



2020
ANNUAL
REPORT
EASTERN BAY
PRIMARY HEALTH
ALLIANCE

EBPHA | GENERAL PRACTICE | COMMUNITY



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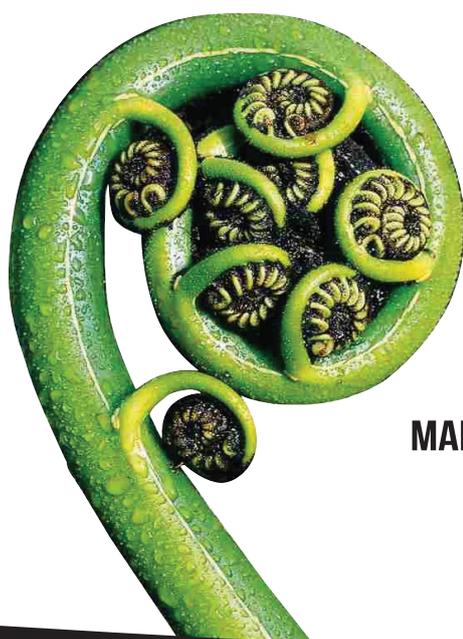


BACKGROUND

The Eastern Bay Primary Health Alliance (EBPHA) is a Primary Health Organisation (PHO) that is funded by the Bay of Plenty District Health Board and others to support the provision of essential primary health care services either directly or through General Practices or community Health Providers to the people of the Eastern Bay of Plenty.

Services delivered by the EBPHA are in place to improve and maintain the health of the Eastern Bay population. The aim is to ensure General Practice services are better linked with other primary health services to ensure a seamless continuum of care with a particular focus to manage long-term conditions and reducing inequalities.

EBPHA is a Charitable Trust incorporated under the Charitable Trust Act 1957 and registered under the Charities Act 2005 on the 27th July 2010.



The main frond represents the Eastern Bay Primary Health Alliance. With the smaller fronds representing our Providers that are in partnership with EBPHA.

**KOTAHITANGA MO NGĀ IWI KATOA
MANA ATUA, MANA TŪPUNA, MANA WHENUA, MANA TANGATA**

INTERIM CHAIRMAN'S REPORT LANCE MCNICHOLAS



What a year 2020 has been. It's safe to say that COVID-19 has been a disruptive and seminal event. Amid the significant challenges, our General Practices swiftly responded to ensure their clinics remained operational and patient safety was at the forefront of care. Clinicians adopted virtual/phone consults and many practices have seen the benefits of virtual consults and have continued to provide this service.

"Concentrate on the future structure and format of an integrated health and disability system."

CBAC (COMMUNITY BASED ASSESSMENT CLINICS)

Drive-through CBAC clinics were set up throughout the Eastern Bay of Plenty in Ōpōtiki, Kutarere, Tōrere, Whakatāne, Kawerau, Murupara, Waimana, Rūātoki, Waikaremoana and Ruatāhuna. The remote mobile CBAC clinics ensured small and rural communities had access to COVID-19 assessment; and incorporated wrap-around services such as flu vaccinations and immunisations. The drive-through COVID assessment clinics were set up by Te Puna Ora o Mataatua and Eastern Bay Primary Health Alliance with support from Bay of Plenty District Health Board (BOPDHB), local iwi and hapū. Thank you to all of those who were involved in the set up and staffing of these CBAC clinics, from GP's, nurses, healthcare assistances, administration and students.

WHAKAARI / WHITE ISLAND

Our thoughts are with the families and loved ones affected by the tragic volcanic eruption on Whakaari / White Island as we approach the one-year anniversary of the tragedy.

The response from the EBOP primary and secondary health services was exemplary. All of those who assisted in the disaster response should be commended; particularly the early responders, the Whakatāne Hospital team, GP's, volunteers, and wider health team. Since the eruption, a key focus of the EBPHA has been on supporting the victims, their families and the staff affected by the tragedy through counselling.

