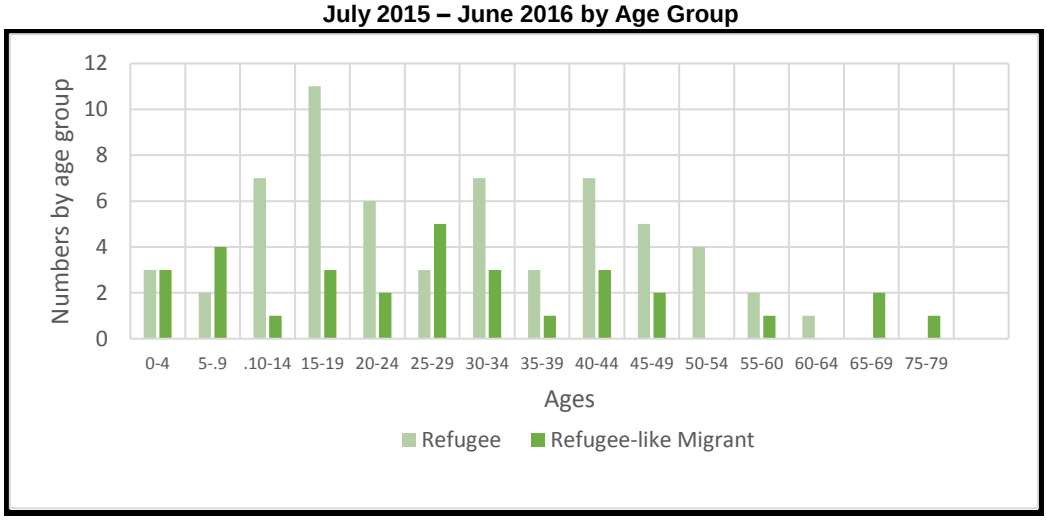
Source: Newtown Union Health Service, Medtech

Newtown Union Health Service
Refugee and Refugee-like Migrant arrivals
January to June 2016 by Ethnicity and Status



Source: Newtown Union Health Service, Medtech

Newtown Union Health Service Refugee and Refugee-like Migrant arrivals July 2015 – June 2016 by Age Group



Source: Newtown Union Health Service, Medtech

*Fig*ure: NUHS Refugee and Refugee-like Migrant arrivals July 2015 to June 2016 by ethnicity and status. Note where only one arrival has been identified from a country the country has been broadened to region to improve anonymity. 61 quota refugees and 31 refugee-like migrants arrived to NUHS during the reporting period from ten ethnic groups. Quota refugees were principally of Colombian, Burmese, Syrian and Afghani ethnicity, with refugee-like migrants of Somali, Afghani and Ethiopian, and Burmese ethnicity. Refugees and refugee-like migrants had a wide spread of ages that ranged from 2 years to 79 years of age.

Quota refugees and refugee-like migrants present with acute and chronic, physical and mental health conditions. Some require ongoing treatment and referral for specialist care. Catch-up immunisations were arranged and referrals from the Mangere Refugee Resettlement Centre for quota refugees were followed up. Social work assistance was provided when needed.

Quota Refugees and Refugee-like Migrants

Quota refugee arrivals usually come to Wellington after six weeks at the Mangere Refugee Resettlement Centre (MRRC) in Auckland. Health checks, screening and referrals to secondary services are started at the MRRC, and then followed up on after arrival to Wellington by the Newtown Union Health Service staff.

Refugee-like migrants (see appendix for definition) usually arrive at short notice, after being sponsored by a family member already in New Zealand, under various immigration categories. They usually have their first contact with health care services in New Zealand in primary care. NUHS accepts the family members of enrolled refugee or refugee-like migrant patients including when our patient register is otherwise closed. After enrolment these migrants receive a well health check at their first appointment and medical screening is arranged including blood and faecal tests. Screening is similar to what quota refugees receive at the MRRC. Arrivals are referred to Regional Public Health for tuberculosis screening. Chronic condition management is started or continued. Screening for family violence, past torture and trauma, and mental health problems take place over successive appointments. NUHS provides or arranges social work assistance when required.

