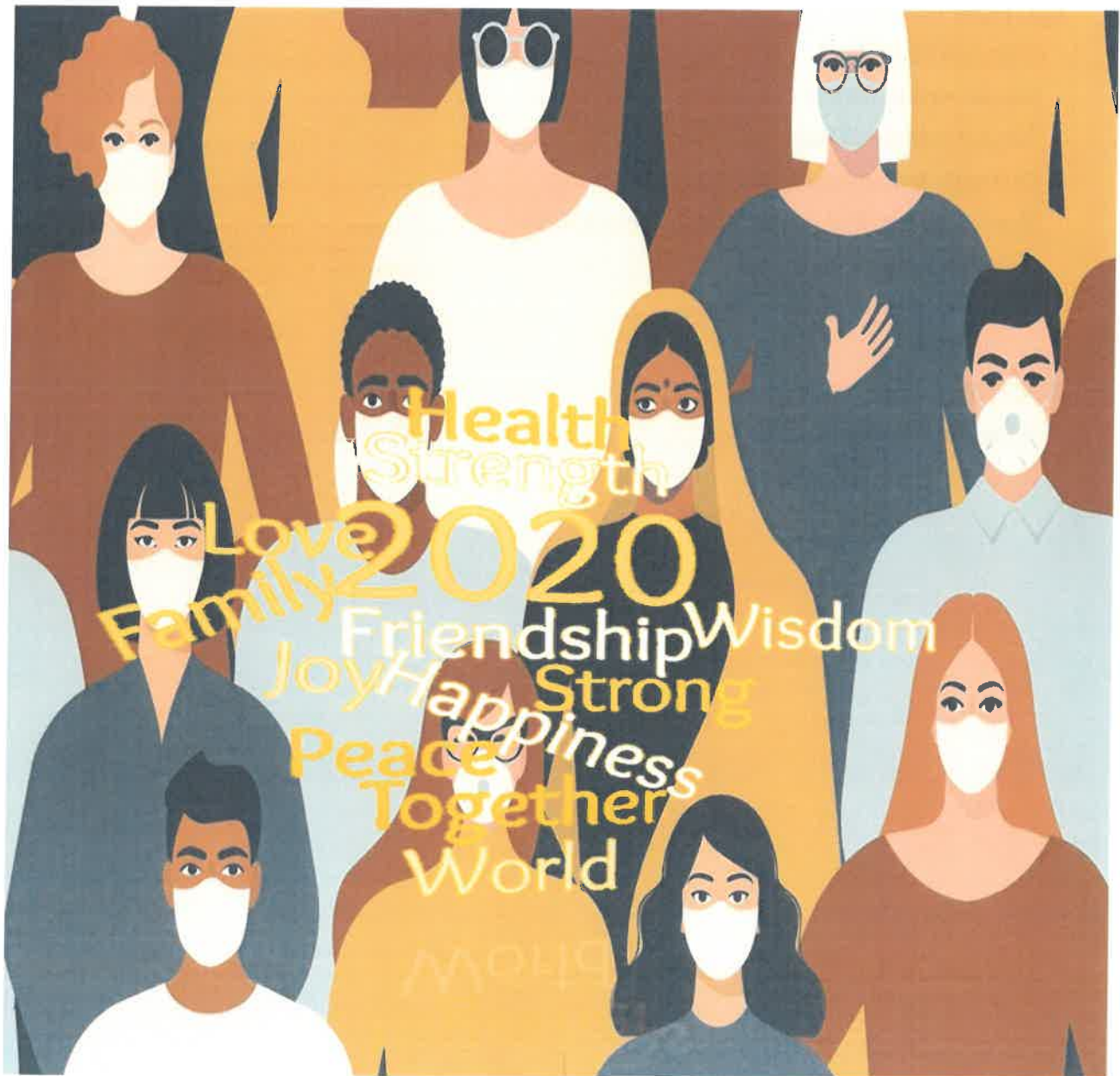




NEWTOWN UNION HEALTH SERVICE

# Annual Report 2019 - 2020



14 Hall Avenue  
Newtown, Wellington 6021

PO Box 7267  
Wellington South

Main +64 4 380 2020  
Fax +64 4 389 2477

412 Broadway  
Strathmore, Wellington 6022

Main +64 4 388 7071  
Fax +64 4 388 7081

Student Health and Counselling Massey  
Wallace Street, Mt Cook, Wellington 6021

PO Box 756  
Wellington

Main +64 4 979 3030  
Fax +64 4 802 7121

[www.newtownunionhealthservice.org.nz](http://www.newtownunionhealthservice.org.nz)

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## SECTION ONE

### Newtown Union Health Service Policy Board and Staff

#### Policy Board

|                    |                            |
|--------------------|----------------------------|
| <b>Chairperson</b> | Grant Brookes              |
| <b>Treasurer</b>   | Julie Lamb                 |
| <b>Secretary</b>   | Fiona Osten                |
| <b>Kaumatua</b>    | Te Urikore (Julius) Waenga |

|   |                                     |
|---|-------------------------------------|
| <b>Staff (clinical) Representatives</b> | Dianne Theobald<br>Jonathan Kennedy |
|---|-------------------------------------|

|                   |                |
|-------------------|----------------|
| <b>Māori Rōpu</b> | Fiona Da Vanzo |
|-------------------|----------------|

|                             |             |
|-----------------------------|-------------|
| <b>Union Representative</b> | Sam Gribben |
|-----------------------------|-------------|

|                                  |  |
|----------------------------------|--|
| <b>Community Representatives</b> | Julie Lamb<br>Roger Shaw<br>Ibrahim Omer<br>Barbara Lambourn<br>Amy Palmer |
|----------------------------------|--|

|                                  |   |
|----------------------------------|---|
| <b>Staff Representative Team</b> | Fiona Osten (Manager), Tunisia Pohatu (Reception Team Leader), Sunita Govind (Senior Administrator), Vanessa Gray (Executive Assistant), Giordano Rigutto (Finance Administrator), Freya Osten (Clinical Administrator) |
|----------------------------------|---|

|                      |  |
|----------------------|--|
| <b>Allied Health</b> | Philippa Thompson (Social Worker) Sonia Smith (from September 2019), Flora Toma (Interpreter), Jo Moon (PCPA), Linda Bryant (Clinical Advisory Pharmacist) |
|----------------------|--|

|                |  |
|----------------|--|
| <b>GP Team</b> | Vivienne Coppel (Team Leader), Jonathan Kennedy, Tin Maung Maung, Katrina Harper, Ben Gray (retired November 2020), Nikki Turner, Phillip Dashfield, Derek Ngieng, Louise Poynton, Angharad Dunn (Maternity leave Nov 2019 – Nov 2020), Keith Brockway (from February 2020 - Locum), John Robson (from February 2020), Heather Johnston (from February 2020), Gabriel Espanosa (Registrar July – December 2019), Shaheen Ahamat (Register January – July 2020), and Howard Livingston (Locum) Massey |
|----------------|--|

|                   |   |
|-------------------|---|
| <b>Nurse Team</b> | Dianne Theobald (Team Leader), Serena Moran (Nurse Practitioner from March 2020), Bryony Hales (Locum), Maureen McKillop, Fou Etuale, Louise French, Sarah Mitchell (until July 2020), Lynn Davies (Locum – until January 2020), Rosie Wilson-Burke, Joanna Cuncannon (Maternity leave August 2019 – August 2020), Cathy O'Callaghan, Marcia Gawith, Victoria Lambert, Alasdair Muir, Kerry Whitehead (from November 2019), Patricia Hancox (from November 2019), Linda Anne Martin (Locum), Fiona Da Vanzo |
|-------------------|---|

|                       |  |
|-----------------------|--|
| <b>Reception Team</b> | Debbie McGill, Elaine Hill (until March 2020), Judith McCann, Krys Keenan (Locum), Solomon Klinger (Patient Portal Champion – until January 2020), Josie Bain, Ella Checkley, Jasmine Bishop, Abeer Dawood, Kelsi Green (from November 2019) |
|-----------------------|--|

## SECTION TWO

### Chairperson's Report



**Grant Brookes, Chairperson NUHS Policy Board**

**“He waka eke noa”**

“We are all in this together”. The story of NUHS over the past year has been inseparable from the story of Aotearoa New Zealand, as we united against Covid-19 and for healthy communities. Although the first known infection of the SARS-CoV-2 coronavirus in this country did not occur until two thirds of the way through 2019/20, the pandemic strongly shaped our year as a whole.

The role of NUHS staff as essential front-line health workers against the virus was recognised and accorded a higher priority. An immediate increase in Covid-19 Response and Sustainability Funding enabled NUHS to react quickly to making sure we had the tools needed to continue providing a health service while keeping patients safe. NUHS was also contracted by Tū Ora PHO to provide an Outreach Service in Strathmore and Kilbirnie, the Mobile Swabbing service for the Wellington area and to start delivering a Covid-19 Pacific Response Package for Pacific peoples.

Some differences in timing of income and expenditure relating to the Covid-19 response contributed to an end of year surplus of \$257,444, against a break-even Budget. The pandemic also made the introduction of a Hardship Fund in the 2019/20 Budget, for patients experiencing financial difficulties as a result of health care costs, particularly timely.