NEW ZEALAND HEALTH AND DISABILITY SYSTEM REVIEW

The Final Report – Pūrongo Whakamutunga was released in June 2020. The report broadly focusses on the following changes:

- A health sector based around the health needs of local districts and their populations.
- Ensuring the system is integrated and deliberately plans with a longer-term focus.
- A commitment to embedding Te Tiriti o Waitangi into the health sector.

- A focus on addressing structural inequalities in who gets access to health services, and in health outcomes of different groups in society.
- A shift in understanding primary care from a focus on general practitioner services to a much broader range of community-based services.

In a nutshell, the Simpson Report envisages a health system which advances the health of all people, not just those who actively seek out health services. The report recommends changes that would most likely threaten the existence of PHOs or transform them into different entities. The number of DHB's will also reduce from 20 to 8-12 over the next 5 years. No significant changes will be made before the election, and the structural reforms will be implemented over several years.

BOPDHB TWO PHO POLICY

This year the EBPHA faced a merger with the Western Bay of Plenty Primary Health Organization. "Small into Big" is never good for Small and what is intended as a merger organically transforms into a takeover. Thankfully the new BoPDHB Board has parked this option as we concentrate on the future structure and format of an integrated health and disability system.

PLANS FOR FUTURE INITIATIVES.

These challenging times also bring forth opportunities for innovation, and as EBPHA chair I look forward to seeing health care made more accessible especially amongst our rural and high needs populations through greater utilisation of community services, virtual and outreach clinics and greater use of I.T.

MR. KEN WHELAN

The previous Chair Ken Whelan reported that 2019 had been a tumultuous year for the EBPHA and the organization needed to hit reset. Thankfully with Ken's guidance EBPHA is now strengthened and resilient. The Board would like to thank Ken for his commitment and contribution to the restructure of EBPHA and wish him well in his new position as Chair, Whanganui District Health Board.

SUMMARY

Finally, I'm proud of how the EBPHA board has been transformed. The Board now has two doctors (Dr Chris McKnight GP, and Dr Cecile De Groot GP) and one surgeon (Mr. Nigel Giles, Orthopedic Surgeon) giving us excellent representation of both primary and secondary health services. Also, we have strengthened our Iwi representation on the board with Dickie Farrar, CEO Whakatōhea. I would like to acknowledge the work of the EBPHA board who have worked so hard in very difficult circumstances to support our practices through these most challenging of times and I look forward to what next year brings.



Lance McNicholas
Interim Chair

CHIEF EXECUTIVE'S REPORT

GREIG DEAN



I am very proud to lead the EBPHA Team who have experienced significant professional and personal challenges over the past twelve months that no one could have predicted. The Eastern Bay of Plenty is a small and proud community that prides itself on supporting each other in the face of adversity and that resilience and aroha was demonstrated on the 9th December with the eruption of Whakaari / White Island.

The EBPHA, Eastern Bay General Practices, Ngāti Awa, Whakatāne Hospital, District Council, Civil Defence, BOPDHB, NZ Police, St John, many other local and national agencies were at the forefront of the rescue and recovery efforts. This tragedy demonstrated the compassion and spirit of our community, “he iwi kotahi tātou” (we are one people).

On behalf of the EBPHA whānau, we would like to thank you all for your tireless work as we continue to support those affected by this tragedy.

COVID -19

Let me first acknowledge the work undertaken by our COVID-19 response team led by our Clinical Director, Rachel Shouler and the ongoing support provided by Te Puna Ora o Mataatua who opened a Whakatāne based testing station in early February. Planning scenarios for COVID-19 indicated that without additional primary care and hospital facilities, we would be unable to cope with the surge in demand for services.

Given the fast-changing nature of this challenge, community-based assessment centres (CBACs) were established to help slow COVID-19 transmission by separating, as much as possible, those with COVID-19 symptoms from others requiring primary care services. In addition, mobile CBACs provided greater access to our more remote communities.

Our purpose as a Primary Health Alliance (PHA) is to ensure that we have capability and resources imbedded in the Eastern Bay so we can continue to be consumer -focused, flexible, and adaptable to servicing our community's needs.