The NUHS Refugee Team looks forward to continuing the management of existing and newly arrived refugees at Newtown Union Health Service in 2016.

The Refugee Team

Appendix: *<u>Newtown Union Health Service 'Refugee-like Migrant' Eligibility Criteria</u>
(Also referred to as 'direct' refugees, 'humanitarian' refugees, 'family reunification' refugees)
1. From a background comparable to people admitted to New Zealand with refugee status **AND**
2. Has similar health needs and requires screening similar to a 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 Worker Report

Social work at Newtown Union Health Service is an essential service to support families where their health needs intersect with issues such as access to services, immigration, employment, housing or changing family dynamics. This year saw changes in the social work team when Tanya Kotua began work as the Māori Social Worker in August 2015. Philippa Thompson has been working here since August 2014. The main social work interventions include increasing health knowledge, strengthening coping strategies and ensuring access to information, resources and to informal/formal supports. Advocacy on frontline and higher levels is also crucial. It has been great to see that clients have stayed resilient and utilised their strengths well in distressing times, achieving good outcomes for themselves and their families.

The shortage of appropriate and affordable housing has become increasingly noticeable (including being noticed by the media) with more and more clients seeking social work support for this reason. Many clients live in houses that are unhealthy, overcrowded, or for which they must pay more than half their income; others have no secure housing at all. Wellington City Council and Housing New Zealand have long waiting lists and private rentals are increasingly too expensive. This challenge is exacerbated by difficulties communicating with the state housing provider via the call centre rather than through face-to-face contact. For refugee communities there are often added language and cultural barriers.

The relationships with the Council, government agencies, community networks and health providers continue to be strong. Our social work peer group in Newtown ensures ongoing, strong community connections.

Philippa's role is general and refugee social work. She regularly attends both the Child Health and Refugee Health multi-disciplinary team meetings as well as other inter-agency meetings, such as Strengthening Families meetings. This co-operative work is very important for ensuring the best outcomes for families. The work is challenging but enjoyable due to the wide variety of people seen and the issues they face. Philippa particularly enjoys working with the refugee communities in Wellington and seeing how much they contribute to this city despite the issues they face. This year several refugee clients have successfully brought family members to join them and this can make a big difference to settlement outcomes. Working with interpreters is very important for this group or they can miss out on services. For example, one client was nearly unable to access social housing due to a miscommunication resulting from not having access to an interpreter.

Tanya's role aims to encourage and support whānau, hapū and iwi in their journeys toward mauri ora. Māori make up fourteen percent of patients registered with NUHS, however whānau for a various number of reasons do not visit the clinic unless they are seriously ill. Engagement enables Māori to access a range of services that will ultimately lead to mauri ora and whānau ora. Our records show that following a home visit, whānau members are more likely to visit the clinic and access services more frequently. The service staff continue to referral to Tanya to ensure Māori are supported with social issues which ultimately can inhibit them from attending to medical issues too late. Having access to GP visits and regular medication with support through social work, improves patients health and well-being.

The Social Worker Team

Financial Report

NEWTOWN UNION HEALTH SERVICE INC.

ANNUAL REPORT

FOR THE YEAR ENDED 30 JUNE 2016

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

DENT and HEATH
CHARTERED ACCOUNTANTS

J.M. DENT C.A.
L.E. HEATH B.C.A., C.A

INDEPENDENT AUDITORS REPORT

To the Members of Newtown Union Health Service Incorporated

Report on the Financial Statements

We have audited the financial statements of Newtown Union Health Service Incorporated on pages 1 to 11, which comprise the statement of financial position as at 30 June 2016, the statement of comprehensive revenue and expense, statement of changes in equity, and statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Boards Responsibility for the Financial Statements

The Board are responsible on behalf of the entity for the preparation and fair presentation of financial statements in accordance with Public Benefit Entity Standards issued in New Zealand by the New Zealand Accounting Standards Board, and for such internal control as the Board determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with International Standards on Auditing (New Zealand). Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entitys preparation of financial statements that present fairly, in all material respects, the matters to which they relate in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entitys internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates, as well as evaluating the presentation of the financial statements.