As the operational team under the management of Fiona Osten adopted new ways of working under changing Covid-19 alert levels, the Policy Board provided monitoring and oversight of compliance with the evolving restrictions and guidelines. A particular focus for the Policy Board, under alert levels 2 to 4, was compliance with health and safety guidelines for NUHS staff.

The pandemic also impacted on longer-term projects. Major work to extend the life of the building at 14 Hall Avenue, due to take place this year, was not able to begin. The Policy Board was able to allocate funding, however, so that a new roof and other external remediation is expected to be completed in 2020/21, without recourse to borrowing.

Long-term work in our wider environment was affected, as well. In 2018/19, the Government responded favourably to 38 of the 40 recommendations in the Report of the Mental Health and Addictions Inquiry, *He Ara Oranga*, including several with ramifications for our service. However, implementation of these recommendations this year was delayed firstly by the pandemic and then by the approach of the general election.

It was a similar story with the Health and Disability Services Review. We were fortunate to receive some early insights into this review from panel member Margaret Southwick, who spoke at our 2019 AGM. When the final report was released in June, the Government accepted the direction of travel outlined in the Review, but detail of the changes will not become clear until the new Government gets to work after the election.

Yet by pulling together, the Policy Board did achieve some long-term goals this year. Work on updating the Constitution, which began back in 2014, was finally brought to a conclusion when the new NUHS

Constitution was approved at the 2019 AGM. A major change to membership criteria means that membership of the NUHS Incorporated Society is no longer automatic for, or limited to, enrolled patients. Under the new Constitution, membership will now be voluntary and membership applications will be considered from supporters of the service who are not enrolled patients. These changes were prompted and guided by legal advice from Oakley Moran on current best practice for incorporated societies. Processes to operationalise the new membership system were developed over the course of 2019/20 and will be implemented in time for the 2020 AGM.

Long-proposed governance training was undertaken. And work on reviewing and updating the organisation's strategic plan was also completed. The new *NUHS Strategic Plan 2020-25*, as approved by the Policy Board, is appended to this report.

Our efforts to seek wider unity with stakeholders has also borne fruit. Joint work with Whitireia tertiary institute this year to develop online learning packages for Primary Health Care Nurses has resulted in a set of four Refugee Health Modules. Further Nurse Education Learning Modules are planned.

Our relationship with Tū Ora Compass PHO continues to deepen, too. We have appreciated the opportunity to participate in discussions around changing the voting system for the election of PHO Board members. And our role in the Riddiford House Incorporated Society, of which NUHS is a member, has expanded to take on the secretariat function.

We continued our excellent relationship with University of Otago, Wellington medical student teaching, including being adaptable and innovative in changes prompted by the Covid-19 pandemic and lockdown. A growing relationship with Wesley Community Action bodes well for the future.

2020/21 has also been a year of individual achievements at NUHS. Serena Moran successfully completed all of the requirements laid down by the Nursing Council of New Zealand Te Kaunihera Tapuhi o Aotearoa to become our first Nurse Practitioner (NP). The requirements include a minimum of 300 hours of clinical supervision from another NP or senior doctor, which NUHS GP Dr Jonathan Kennedy was proud to provide.

Nurse Fou Etuale joined the team of Nurse Vaccinators sent to Samoa by the New Zealand Government to help with the measles outbreak. And three NUHS staff were recognised in the inaugural Primary Health Care Awards He Tohu Mauri Ora. Dianne Theobald was runner up for Practice Nurse of the Year. Pharmacist Linda Bryant won the Green Cross Health Award for Outstanding Contribution to Health while Dr Nikki Turner was runner-up for the same award.

The composition of the Policy Board has remained largely stable in 2019/20, as it was in the previous financial year, with gradual evolutions rather than wholesale changes in our line-up. At the 2019 AGM, the Policy Board farewelled our inaugural community representative from the Massey University student body, Jacob Paterson. Fortunately, his Massey University successor elected at that meeting, Amy Palmer, has made an equally valuable contribution.

At the end of the 2020/21 year, we were saddened but also happy to farewell community representative Ibrahim Omer, who stepped aside after being named as a list candidate for the Labour Party. We congratulate Ibrahim on his journey to become New Zealand's first African MP, in the certain knowledge that he carries the health and wellbeing of the people in his heart.

I acknowledge too the remaining Board members who have helped us unite this year for health – Tāngata Whenua rep Fiona Da Vanzo, union rep Sam Gribben, community reps Barbara Lambourne and Roger Shaw and Treasurer Julie Lamb. I am also grateful to Board Minute Taker Vanessa Gray and Finance Leader Giordano Rigutto, whose support has underpinned our collective achievements.

Nō reira, me maumahara tātou ki tēnei whakatauki, “Ko te toki tē tangatanga i te rā. He toki, he tāngata” So at this time, let’s all remember this saying, “We are the adze whose bindings cannot be loosened by the sun. People together grow in strength”.



NEWTOWN UNION HEALTH SERVICE

## Strategic Plan: 2020-2025

Te manu e kai ana te miro ngonga te ngahere  
Te mea e kai kaiana te matouranga ngonga te ao  
The bird that feasts on miro berries, the forest he owns  
The one who feasts on knowledge, the world is his

### **Aims of Newtown Union Health Service**

To provide very low-cost, accessible, quality, sustainable, comprehensive and innovative primary health care services that improve the health outcomes and wellbeing of our population.

#### **This will be achieved by:**

##### **Recognising Te Tiriti O Waitangi**

Recognising Māori as tangata whenua and applying mana-enhancing principles and practices in accordance with Te Tiriti O Waitangi.

##### **Commitment to the Declaration of Alma Ata and Holistic Health Care**

A commitment to the aims and articles of the Declaration of Alma Ata for primary health care services and its principles of social justice, participation, preventative health care, inter-sector cooperation, use of appropriate technology and sustainability.

##### **Cultural Responsiveness**

Ensuring health services are sensitive to culture and are mindful of individual differences and cultural, ethnic, sexual and gender diversity.

##### **Strong Relationships**

Effective working relationships with local communities and with the PHO, the DHB, other health and allied services and relevant national and local government organisations.

##### **Community Engagement and Commitment to Social Justice**

Recognising and responding to the social determinants of health and wellbeing and advocating with our communities for social, economic and political responses to achieve equitable health and wellbeing outcomes.



## Medium Term Strategic Goals 2020 - 2025

The medium-term strategic goals for NUHS are:

### 1. *Our model of care*

To ensure we continue to provide a sustainable, innovative and equitable model of primary health care.

#### Key Performance Indicators

- The revised model of care has been developed and implemented.
- There are systems in place to ensure the delivery of care to the highest possible standard.
- Our model of care reduces health inequalities and members' health outcomes have improved within the plan period.
- Contractual obligations are delivered on time and within budget.
- Take practical steps to improve the environmental sustainability of the service.
- Identify the measures that can identify health inequalities and members' health outcomes.
- Access for the patient is maintained at the highest possible level.
- To develop and implement the Primary Care Nursing education modules.

### 2. *Our leadership and decision-making*

To have in place a leadership and decision-making system which will enable the successful management of the NUHS model of care.

#### Key Performance Indicators

- To have systems and policies in place to ensure governance and policies are kept up to date.
- To implement and disseminate the changes to the Constitution.
- Te Tiriti O Waitangi

### 3. *Our reputation and relationships*

To be a leading model of primary health care for high needs populations.

#### Key Performance Indicators

- We are recognised in the community as exemplifying the model of care we aspire to be.
- We are invited to contribute to major regional and national discussions and projects concerned with primary health care services to high needs populations.
- We enjoy constructive relationships with our principal stakeholders.
- Our achievements and the improvements in health outcomes are recognised and profiled.

### 4. *Our people*

To ensure we acknowledge that our staff are our principal asset and that we value their wellbeing, innovation and creative thinking.

#### Key Performance Indicators

- Productivity and staff morale are at high levels.
- Innovation, collaboration and creative thinking is supported and evident in the organisation's decision-making process and in the outcomes it achieves.
- To have in place a plan that addresses the resilience and sustainability of our workforce.



## Manager's Report



***Fiona Osten, Manager***

What a year!

NUHS continues to operate the 3 clinics, Newtown, Broadway and Massey Student Health. The day to day business has its complexities which have been no less challenging this year from any other.

After twenty years of wear and tear the patient and staff toilets were upgraded at the Newtown site. This included the addition of one staff toilet needed to accommodate the number of staff working onsite at Newtown. We are very pleased with the upgraded facility.

We successfully completed Year 3 of the Health Care Home on 30 September 2019 and moved into Year 4. This gave us the opportunity to set new targets to action over the following 12 months. This included items under the headings of urgent and unplanned care, proactive care, routine and preventative care and business continuity.

The last 6 months of the reporting period has been dominated by Covid-19. The operational response required was significant, particularly when we had less than 24 hours to action the changes needed to protect patients and staff against the spread of the virus.

Under Covid Level 4 the social distance of 2 metres was essential. This meant changes to the waiting rooms to maintain the set standard. Adjustments were required to consultation templates that introduced electronic consultations. It was recommended that we see 30% of consultations face to face so it was important we had the tools in place to action this. Virtual consultations were set up that were initially through phone consults. Very quickly we acquired doxy.me which is an electronic platform that allows visual capabilities. This meant patients could see the clinician, the interpreter could be part of the consultation and we were able to continue to support the medical students with them having access to the consultation and patient agreement.

Electronic prescribing became available very quickly and required significant change to prescribers and patients. Prescriptions are now emailed to the pharmacy and reduces the need for patients to collect from the clinic.