Over the course of the year, we have strived to ensure General Practice services are better linked with other primary health services to ensure a seamless continuum of care by providing greater representation of General Practice at governance level. This has strengthened our connection to Practices in the Eastern Bay and ensured a strong voice is being heard at a Governance level.

Over the past year, the voices of our Board and Leadership Team have been crucial in the ongoing discussions with the BOPDHB around a different future for the Bay Of Plenty health system, building on relationships strengthened through the Whakaari/ White Island and Covid-19 experiences and opportunities arising from the Health and Disability Review.

In particular, reference needs to be made to our Chairman at the time, Ken Whelan and his successor, Lance McNicholas who demonstrated great leadership and guidance during a significant period of uncertainty.

The shifts signalled in the Health and Disability Review (H&DS Review) including leadership and an emphasis on locality planning and networks has also contributed to the change in context for the BOPDHB regarding their “TWO PHO” policy. It is likely that a wider leadership group will emerge which makes enforcing the two PHO policy a lot less relevant in this new environment.

It continues to be our view that, that the greatest opportunity we have to improve patient experience and to deliver greater equity, efficiency and value from health delivery systems in the Eastern Bay is to address the fragmentation of existing services that serve the same population of 52,000.

We look forward to working with others to develop and operationalise an integrated health service in the Eastern Bay, with Primary Care / Iwi /Secondary and Community. I am very proud of our organisation and would like to record my thanks to all the hard working and imaginative staff of the EBPHA, to our Board, to the General Practice Teams, Community Partners and to other colleagues throughout the Eastern Bay.

"Focused, flexible, and adaptable to servicing our community's needs."



Greig Dean
Chief Executive

VISION

Healthy Whānau, Healthy Lives

MISSION

To lead community health care

VALUES

+ ASPIRATIONAL

to be passionate (care) about all we do, thereby delivering superior value to our communities. We aspire to be recognised as an innovative health leader.

+ RESPECT

to respect all individuals, value their contributions, and recognise the importance of diversity. We will work corroboratively with all health Providers, communities and sectors to ensure everyone can enjoy a healthy life.

+ EXCELLENCE

to be our best in everything we do. We will deliver high quality services for the best possible outcomes.



WE
ARE
EASTERN BAY
PRIMARY
HEALTH
ALLIANCE

BOARD MEMBER BIOGRAPHIES

FIONA WIREMU – DEPUTY CHAIR

I am from Ngai Tūhoe (Ngāti Hāmua & Te Mahurehure) and Ngāti Ranginui (Ngai Tamarāwaho) and am proud to hold a number of governance roles across the health sector - (Māori/Indigenous and Western) including Chairperson of the Finance and Audit Committee at Eastern Bay Primary Health Alliance and trustee; Chairperson (Med Central) Whakatāne Medical Practice and Director; Chairperson Te Puna Ora o Mataatua and trustee; Te Whakareia: Bay of Plenty Community Health Alliance, Board of Chairs.



As a lecturer of indigenous business at Te Whare Wānanga o Awanuiārangi, I support individuals and groups to develop enterprise and sustainable economies. The areas of research include Mātauranga Māori (Māori knowledge) inclusive of language, culture and identity; Whai Rawa (Māori economies); Te Tai Ao (The Natural Environment); Mauri Ora (Human Flourishing and Wellbeing); and Māori community self-development initiatives inclusive of whānau (family), hapū (sub-tribe) and iwi (tribe) development.

LINDA STEEL – IWI REPRESENTATIVE

In both my personal and professional life, I do everything with integrity and believe that I am trustworthy and loyal. My whānau is where I draw my strength from during the challenging times and I use my life experiences to help me make decisions and offer practical solutions to challenges that may arise.

I enjoy reading and music, entertaining whānau and friends, watch sports and am a complete petrol-head.

After living in Sydney, Australia for 30 years, I moved home and am now the CE of Te Ao Hou Trust in Ōpōtiki.



ANGELA JACKSON – COMMUNITY REPRESENTATIVE

I have been part of the Eastern Bay Primary Health Alliance Board since November 2014 and have moved from a Clinical Representative to a Community Representative.