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

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

Opinion

In our opinion, the financial statements on pages 1 to 12 present fairly, in all material respects, the financial position of Newtown Union Health Service Incorporated as at 30 June 2016 and its financial performance and its cash flows for the year ended on that date in accordance with Public Benefit Entity Standards.

Dent & Heath

Dent and Heath
Lower Hutt

Date: 3-11-16

P.O. Box 30-304, Lower Hutt 5040. Telephone: (04) 569-3303, Fax: (04) 566-0154
2nd Floor, 21-23 Andrews Avenue, Lower Hutt. Email - admin@dentheath.co.nz
www. dentheath.co.nz

Newtown Union Health Service Inc.

Statement of Comprehensive Revenue and Expense
For the Year Ended 30 June 2016

	Notes	2016 $	2015 $
Revenue from exchange transactions	3		
Primary Care Contracts			
Capitation		1,194,622	1,166,244
PHO Contracts		1,433,772	1,647,832
Total Contracts		2,628,394	2,814,076
PHO IPIF Programme		15,237	16,439
Operations		341,358	358,286
Total Operating Income		2,984,989	3,188,801
Non Operating Income			
Interest on Investments		27,322	38,779
Total revenue from exchange transactions		3,012,311	3,227,580
Revenue from non-exchange transactions	3		
Bequests and donations		10,023	5,342
Total Income		3,022,334	3,232,922
Less: expenses			
Staff Costs		2,455,754	2,533,949
Operating Costs		344,123	402,163
Financial Costs		194,914	188,935
Other Costs		62,567	43,964
Total expenses		3,057,358	3,169,011
Net (Deficit)/Surplus		(35,024)	63,911
Other Comprehensive Revenue and Expenses			
Extraordinary Item			
Loss on building damaged by fire	5, 11	(40,196)	-
Total Comprehensive Revenue and Expense		(75,220)	63,911

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 2016

	Notes	2016 $	2015 $
Accumulated Comprehensive Revenue and Expenditure			
Opening Balance	15	1,230,141	1,166,230
Net (Deficit)/Surplus		(75,220)	63,911
Total Comprehensive Revenue and expense for the year	4.7	1,154,921	1,230,141
Accumulated Comprehensive Revenue and Expenditure at 30 June 2016		**1,154,921**	**1,230,141**
Reserves			
Capital Replacement Reserve	4.7	**48,930**	**48,930**
Redundancy Reserve			
Opening Balance		58,438	117,325
Redundancy Payments		-	(58,887)
Closing Balance	4.7	**58,438**	**58,438**
Service Development Reserve			
Opening Balance		102,048	122,048
Integrated Care Conference and Study Tour		-	(20,000)
Closing Balance	4.7	**102,048**	**102,048**
Total Equity at 30 June 2016		**1,364,337**	**1,439,557**

Newtown Union Health Service Inc.

Statement of Financial Position
As at 30 June 2016

	Notes	2016 $	2015 $
Current assets			
Cash and Cash Equivalents	6	1,019,581	1,108,653
Receivables from Exchange Transactions	4	170,983	194,182
Prepayments		11,947	15,970
Accrued Income		3,917	4,063
Accrued Interest		5,057	3,120
		1,211,485	1,325,988
Fixed Assets	7, 5, 11	579,207	619,508
Total Assets		1,790,692	1,945,496
Current liabilities			
Trade and Other Creditors	4	209,874	223,675
Advance Income		-	51,109
Employee Entitlements	4.4	171,481	136,154
Contracts		-	49,998
Union Support Fund		5,000	5,000
		386,355	465,936
Term Liabilities			
Trade Union Loans		40,000	40,000
Total Liabilities		426,355	505,936
Net Assets		1,364,337	1,439,560
Accumulated Comprehensive Revenue and Expense	4.7	1,154,921	1,230,141
Service reserves	4.7	209,416	209,419
Total Equity		1,364,337	1,439,560

Approved by:

Chairperson

Treasurer

3/11/16
Date

Newtown Union Health Service Inc.