Virtual meetings were introduced to keep staff connected between the 3 sites. Initially this started every morning and we have now kept this to three times a week. This facilitated the dissemination of information which was changing at short notice. Staff also reported they were inundated with information, particularly via email, so the morning meeting and associated notes provided one place for relevant internal information to be shared.

There continues to be size challenges at the Broadway clinic where we would like to expand the services offered at the clinic. At the moment for staff, in addition with Covid, it has become increasingly difficult to provide social distancing with the waiting room size and the outdoor porch became and remains a triage area.

The work we have achieved in this reporting period, I believe, has been exceptional. I would like to sincerely offer my deepest thanks and gratitude to the hardworking staff of NUHS. This past year has created multiple challenges, often daily, and as a team we have faced and problem-solved what was needed to keep us moving forward.

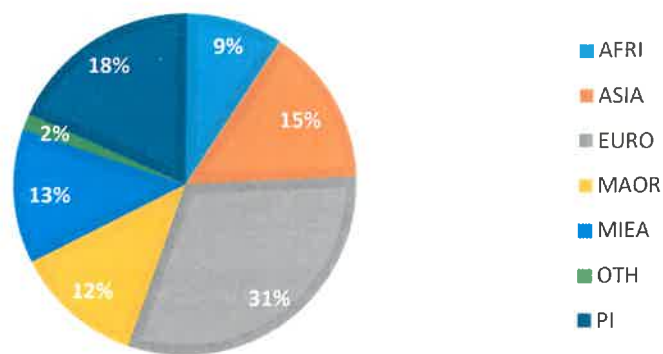
A sincere thank you to our Kaumatua Te Urikore (Julius) Waenga for his commitment and support for the service. I would like to thank Grant Brookes, Chairperson and the NUHS Board for their leadership and guardianship of the service.

## Patient Register and Demographics Report

At 30 June 2020 number of NUHS funded patients was 8,401. This number does not include casual patients who may still be in the process of being enrolled, transferring out or not eligible for NZ Government funding. Patient complexity continues to increase which means register size still does not capture the amount of work involved in providing services to patients. Of the total group of patients, 4546 patients have been identified as having high needs.

The decrease of 362 patients which in part can be attributed to Covid-19 where the lockdown level 4 and 3 and, the restriction on travel has meant a decrease of 103 Massey students.

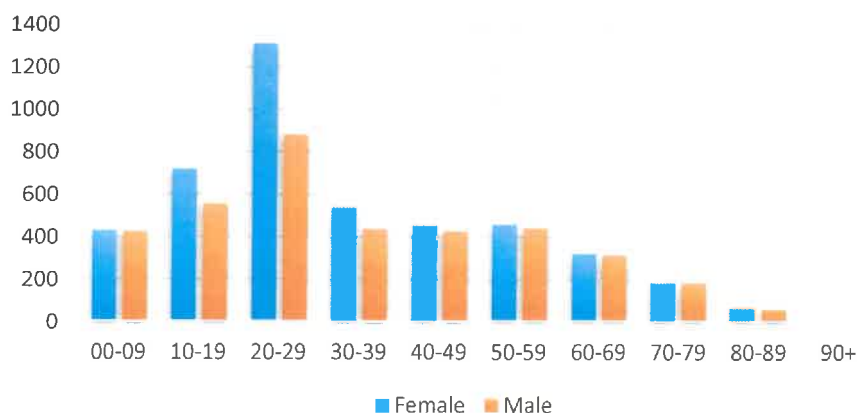
### NUHS REGISTERED PATIENTS BY ETHNICITY



Source: Newtown Union Health Service, MedTech

The pie graph above shows the breakdown of registered patients by ethnicity. This interesting demographic reflects the diversity of the NUHS patient population and shows European as a smaller percentage than what can be seen in most non-high-needs practices. The European component is 31% which is the same as last year. This year the next highest group is Pacific Peoples at 18% then Asian at 15%, Middle Eastern at 13%, Māori at 12% and African at 9%. English is the second language for 67% of the registered population which brings a complexity of its own when providing health services.

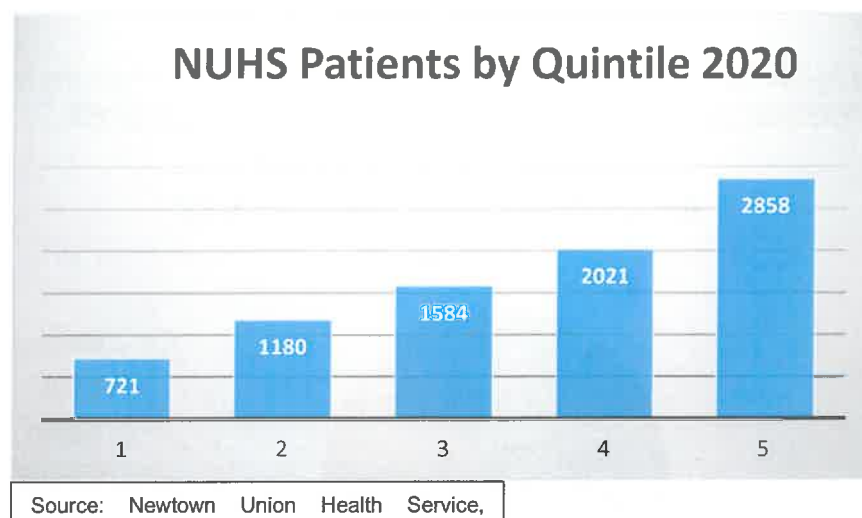
### NUHS Patients by Age Group and Gender



Source: Tū Puna Practice Portal, Tū Ora

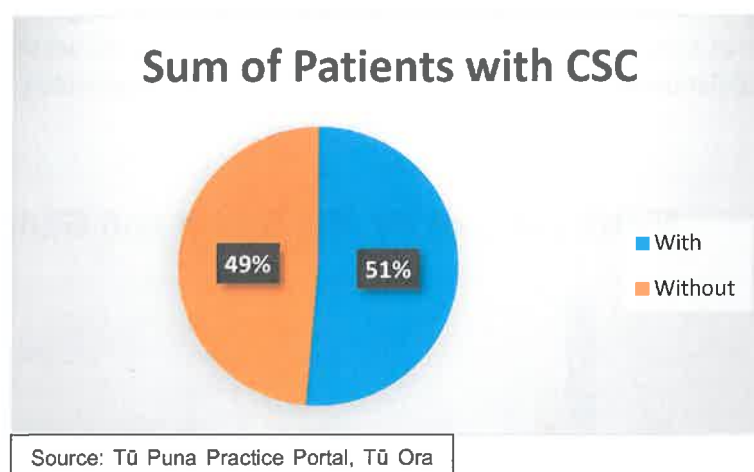
The distribution of the population by age group is shown in the graph above. Since the merge with Massey this too has changed the NUHS demographic.

This year most of the registered patients are aged between 20-29 years of age with the second group the 10 to 19 years old. This reflects the Massey student population. Within these age bands there is significantly higher numbers of females with a more even spread male to female across the other age bands.



The graph above shows the breakdown of the population using the NZ Deprivation Index (NZDep). Quintile 1 represents people living in areas of less deprivation and Quintile 5 those living in areas of greater hardship. The majority of NUHS registered patients are represented in Quintiles 4 and 5.

This tells us that there are a significant number of NUHS registered patients who are vulnerable to living with poorer health and have limited access to the resources that keep them well. This is not the full story. As the Southern and Eastern suburbs have become gentrified over the last 30 years there are people who still require greater support to access health care, but it is not easily addressed within the limitations of the current funding model.



This chart above shows the numbers of those patients with and without a Community Services Card (CSC). The service receives additional Government funding for those patients who have a CSC. Since this new funding was introduced this has meant an increase in funding to the service.

There are still patients eligible to receive the CSC though for many the application process is not easy, and they don't apply. The NUHS team offers support to patients where needed.

## 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

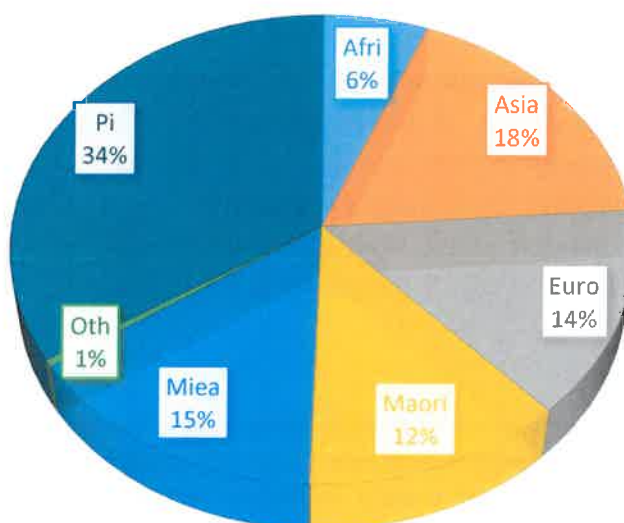


#### *The Diabetes Team*

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

There are 672 registered patients who have a diagnosis of diabetes, 655 with pre-diabetes, and 49 with gestational diabetes. Of these groups 631 have Type 2 diabetes and 41 have Type 1 diabetes.