I have worked as a Radiation Therapist in Wellington and Waikato Hospitals and, more recently, I am a Support Coordinator for the Sweet Louise Foundation tasked with linking whānau with services and support with a focus on mental health and wellbeing. I am married with two children and live in the Whakatāne area.



SHANEEN SIMPSON-ALMOND

— IWI REPRESENTATIVE

I'm a Maori Development Specialist, employed as a Senior Regional Public Servant currently seconded from Ministry of Maori Development to Ministry of Business, Innovation and Employment as Contract Manager for the Eastern Bay of Plenty Provincial Growth Fund Projects.

I'm an enthusiastic motorsports spectator and I certainly enjoy V8, F1, Nascar and Motocross sports. I'm the youngest sibling of 10, I'm married with three grown children and four mokopuna.

My goal for EBPHA is to provide advocacy for the health and wellbeing of our community and to ensure we are connected and partnering with all agencies and professionals to provide an effective primary health service to all people of the Eastern Bay of Plenty.



DICKIE FARRAR — IWI REPRESENTATIVE

Whānau and extended whānau are most important to me. I enjoy being with my children, grandchildren and have interests in fishing, arts and crafts, gardening, re-purposing furniture and small renovation projects.

As Practice Owner/Director for Te Pou Oranga o Whakatōhea and as an EBPHA Board member, my goal is to remain relevant to the community and to the people we serve. We must continue to fully support and advocate on behalf of General Practice to ensure adequate funding based on practice and patient needs.



ERIN BEELER — CLINICAL/COMMUNITY REPRESENTATIVE

I was born and raised in the Eastern Bay of Plenty, and now am a mother of 3 – Lila (9), Chloe and Olivia (3). I am due to complete my Master's in Health Practice at the end of this year with my thesis focusing on the recruitment and retention of the rural workforce.



CHRIS MCKNIGHT – CLINICAL REPRESENTATIVE

Chris was born in Edinburgh and grew up on the East coast of Scotland. He has worked as a medical registrar in the Hawkes Bay when he first came to New Zealand on sabbatical during his GP training. Chris, and his wife Joanne, soon realised that New Zealand was where they wanted to settle and raise a family. Now a father of 3 kiwi girls, he has found they take up most of his spare time.

Now as an owner/operation of the Ōhope Beach Medical Centre, he has an interest in the wide variety a general practice offers. He has a particular interest in the skin cancer detection and treatment, men's health, and teaching medical students who he often meets at the practice.



CECILE DE GROOT – CLINICAL REPRESENTATIVE

I was born and bred in South Africa hence I did my medical training in a very multicultural setting.

We came to New Zealand in 1991 and I initially worked in the Bluff, but we were looking for the sun. So, I moved to Edgecumbe and have been working as a GP ever since. My 3 children have grown up in the Bay.

I love Riverslea Medical Centre and we have a fabulous team who love to serve this great community.



NIGEL GILES – CLINICAL REPRESENTATIVE

Professional interests in Orthopaedic surgery with 25 years expertise in joint replacement and sports injury surgery. I am currently acting as clinical lead for the Whakatāne Hospital.

I moved to New Zealand, and particularly rural New Zealand, to give my family the fantastic opportunity of living in a clean, green, multicultural society. This has also supported my other interests - cycling, skiing, boating; well, anything involving the outdoors and interacting with the environment.

My wife Karen is a physiotherapist, and we have 3 children – twin boys Callum and Ashley aged 15, and Daughter Zoe aged 13 all schooling in Whakatāne.



STRATEGIC INTENTIONS 2018–2020

EASTERN BAY PRIMARY HEALTH ALLIANCE (EBPHA) PHILOSOPHY

Respect for kotahitanga mo ngā iwi katoa. Mana Atua, Mana Tūpuna, Mana Whenua, Mana Tangata



EBPHA will develop and deliver effective and equitable primary care services that meet the needs of our population. As a region the Eastern Bay of Plenty experiences persistent health and social inequalities particularly for Māori, children and people living with long-term chronic conditions.