Statement of Cash Flows
For the Year Ended 30 June 2016

	Notes	2016 $	2015 $
Cash Flows from Operating activities			
Cash was received from:			
PHO and other Contracts		2,583,632	3,024,788
Consultation, ACC and other fees and receipts		373,593	324,105
Interest Income		25,385	38,463
Bequests and donations		10,022	5,342
		2,992,632	3,392,698
Cash was applied to:			
Payments to Employees		2,426,193	2,616,198
Payments to Suppliers		610,405	636,551
Grants and Donations		1,416	-
Integrated Care Conference and Study Tour		-	20,000
		3,038,014	3,272,749
Net Cash generated from/(used for) Operating Activities		(45,382)	119,949
Cash Flows from Investing Activities			
Cash was applied to:			
Purchase of Fixed Assets		(43,690)	(29,989)
Net increase/(decrease) in Cash and Cash Equivalents		(89,072)	89,960
Cash and Cash Equivalents at the beginning of the year		1,108,653	1,018,693
Cash and Cash Equivalents at the end of the year	6	1,019,581	1,108,653
Comprising:			
Cash on hand and Current Accounts		304,074	413,389
Cash on Term Deposit		715,507	695,264
Total Cash and Cash Equivalents	6	1,019,581	1,108,653

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. Effect of first-time adoption of PBE standards on accounting policies and disclosures

This is the first set of financial statements of NUHS that is presented in accordance with PBE standards. NUHS has previously reported in accordance with NZ GAAP.

The accounting policies adopted in these financial statements are consistent with those of the previous financial year, except for instances when the accounting or reporting requirements of a PBE standard are different to requirements under NZ GAAP as outlined below. The changes to accounting policies and disclosures caused by first time application of PBE accounting standards are as follows:

PBE IPSAS 1 - Presentation of Financial Statements

There are differences between PBE IPSAS 1 and the equivalent NZ GAAP standard. The main changes in disclosure resulting from the application of PBE IPSAS 1 are the following:

Receivables from exchange and non-exchange transactions:
In the financial statements of the previous financial year, receivables were presented as a single total in the statement of financial position. However, PBE IPSAS 1 requires receivables from non-exchange transactions and receivables from exchange transactions to be presented separately in the statement of financial position. This requirement affected the presentation of both current and comparative receivables figures.

Fixed Assets Depreciation
In the financial statements of the previous financial year, fixed assets were depreciated using the reducing balance method. PBE IPSAS 17 requires depreciation to be charged on a straight line basis over the useful life of the asset. This requirement affected the presentation of both current and comparative receivables figures the effect of which is disclosed in note 14.

Sick Leave

PBE IPSAS 25 requires liabilities for accumulating sick leave to be recognised in surplus or deficit during the period in which the employee rendered the service and are generally expected to be settled within 12 months of the reporting date. Appropriate adjustments to the current and previous financial statements have been made and are disclosed in note 4.4.

4. 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.

4.1 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.

4.2 Functional and presentational currency

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

4.3 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.

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 include: 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 following:
The main building situated at 14 Hall Avenue, Newtown, Wellington which houses the NUHS clinic.
A subsequent building situated at 7 Hall Street which is partly let to another health service and partly used as storage for historical patient records.
The buildings are 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.

4.4 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:

	2016	2015
	$	$
Annual leave accrual	158,678	117,956
Sick leave accrual	12,803	18,198
Total employee entitlements	171,481	136,154

4.5 Income Tax

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

4.6 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.