NEWTOWN UNION HEALTH SERVICE  
PERCENTAGE OF PATIENTS WITH DIABETES BY PERCENTAGE



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

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

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

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

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

Regular Diabetes related activities include:

- Three monthly Diabetes Specialist consultation clinic with Dr Jeremy Krebs for patients with HbA1c >64 and higher level of complexity.
- Education to update staff on best practice management for people with diabetes.
- Interdisciplinary consultations involving nurses, dietitian and clinical pharmacist.
- One on one mentoring of nurses by staff Diabetes Nurse Educators.
- Outreach nursing service.
- Fortnightly community Dietitian clinics.
- Liaison with community Podiatrists to ensure collaborative approach to managing patients with Diabetes.
- Liaison with local Optometrists to ensure people have access to retinal screening services.
- Two nurses are members of the Diabetes Nurse Practice Partnership Team which is collaboration between primary and secondary care and works to promote quality and consistency of diabetes services across the region.
- One nurse is a member of the Wellington Regional Diabetes Clinical Network which has oversight of Diabetes Services in the greater Wellington region.

The Future...

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

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

## Mental Health Report



### *The Mental Health Team*

The Newtown Union Health Service (NUHS) Mental Health Team currently consists of Dr Louise Poynton and RN Alasdair Muir.

As of 30 June 2020 NUHS has 379 patients enrolled on the mental health programme. This is 5-6% of the total NUHS population and does not include patients enrolled at Massey Student Health and Counselling Service.

The MH program at NUHS continues to focus on providing integrated physical and mental health care for those with severe and enduring mental illness. We recognise the increased incidence of cardiovascular disease and other illness in this population and the importance of a proactive approach in providing this care. The mental health team also supports the full primary care team in delivering care to those with mild to moderate mental illness in the primary care setting.

There are bi-monthly 30-minute meetings with Opioid Treatment Service Primary Care Liaison. This was converted to video conference during Covid-19 alert levels 2-4.

Fortnightly 60-minute meeting with Paul French followed by a 2-hour clinic for patient reviews by Dr French. This was on hold during Covid-19 alert levels 2-4 but has resumed at level 1.

Regular meetings with TACT, Wellington Community Mental Health Team, Health Pacifika and Te Whare Marie have been implemented

### Outreach

3 Monthly GP clinic at a support living facility, run by Emerge Aotearoa, with liaison and support provided as needed between scheduled outreach clinics.

Community services in primary mental health and addictions are all reporting significantly increased referrals in context of the Covid-19 situation. This has created challenges in accessing counselling services for many patients.

## Clinical Advisory Pharmacist Report



***Dr Linda Bryant, Clinical Advisory Pharmacist***

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

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, though as further integration in the practices continues and a blurring of boundaries occurs. Contact with patients may be in clinic, telephone or Manage-My-Health.

COVID has had an impact on the workload. During the shutdown there was an increase in repeat prescribing and ensuring that there was still some contact and review with people when needed and avoiding the tendency for people to stockpile medicines. For some medicines that were out-of-stock, such as oral contraceptives, alternative medicines needed to be considered. Concurrently there was worldwide discontinuation of a common blood pressure lowering medicines involving over 90 people that needed to be changed and monitored. An audit in nine months will check the impact of the changes to blood pressure lowering therapy.

At this time there was also the introduction of the New Zealand Adult Asthma guidance involving a major shift in therapy requiring extended discussions with people, though some of these were managed virtually. An initial clinical audit was undertaken of the medicines therapy for our people with asthma and COPD, which will be repeated in 12 months to determine how well we have changed to the new recommended therapy.

Medicines information enquiries are constant, often requiring an immediate answer as a clinical decision is required. Being readily accessible is important for these enquiries.

The CAP has attended and presented at the general practitioner peer group, discussing asthma therapy and also become a provisional vaccinator for two years to assist with flu vaccination and the COVID vaccination when it is available.



## Outreach Immunisation Report



### *The Outreach Immunisation Team*

Newtown Union Health is contracted to provide Outreach Immunisation Services. 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 with administration support person.

Over the past year the service received a total of 333 referrals.

80 children were given vaccinations during the reporting year.

Most of the immunisations were given in the child's home, some in a clinic setting. Immunisations were also given at motels, which was being used as emergency accommodation for several families. There are different communication methods used to follow-up referrals, telephone calls, text messages, email and home visits are made by the Outreach nurses. This reflects the diverse and flexible model required to action referrals. Multiple attempts are made to follow-up referrals reflecting the flexibility needed provide a service that makes accessing immunisation possible.

During this past year, 718 telephone calls were made, 271 texts sent, and 256 home visits were made. The OIS nurses have had several referrals for children from refugee and migrant backgrounds. These families have English as a second or third language, and the nurses have navigated their visits with the help of family members, translation services (via google on mobile phone), interpreters and the sending of emails.

Many referrals to the OIS were for children/families who have moved to the Wellington region and have not registered with a GP. The OIS nurses have encouraged them to follow up and have provided local GP contact information.

During Covid-19 levels 3 and 4, the OIS nurses were unable to undertake any home visits and both nurses worked from home. IT connections allowed the nurses to continue to monitor referrals, send emails to families and other stakeholders, make phone calls and sent txt messages. The nurses attended a Zoom meeting from home with the local Immunisation Network Group at CCDHB.

Covid-19 Level 2 allowed the nurses to resume home visits and immunising in the home setting. Appropriate PPE was worn, and health screening was done prior to and on arrival at the homes. Equipment was cleaned after each visit, and the nurses followed MOH guidelines for healthcare staff undertaking care in the community. Priority was given to referrals for the youngest children needing immunisations and also NZ Māori and Pacific Island children. Covid-19 Level 1 saw the OIS nurses undertake their work, as per usual.

The Outreach Immunisation team continue to work collaboratively with local Plunket nurses, 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 liaises with a wide network of health professionals, and referrals were made to Ora Toa OIS, local Tamariki Ora and Plunket nurses, and GPs for further health care.

The Outreach nurses attend regular meetings with the wider immunisation stakeholder's network. Both nurses have attended professional development courses in the areas of child health and immunisation. 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 and Outreach Report



### **Newtown Park Flats Clinic and Outreach Team**

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

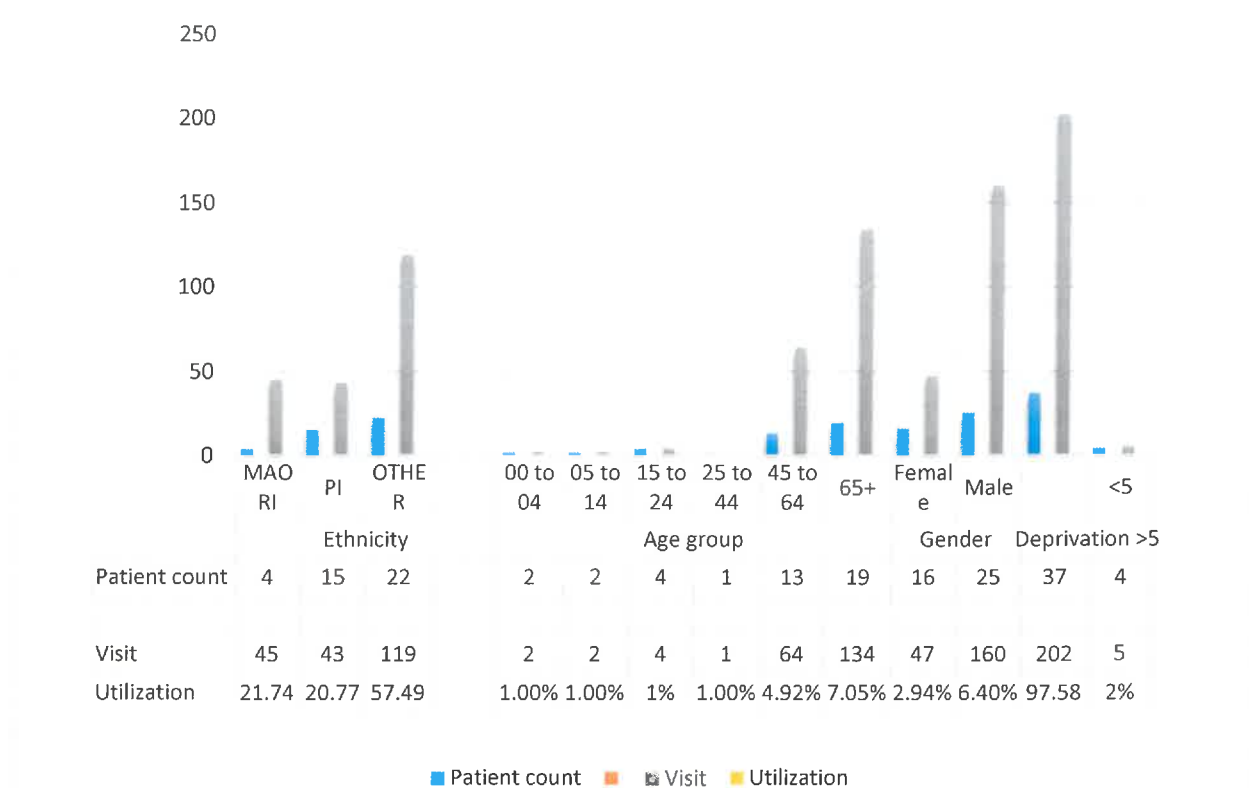
The purpose of the clinic is to provide accessible and low-cost health care to those living with a low income and reside at the flats and surrounding areas. Our aim is reducing barriers and health inequalities.

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

#### Newtown Park Flat Registered Population – Jun 2020

| <b>Ethnicity</b> | <b>00 to 04</b> | <b>05 to 14</b> | <b>15 to 24</b> | <b>25 to 44</b> | <b>45 to 64</b> | <b>65 to 74</b> | <b>75 +</b> | <b>Total</b> |
|------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-------------|--------------|
| <b>AFRI</b>      | 11              | 8               | 2               | 22              | 7               | 1               | 1           | 52           |
| <b>ASIA</b>      | 1               | 2               | 2               | 6               | 5               | 4               |             | 20           |
| <b>EURO</b>      | 3               |                 | 3               | 7               | 7               | 2               | 1           | 23           |
| <b>MAORI</b>     |                 |                 |                 | 3               | 5               | 1               | 1           | 10           |
| <b>MIEA</b>      | 2               | 3               | 1               | 13              | 4               | 6               | 2           | 31           |
| <b>OTHER</b>     | 1               |                 |                 |                 | 2               |                 |             | 3            |
| <b>PI</b>        | 5               | 4               | 5               | 5               | 11              | 1               | 3           | 34           |
| <b>Total</b>     | 23              | 17              | 13              | 56              | 41              | 15              | 8           | 173          |

## Newtown Park Flat Patient Usage



The current registered population stands at 173, reduced from 177. Forty-one patients were consulted 207 times during the last 12 months. Middle Eastern was the highest users followed by, Māori, Pacific Peoples, Asians and European. 46.34% of the service consumers are 65 years and above age group. Majority of the clinic attendees are male (25 = 60.98%). Thirty seven out of 41 clients attended at NPF clinic were at deprivation index of 5 (90.24%)

Home visits are also a key component of this clinic to provide health care to house bound clients. There were 32 home visits during this period. Twenty- seven clinic sessions were closed during this period due to COVID 19 Lockdown, public holidays, and staff sickness.

Ia Manuia  
Fou Etuale and Tin Maung Maung

## Refugee Report



### **The Refugee Team**

The Refugee Team over this reporting period has consisted of Philippa Thompson (Social Worker), Cathy O'Callaghan (Primary Health Care Nurse), and Jonathan Kennedy (General Practitioner). The team is supported by Serena Moran (Nurse Practitioner).

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

**The Covid-19 pandemic has had a major effect during the reporting period. Quota refugee arrivals and refugee-like migrant family reunification arrivals ceased. There was a serious impact on former refugees already in New Zealand with disrupted settlement processes, disrupted access to health care and social services, including primary health care.**

Refugee Team members participated in refugee health related activities during the reporting period, principally before the initiation of the nationwide lockdown in March 2020:

*Refugee Liaison Meetings* continued to be held monthly with representatives 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. Meetings were put on hold for two months during the nationwide lockdown.

A medical student Helen Kim, with Jonathan Kennedy and Serena Moran as two of her supervisors, investigated staff experiences of working with Quota Refugees and Refugee-Like Migrants as a summer studentship project finishing in January 2020. Staff at Newtown Union Health Service and Porirua Union and Community Health Service participated in this qualitative research, which is now being written up for publication in a peer-reviewed journal.

The refugee team continue to work with Whitireia postgraduate nursing eLearning on the Refugee Nursing module being developed as part of a Primary Health Care Nursing training package. Three of four online learning modules are nearing completion and have been undergoing testing.

Jonathan Kennedy attended regular (fortnightly) meetings for and participated actively in associated policy and document review as steering group member for the MBIE *Refugee Quota Health Services Project* which redesigned the quota refugee health programme to accommodate government policy increasing the number of quota refugees accepted by New Zealand.

In August 2019, Jonathan Kennedy, Cathy O'Callaghan, Philippa Thompson and the NUHS manager Fiona Osten, met Dr Danielle Gerard, clinical lead for the MBIE *Refugee Quota Health Services Project*, at NUHS to hear about progress and give wider team input.

In November 2019, Jonathan Kennedy, Cathy O'Callaghan and Philippa Thompson attended the *Wellington Former Refugee Stakeholder Network* meeting, Riddiford House.

In November 2019 Jonathan Kennedy and Cathy O'Callaghan attended the six-monthly *Refugee Settlement Provider* meeting at MBIE.

In December 2019 Cathy O'Callaghan coordinated a letter of response to the NZ Red Cross and Immigration New Zealand expressing concern from our experience as health providers about the safety of housing being provided to quota refugee arrivals in Wellington. Responses to this letter have been received and we continue to discuss this very important issue with health and settlement providers in the region.

On World Refugee Day 2020 Cathy O'Callaghan attended screening of The Open Arms of Aroha; two short films in which Kiwis from refugee backgrounds share from the heart their hopes and challenges settling into Aotearoa hosted by Change makers Resettlement Forum.

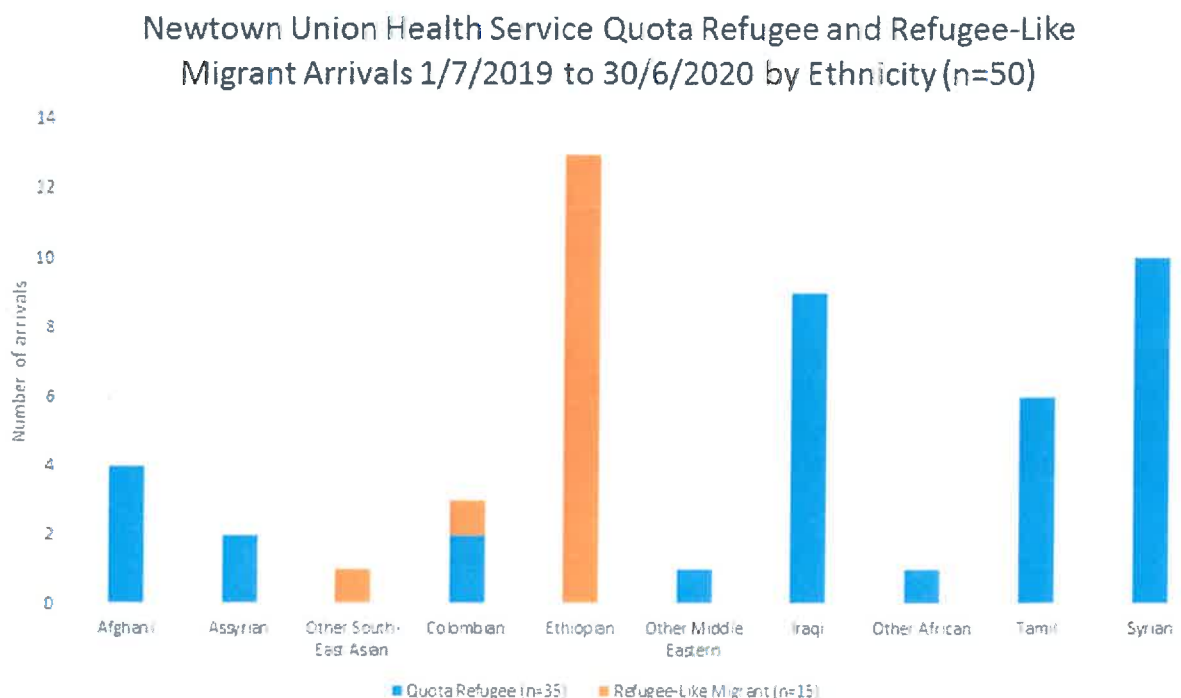
In March 2020 - Serena Moran presented to Nurse Practitioner and Nurse Prescribing Students at Victoria University, Post Graduate School of Nursing, Midwifery and Health Practice – '*Working Cross Culturally in Primary Care: Prescribing Considerations*'.

Jonathan Kennedy and Serena Moran had their research paper '*Refugee-Like Migrants have similar health needs to Refugees: A New Zealand post-settlement cohort study*' published in the open access British Journal of General Practice Open. This is now available at:

**Kennedy, J. D., Moran, S., Garrett, S., Stanley, J., Visser, J., & McKinlay, E. (2020). Refugee-like migrants have similar health needs to refugees: a New Zealand post-settlement cohort study. *BJGP open*, 4(1), bjgpopen20X101013. <https://doi.org/10.3399/bjgpopen20X101013>**