4.7 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.

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.

5. **Extraordinary item**

In June 2016 a fire broke out at the building located at 7 Hall Street which has rendered the building unusable. As a result the building has been written down to $ nil pending the insurance claim settlement which had not been finalised at the balance date. The fire had no effect on NUHS' operations as this building was partly let to another health service and partly used for records storage all of which were recovered and re-housed. (see note 10 below)

6. **Cash and cash equivalents**

Cash and cash equivalents include the following components:

	2016	2015
	$	$
Cash at bank	304,074	413,389
Short-term deposits with maturities of less than 12 months	715,507	695,264
Total cash and cash equivalents	1,019,581	1,108,653

7 **Fixed assets**

2016	Office equipment and furniture	Medical equipment	Buildings	Total
	$	$	$	$
Cost	260,292	67,310	744,242	1,072,345
Accumulated depreciation	226,885	46,889	219,363	493,138
Net book value	33.907	20,421	524,879	579,207

2015	Office equipment and furniture	Medical equipment	Buildings	Total
	$	$	$	$
Cost	249,712	64,708	802,313	1,116,731
Accumulated depreciation	203,749	42,281	251,195	497,223
Net book value	45,963	22,427	551,118	619,508

Depreciated value of Buildings is as follows:	2016	2015
	$	$
Hall Avenue Clinic, including improvements	524,879	509,160
Hall Street	-	41,958
Net book value of buildings	524,879	551,118

8 Audit

These financial statements have been subject to audit. The audit fee amounted to $ 10,000 (2015: $ (2015 $ 10,000)

9 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 are held with Well Health Trust PHO which channels funding to NUHS via ist own contracts with:

The Ministry of Health
Capital and Coast District Health Board:

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

Accident Compensation Corporation
Ministry of Health
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:

	2016 $	2015 $
Board	4,222	4,830
No. of people	9	8
Manager and Senior Management	271,005	268,266
No. of people	3	3

10 Operating Lease Commitments:

NUHS has entered into the following leases:

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

The present lease expired on 30 June 2016 and NUHS has a right of renewal to 30 June 2019. NUHS occupies the premises but negotiations on the exercise of the right of renewal are still in progress. If negotiations are successful the commitment will be as follows:

Due within 1 year:	$ 13,706
Due thereafter	$ 27,412

Lease of two vehicles:

The leases are for 3 years until 30 June 2017.	
Due within 1 year:	$ 9,468
Due thereafter	$ 7,194

Lease of printers and scanners:

The lease is for 3 years until 30 June 2019.	
Due within 1 year:	$ 5,160
Due thereafter	$ 10,320

11. Capital commitments

A contract has been signed by NUHS for the complete refurbishment of the patient reception and triage areas and kitchen facilities. The contract value is $ 131,900 (ex GST) and installation work had not yet commenced at the balance date. (2015 - $ nil).

12 Contingent assets and liabilities

NUHS has been awarded an insurance settlement of $ 200,705 in full settlement of the claim following the fire which rendered the building at Hall Street unusable. Negotiations are still proceeding and it is probable that the claim will be accepted by NUHS.

There are no contingent liabilities at 30 June 2016.

13 Events after the reporting date

The Board of Trustees and management is not aware of any other matters or circumstances since the end of the reporting period, not otherwise dealt with in these financial statements that have significantly or may significantly affect the operations of the Trust. (2015: $ Nil).

14 Adjustments arising on transition to the new PBE accounting standards.

	1 July 2014	1 July 2015
Accumulated Funds as previously reported:	$ 1,163,420	$ 1,251,674,
Adjustments for sick leave liability	(7,408)	(18,197)
Adjustments to accumulated depreciation:	10,218	10,218
Adjustments to depreciation:		(13,554)
Accumulated Funds as currently reported	**$ 1,166,230**	**$ 1,230,141**

Adjustments are due to changing from reducing balance percentage to straight line depreciation, and first time provision for sick leave liability.