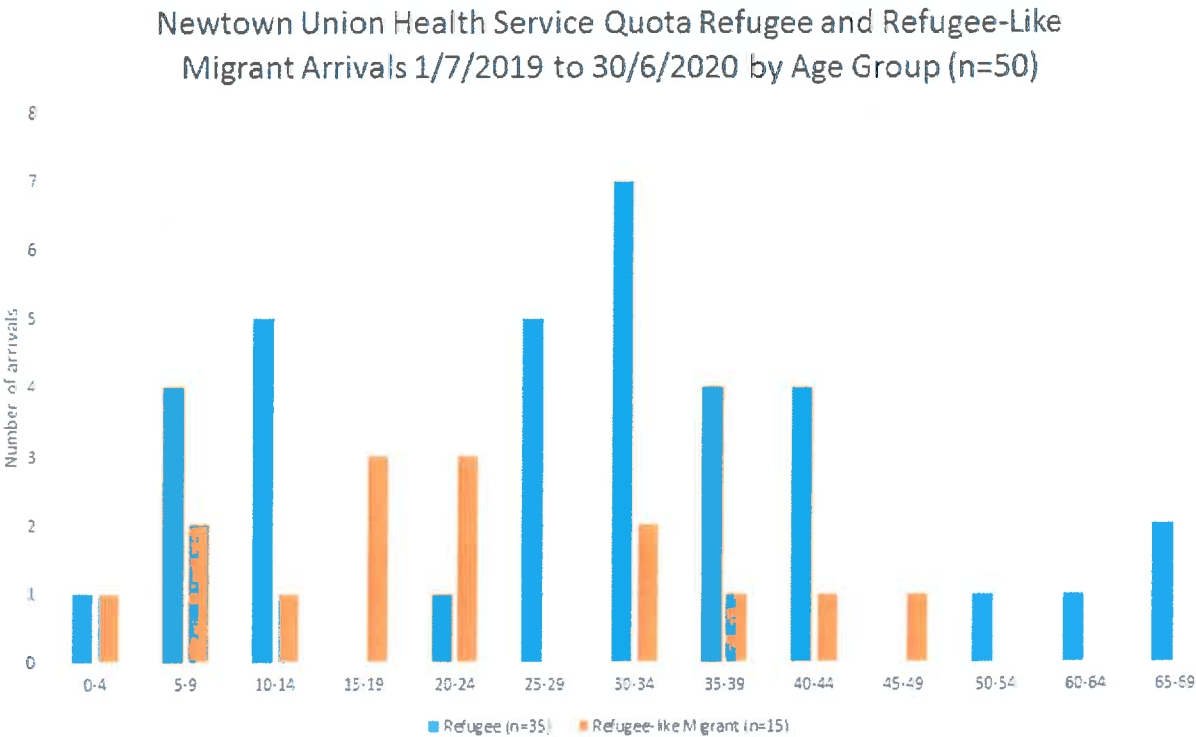
Jonathan Kennedy assisted the Ministry of Business, Innovation and Employment (Immigration New Zealand) as an interview panel member for the Refugee Health Liaison Team to be based at the Mangere Refugee Resettlement Centre.

#### Arrivals in the reporting period 1/7/2019 – 30/6/2020



**Figure: NUHS quota refugee and refugee-like migrant arrivals 1<sup>st</sup> July 2019 to 30<sup>th</sup> June 2020 by ethnicity. Note where only one arrival has been identified with a given ethnicity, the ethnicity has been broadened to region to improve anonymity.**

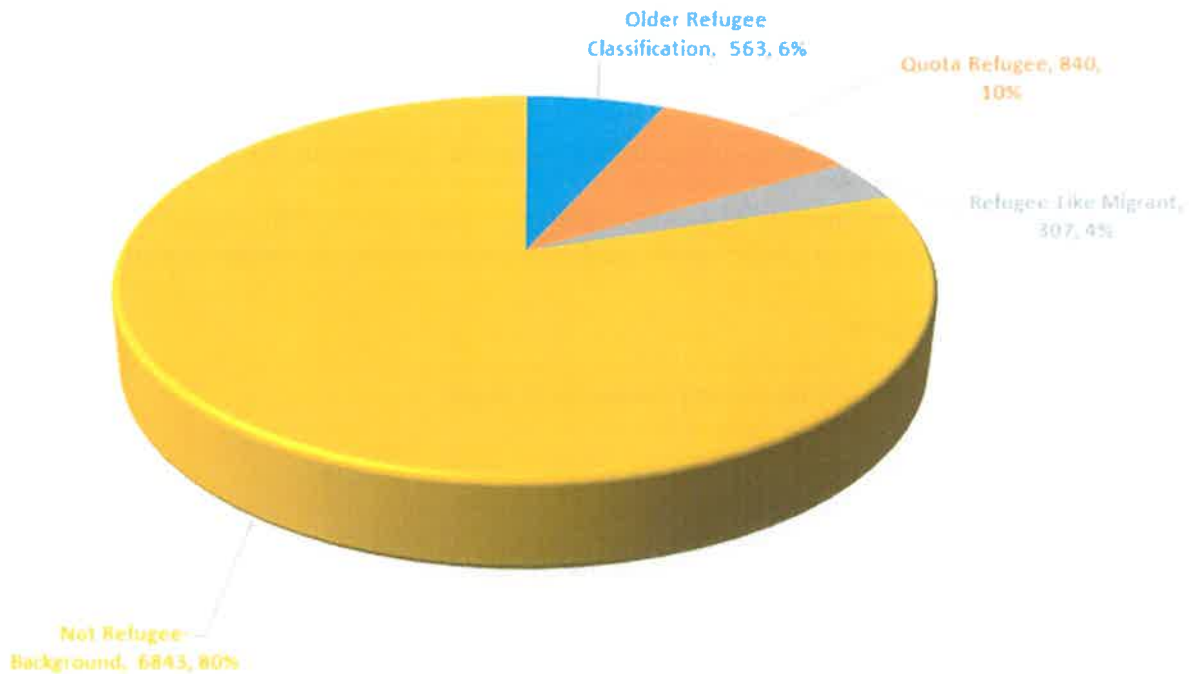
35 quota refugees and 15 refugee-like migrants enrolled and arrived at Newtown Union Health Service in the annual reporting period. The largest quota refugee groups were of Syrian, Iraqi, Tamil and Afghani ethnicities. The largest refugee-like migrant groups were of Ethiopian ethnicities. Arrivals were from a range of ages with highest numbers in the 5 – 14 years and 25 – 44 years age groups. A wide range of chronic and acute health conditions were addressed for the arrivals.



**Figure: NUHS quota refugee and refugee-like migrant arrivals 1<sup>st</sup> July 2019 to 30<sup>th</sup> June 2020 by age group.**

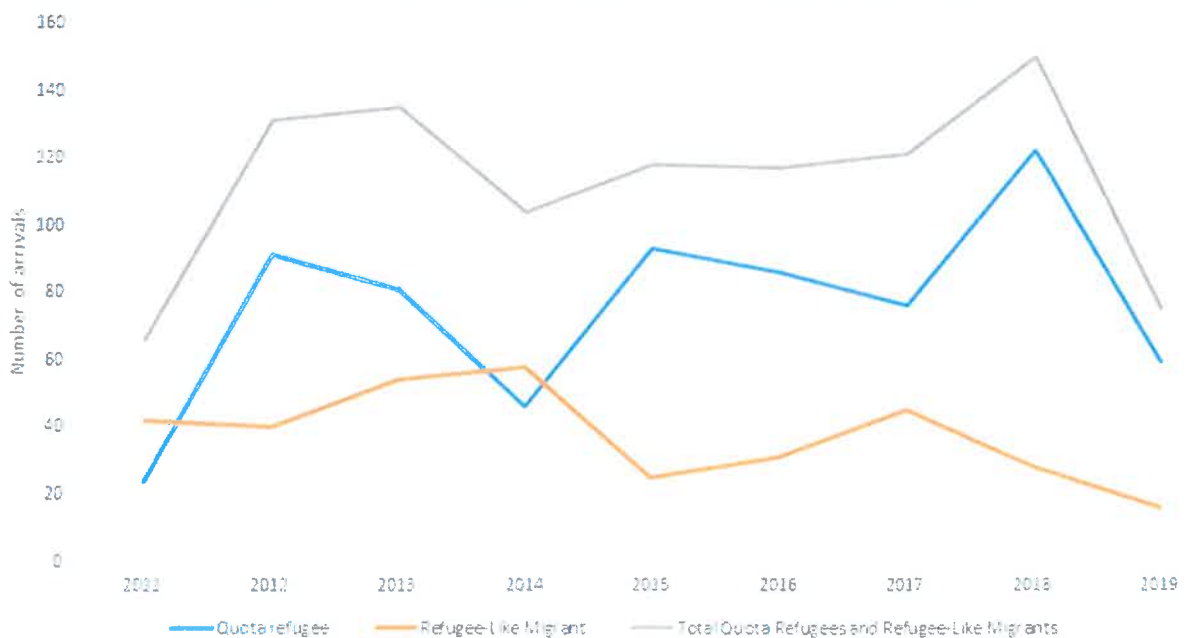
Refugee-background patients make up a relatively high proportion of the total Newtown Union Health Service population. As at 10/1/2020, 20% (1710 people) of the practice population were recorded as having a refugee or refugee-like background. Prior to 2009 a general ‘refugee’ classification was used for both quota refugees and refugee-like migrants, included in the following figure as a blue wedge.

### Registered Newtown Union Health Service Population as at 10/1/2020 by Refugee-Background Classification



**Figure: NUHS patient population as at 10/1/2020 by refugee-background classification.**

### NUHS Quota Refugee and Refugee-Like Migrant arrivals by year



**Figure: NUHS quota refugee and refugee-like migrant arrivals 2011 to 2019.**

Annual arrivals in the quota refugee and refugee-like migrant groups 2011 to 2019 are provided for reference. 2019 had the lowest number of arrivals for refugee-like migrants since 2011, and the lowest number of quota refugees since 2014 and our expectations are that 2020 will have even fewer from both categories due to the Covid-19 pandemic and resulting travel restrictions.



Newtown Union Health Service refugee team members look forward to continuing to provide health care for existing and newly arrived refugees and their migrant family members in 2020 and 2021. We hope and anticipate that the Covid-19 disruption to refugee quota arrivals will be resolved quickly.

**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 Report



### *The Social Worker Team*

#### **Social Work Annual Report**

Sonia Smith began work as the Māori Social Worker in September 2019. Philippa Thompson continues as the General Social Worker.

The lockdown in response to the Covid-19 outbreak has affected staff and clients alike. During levels 4 and 3 all client support was managed over the phone, including supportive phone calls and advocacy to services such as Work and Income. While some effective work could be achieved it also led to some clients feeling disengaged. The effects of the lockdown and ongoing virus response have been severe for some families, including social isolation, job losses, further housing issues and financial difficulties.

For the Māori social worker ongoing key issues identified are mental health, addictions, housing and finances and all of these have been exacerbated by the Covid-19 response. For example, access to the Ministry of Social Development has been more difficult. People have struggled to understand new processes for accessing health supports. Social isolation has increased addiction issues, alongside severely impacting on people's mental health.

For the General Social Worker, immigration has become a significant issue. Many families are distressed by prolonged separation from family overseas and the lack of certainty as to when this might change. Housing and finances are also significant ongoing issues.

#### **Successes**

The Māori Social Worker has been part of the Tū Ora Covid-19 Response Outreach Team, which tends to any Māori and Pasifika from the Eastern suburbs who have unmet needs due to Covid-19. She is working alongside Serena Moran (Nurse Practitioner, NUHS) and Tuali Smith (Community Co-Worker, Rangatahi). The focus is to link vulnerable people into primary health care services and other supports, which has been very effective to date. For example, a Pasifika family who moved to Wellington pre Covid-19, had no knowledge of health and wellbeing supports available, therefore had to utilise Wellington Hospital and afterhours care for many months to get medical support for diabetes and mental health. The Māori Social worker supported the whole family in registering with a GP service, which streamlined access to affordable appropriate health care, alongside working with the family to alleviate financial issues.

For the General Social Worker, many referrals come from within the community as clients request support on behalf family members. Some families have been re-housed in more suitable accommodation. For example, one woman who returned from Australia at the end of 2019, was supported to access benefits and enter transitional housing and was then offered social housing with Kāinga Ora (formerly Housing New Zealand).

#### **Networking**

The social workers benefit from connecting regularly with a peer group of other social workers based in and around Newtown. These monthly meetings facilitate smoother co-operation on behalf of clients when needed.

The General Social Worker regularly attends the Refugee Meeting hosted by Newtown Union and has also been able to engage with the Refugee Stakeholder network.

The Māori Social Worker attends Te Puna Waiora Rōpū which is a support group for elderly patients who are suffering from complex health issues. She is also part of the Wellington Māori Support Network Team for practitioners from around the region.

The social workers regularly refer clients to, and receive referrals from, a wide range of other services as needed, including (but by no means limited to), Ngāti Kahungunu Social Services, Te Waka Whaiora, Whanau Care Services, Te Haika, Salvation Army, Wellington City Mission, St Vincent de Paul, Little Sprouts, Refugee Trauma Recovery, Red Cross, Newtown Budgeting and Advocacy Service, Wellington Community Law Centre, Strengthening Families, Plunket, and other hospital social work services.

**NEWTOWN UNION HEALTH SERVICE INC.**

**ANNUAL REPORT**

**FOR THE YEAR ENDED 30 JUNE 2020**

- 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**

## **INDEPENDENT AUDITOR'S REPORT**

### **To the Members of Newtown Union Health Services Incorporated**

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#### **Opinion**

We have audited the financial statements of Newtown Union Health Services Incorporated on pages 1 to 10, which comprise the statement of financial position as at 30 June 2020, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Newtown Union Health Services Incorporated as at 30 June 2020, and its financial performance and its cash flows for the year then ended in accordance with Public Benefit Entity Standards Reduced Disclosure Regime issued by the New Zealand Accounting Standards Board.

#### **Basis for Opinion**

We conducted our audit in accordance with International Standards on Auditing (New Zealand) (ISAs (NZ)). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of Newtown Union Health Services 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 in our capacity as auditor we have no relationship with, or interests in, Newtown Union Health Services Incorporated.

#### **Restriction on Responsibility**

This report is made solely to the Members, as a body, in accordance with section 42F of the Charities Act 2005. Our audit work has been undertaken so that we might state to the Members those matters we are required to state to them in an auditor's 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 Members as a body, for our audit work, for this report, or for the opinions we have formed.

#### **Board' Responsibility for the Financial Statements**

The Board are responsible on behalf of the entity for the preparation and fair presentation of the financial statements in accordance with Tier 2 PBE, 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.

In preparing the financial statements, the Board are responsible on behalf of the entity for assessing the entity'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.<sup>3</sup>



### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

A further description of the auditor's responsibilities for the audit of the financial statements is located at the XRB's website at [www.xrb.govt.nz/standards-for-assurance-practitioners/auditors-responsibilities/audit-report-8/](http://www.xrb.govt.nz/standards-for-assurance-practitioners/auditors-responsibilities/audit-report-8/).

**Signed:**

A handwritten signature in blue ink, appearing to read 'L Heath'.

**L Heath - Qualified Auditor**  
**Dent and Heath**  
**Lower Hutt**  
**29 October 2020**

**Newtown Union Health Service Inc.**  
Statement of Comprehensive Revenue and Expense  
For the Year Ended 30 June 2020

|   | Notes | 2020<br>\$       | 2019<br>\$       |
|---|-------|------------------|------------------|
| <b>Revenue from exchange transactions</b>       | 3     |                  |                  |
| <b>Primary Care Contracts</b>                   |       |                  |                  |
| Capitation                                      |       | 1,737,053        | 1,582,870        |
| PHO Contracts                                   |       | 1,525,288        | 1,535,215        |
| <b>Total Contracts</b>                          |       | <u>3,262,341</u> | <u>3,118,085</u> |
| PHO System Level Measures                       |       | 38,783           | 37,809           |
| Cyber Intrusion                                 |       | 4,237            | -                |
| Operations                                      |       | 586,977          | 511,301          |
| <b>Total Operating Income</b>                   |       | <u>3,892,338</u> | <u>3,667,195</u> |
| <b>Non Operating Income</b>                     |       |                  |                  |
| Interest on Investments                         |       | 23,929           | 26,874           |
| <b>Total revenue from exchange transactions</b> |       | <u>3,916,267</u> | <u>3,694,069</u> |
| <b>Revenue from non-exchange transactions</b>   | 3     |                  |                  |
| Covid-19 Response and Sustainability Funding    |       | 72,496           | -                |
| Donations                                       |       | 580              | -                |
| <b>Total Income</b>                             |       | <u>3,989,343</u> | <u>3,694,069</u> |
| <b>Less: expenses</b>                           |       |                  |                  |
| Staff Costs                                     |       | 3,084,312        | 2,803,418        |
| Operating Costs                                 |       | 557,251          | 515,804          |
| Financial Costs                                 |       | 72,834           | 77,715           |
| Other Costs                                     |       | 17,502           | 25,198           |
| <b>Total expenses</b>                           |       | <u>3,731,899</u> | <u>3,422,135</u> |
| <b>Net Surplus/(Deficit)</b>                    |       | <u>257,444</u>   | <u>271,934</u>   |
| <b>Other Comprehensive Revenue and Expense</b>  |       | -                | -                |
| <b>Total Comprehensive Revenue and Expense</b>  |       | <u>257,444</u>   | <u>271,934</u>   |



# Newtown Union Health Service Inc.

Statement of Changes In Equity  
For the Year Ended 30 June 2020

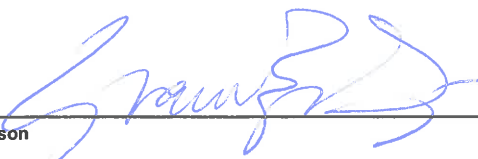
|  | Notes | 2020<br>\$              | 2019<br>\$              |
|--|-------|-------------------------|-------------------------|
| <b>Accumulated Comprehensive Revenue and Expenditure</b>                           |       |                         |                         |
| Opening Balance  |       | 1,017,963               | 1,032,203               |
| Total Comprehensive Revenue and Expense for the year                               |       | 257,444                 | 271,934                 |
| <u>Movements in Reserves</u>   |       |                         |                         |
| Transfer to Capital Replacement Reserve  |       | (253,457)               | (244,420)               |
| Transfer to Redundancy Reserve   |       | (7,250)                 | (11,754)                |
| Transfer to Service Development Reserve  |       | -                       | (30,000)                |
| <b>Accumulated Comprehensive Revenue and Expenditure at 30 June 2019</b>           | 3.7   | <u><u>1,014,700</u></u> | <u><u>1,017,963</u></u> |
| <b>Reserves</b>  |       |                         |                         |
| <b>Capital Replacement Reserve</b>   |       |                         |                         |
|  | 3.7   |                         |                         |
| Opening Balance  |       | 343,510                 | 99,090                  |
| Depreciation for the year  |       | 53,457                  | 49,062                  |
| Reserve build-up for future Capital Expenditure                                    |       | 200,000                 | 195,358                 |
| <b>Closing Balance</b>   |       | <u><u>596,967</u></u>   | <u><u>343,510</u></u>   |
| <b>Service Building Reserve</b>  |       |                         |                         |
| <b>Closing Balance</b>   |       | <u><u>174,961</u></u>   | <u><u>174,961</u></u>   |
| <b>Redundancy Reserve</b>  |       |                         |                         |
| Opening Balance  |       | 123,733                 | 111,979                 |
| Transfer from Accumulated Comprehensive Revenue and Expenditure per reserve policy |       | 7,250                   | 11,754                  |
| <b>Closing Balance</b>   | 3.7   | <u><u>130,983</u></u>   | <u><u>123,733</u></u>   |
| <b>Service Development Reserve</b>   |       |                         |                         |
| Opening Balance  |       | 103,848                 | 73,848                  |
| Transfer in terms of Strategic Plan Projects                                       |       | -                       | 30,000                  |
| <b>Closing Balance</b>   | 3.7   | <u><u>103,848</u></u>   | <u><u>103,848</u></u>   |
| <b>Total Equity at 30 June 2020</b>  |       | <u><u>2,021,459</u></u> | <u><u>1,764,015</u></u> |


# Newtown Union Health Service Inc.

Statement of Financial Position  
As at 30 June 2020

|   | Notes | 2020<br>\$              | 2019<br>\$              |
|---|-------|-------------------------|-------------------------|
| <b>Current assets</b>                         |       |                         |                         |
| Cash and Cash Equivalents                     | 4     | 1,739,820               | 1,395,557               |
| Receivables from Exchange Transactions        | 3     | 182,343                 | 167,481                 |
| Prepayments                                   |       | 4,244                   | 4,518                   |
| Accrued Income                                |       | 1,943                   | 10,605                  |
| Accrued Interest                              |       | 4,110                   | 5,395                   |
|   |       | <u>1,932,460</u>        | <u>1,583,556</u>        |
| <b>Fixed Assets</b>                           | 5     | 722,893                 | 684,966                 |
| <b>Total Assets</b>                           |       | <u><u>2,655,353</u></u> | <u><u>2,268,522</u></u> |
| <b>Current liabilities</b>                    |       |                         |                         |
| Trade and Other Creditors                     | 3     | 221,647                 | 218,336                 |
| Employee Entitlements                         | 3.4   | 281,414                 | 203,440                 |
| Advance Income                                |       | 48,173                  | -                       |
| Dallow Fund                                   |       | 37,660                  | 37,731                  |
| Union Support Fund                            |       | 5,000                   | 5,000                   |
|   |       | <u>593,894</u>          | <u>464,507</u>          |
| <b>Term Liabilities</b>                       |       |                         |                         |
| Trade Union Loans                             |       | 40,000                  | 40,000                  |
| <b>Total Liabilities</b>                      |       | <u><u>633,894</u></u>   | <u><u>504,507</u></u>   |
| <b>Net Assets</b>                             |       | <u><u>2,021,459</u></u> | <u><u>1,764,015</u></u> |
| Accumulated Comprehensive Revenue and Expense | 3.7   | 1,014,700               | 1,017,963               |
| Service reserves                              | 3.7   | 1,006,759               | 746,052                 |
| <b>Total Equity</b>                           |       | <u><u>2,021,459</u></u> | <u><u>1,764,015</u></u> |

Approved by:

  
Chairperson

  
Board Member

29/10/20  
Date



# Newtown Union Health Service Inc.

## Statement of Cash Flows

For the Year Ended 30 June 2020

|  | Notes | 2020<br>\$       | 2019<br>\$       |
|--|-------|------------------|------------------|
| <b>Cash Flows from Operating activities</b>                    |       |                  |                  |
| <i>Cash was received from:</i>                                 |       |                  |                  |
| PHO and other Contracts  |       | 3,309,410        | 3,154,790        |
| Covid-19 Response and Sustainability                           |       | 72,496           | -                |
| Consultation, ACC and other fees and receipts                  |       | 624,901          | 529,860          |
| Interest Income  |       | 25,794           | 27,431           |
|  |       | <u>4,032,601</u> | <u>3,712,081</u> |
| <i>Cash was applied to:</i>                                    |       |                  |                  |
| Payments to Employees  |       | 3,013,672        | 2,770,996        |
| Payments to Suppliers  |       | 577,544          | 513,851          |
| Dallow Fund  |       | 5,738            | 586              |
|  |       | <u>3,596,954</u> | <u>3,285,433</u> |
| <b>Net Cash generated from/(used for) Operating Activities</b> |       | <u>435,647</u>   | <u>426,648</u>   |
| <b>Cash Flows from Investing Activities</b>                    |       |                  |                  |
| <i>Cash was applied to:</i>                                    |       |                  |                  |
| Proceeds on Disposal of Fixed assets                           |       | 2,847            | -                |
| Purchase of Fixed Assets                                       |       | (94,231)         | (18,765)         |
| <b>Net Cash applied to Investing Activities</b>                |       | <u>(91,384)</u>  | <u>(18,765)</u>  |
| <b>Net increase/(decrease) in Cash and Cash Equivalents</b>    |       | <b>344,263</b>   | <b>407,883</b>   |
| Cash and Cash Equivalents at the beginning of the year         |       | 1,395,557        | 987,674          |
| <b>Cash and Cash Equivalents at the end of the year</b>        | 4     | <u>1,739,820</u> | <u>1,395,557</u> |
| <i>Comprising:</i>   |       |                  |                  |
| Cash on Hand, Current Accounts and Interest Bearing Accounts   |       | 918,823          | 600,320          |
| Cash on Term Deposit   |       | 820,997          | 795,237          |
| <b>Total Cash and Cash Equivalents</b>                         | 4     | <u>1,739,820</u> | <u>1,395,557</u> |

**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.

*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.



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:

|                             | 2020    | 2019    |
|-----------------------------|---------|---------|
|                             | \$      | \$      |
| Annual leave accrual        | 270,542 | 197,787 |
| Sick leave accrual          | 10,872  | 5,653   |
| Total employee entitlements | 281,414 | 203,440 |

#### *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**

Cash and cash equivalents include the following components:

|  | 2020             | 2019             |
|--|------------------|------------------|
|  | \$               | \$               |
| Cash at bank and interest-bearing call accounts            | 918,823          | 600,320          |
| Short-term deposits with maturities of less than 12 months | 820,997          | 795,237          |
| Total cash and cash equivalents                            | <u>1,739,820</u> | <u>1,395,557</u> |

### **5 Fixed assets**

| 2020                     | Office equipment<br>and furniture | Medical equipment | Buildings      | Total          |
|--------------------------|-----------------------------------|-------------------|----------------|----------------|
|                          | \$                                | \$                | \$             | \$             |
| Cost                     | 391,322                           | 86,305            | 923,118        | 1,400,745      |
| Accumulated depreciation | 321,872                           | 67,832            | 288,148        | 677,852        |
| Net book value           | <u>69,450</u>                     | <u>18,473</u>     | <u>634,970</u> | <u>722,893</u> |

| 2019                     | Office equipment<br>and furniture | Medical equipment | Buildings      | Total          |
|--------------------------|-----------------------------------|-------------------|----------------|----------------|
|                          | \$                                | \$                | \$             | \$             |
| Cost                     | 361,012                           | 80,806            | 868,240        | 1,310,058      |
| Accumulated depreciation | 292,141                           | 62,563            | 270,388        | 625,092        |
| Net book value           | <u>68,871</u>                     | <u>18,243</u>     | <u>597,852</u> | <u>684,966</u> |

Depreciated value of Buildings is as follows:

|  | 2020    | 2019    |
|--|---------|---------|
|  | \$      | \$      |
| Hall Avenue Clinic, including improvements | 634,970 | 597,852 |





**6 Audit**

These financial statements have been subject to audit. The audit fee amounted to \$ 11,500 (2019: \$ 11,000).

**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:

The Ministry of Health  
 Capital and Coast District Health Board:

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

Accident Compensation Corporation  
 Ministry of Health  
 Tu Ora Compass Health

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

**Key Management Personnel**

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

|                               | <b>2020</b> | <b>2019</b> |
|-------------------------------|-------------|-------------|
|                               | <b>\$</b>   | <b>\$</b>   |
| Board                         | 4,170       | 3,660       |
| No. of people                 | 10          | 10          |
|                               | <b>\$</b>   | <b>\$</b>   |
| Manager and Senior Management | 288,872     | 261,271     |
| No. of people                 | 3           | 3           |

**8 Operating Lease Commitments:**

NUHS has entered into the following leases:

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

Lease 3 years from 01 July 2019 to 30 June 2022.

Option to renew for a further 3 years.

|                    |           |
|--------------------|-----------|
| Due within 1 year: | \$ 18,121 |
| Due thereafter     | \$ 18,121 |

**Lease of two vehicles:**

**Vehicle 1:**

Lease 3 years from 20 July 2017 to 20 July 2020

Due within 1 year: \$ 394

New vehicle lease signed on 28 August 2020 for 3 years

Due within 1 year: \$ 6,579

Due thereafter \$ 14,953

**Vehicle 2:**

Lease 3 years from 07 March 2019 to 07 March 2022

Due within 1 year: \$ 4,818

Due thereafter \$ 3,614

**Lease of printers and scanners:**

Lease 3 years from 7 December 2018 to 20 December 2021.

Due within 1 year: \$ 6,655

Due thereafter \$ 3,328

**9 Capital commitments**

There are no capital commitments at the balance date. During the 2021 financial year roof remediation and air-conditioning renewal work will be carried out. Based on a previous estimate the cost is expected to be in the region of \$ 725,000 which will be funded from internal resources.

**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 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. (2019: \$ Nil).