EBPHA is committed to reducing these inequalities through ensuring there is an equity based and evidence informed approach to our service delivery. This will ensure those with the greatest need receive the services and support they require.

The EBPHA Annual Plan will identify those particular areas we will direct our resources on to give effect to our impact and outcomes.

THE YEAR IN NUMBERS

WE DELIVER SERVICES TO A
RESIDENT POPULATION OF

54,130
PEOPLE



WE SERVE AN ENROLLED
POPULATION OF

28,780
PEOPLE IN 9 PRACTICES



56%
IDENTIFY AS
HAVING MĀORI
ETHNICITY

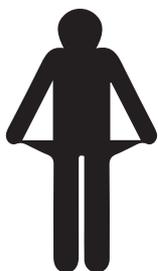
36%
UNDER
TWENTY FIVE



18%
SIXTY FIVE
PLUS



73%
CLASSIFIED AS
HAVING HIGH
HEALTH NEEDS



56%
LIVE IN
DEPRIVED
CIRCUMSTANCES

747
BABIES WERE
BORN IN THE
EBOP



COVID-19 AND COMMUNITY-BASED ASSESSMENT CENTRE (CBAC) NUMBERS

With the arrival of the COVID-19 virus, EBPHA led, managed and set-up the CBACs and mobile testing stations for the Eastern Bay during the initial crisis and during the re-emergence of COVID-19 throughout the region. These were supported and enhanced by close working relationships with Te Puna Ora o Mataatua services and staff.

With so many health and community service providers working together to alleviate the spread and effect of COVID-19 on the Eastern Bay; this led to greatly improved relationships between both primary health services, secondary health services, practices and other community health providers. Health workers in all roles; across all sectors stepped up and helped in whatever capacity they could.

Practices demonstrated their flexibility and commitment by changing the way they worked: carpark consults, strict Infection Control requirements, phone and video consultations during lockdown. They managed to cope with losses in revenue, services, supplies and staffing.

From the initial start in March 25th to the 30th of June, over 4,000 people presented to CBACs, testing stations or practices for COVID-19 testing.

- Over 3,100 people were assessed and
- Over 2,580 swabs taken.

EBPHA would like to acknowledge and thank all those involved for all the hard work, dedication and professionalism during this troubling and unsettling time.



Pop Up Drive-Thru

COVID-19 TESTING & ASSESSMENT CENTRE

Kia Ora,
Welcome to the
Ōpōtiki Pop Up
Assessment
Centre



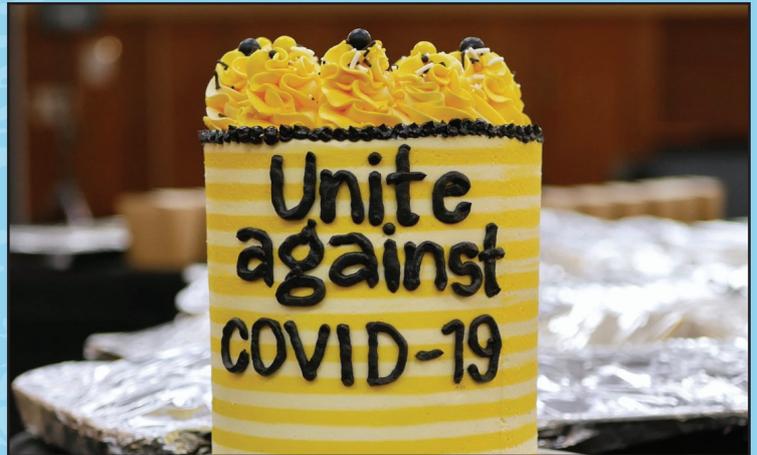
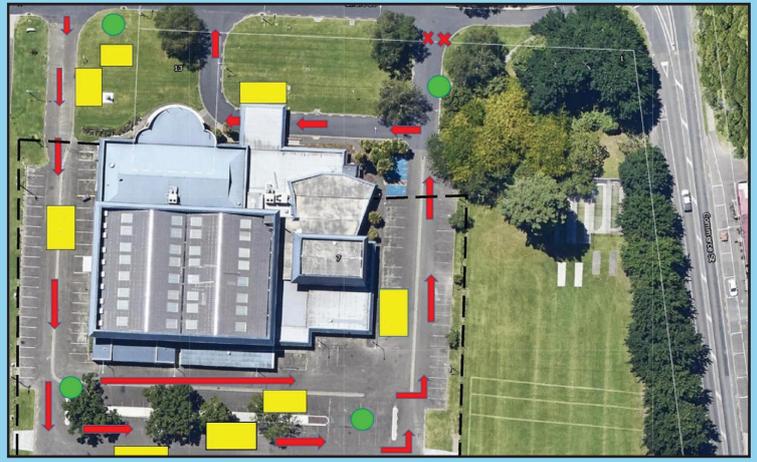
All patients with the following symptoms are eligible to be seen at the drive-thru facility:

- Cough
- Shortness of Breath
- Sore Throat
- Runny Nose

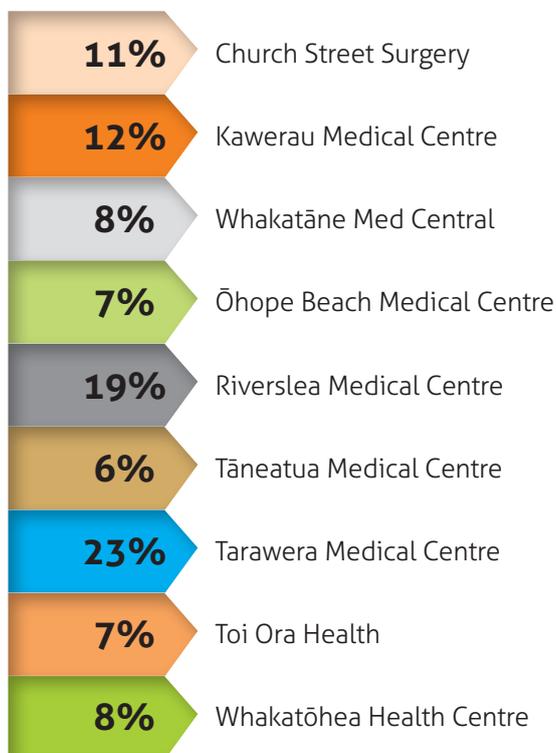
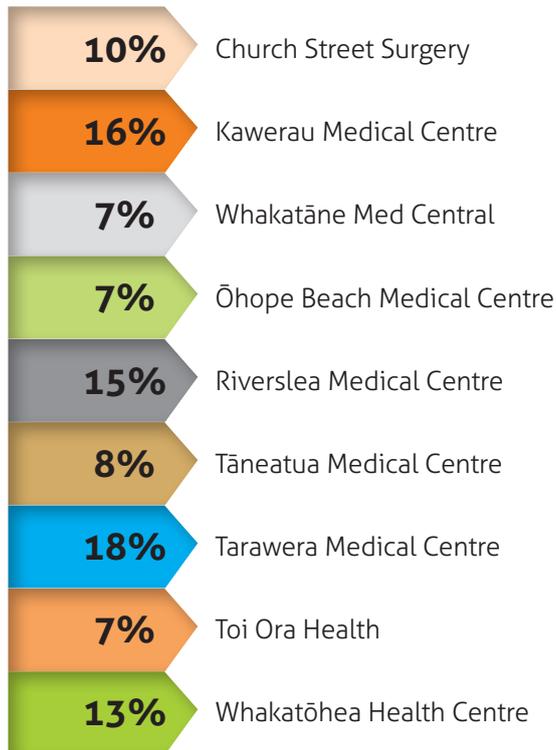
All symptoms can be with or without fever.

 Eastern Bay
Primary Health Alliance
Healthy. Strong. Healthy Lives

 BAY OF PLENTY
DISTRICT HEALTH BOARD
HĀUORA A TOI



2020 PRACTICE FUNDING



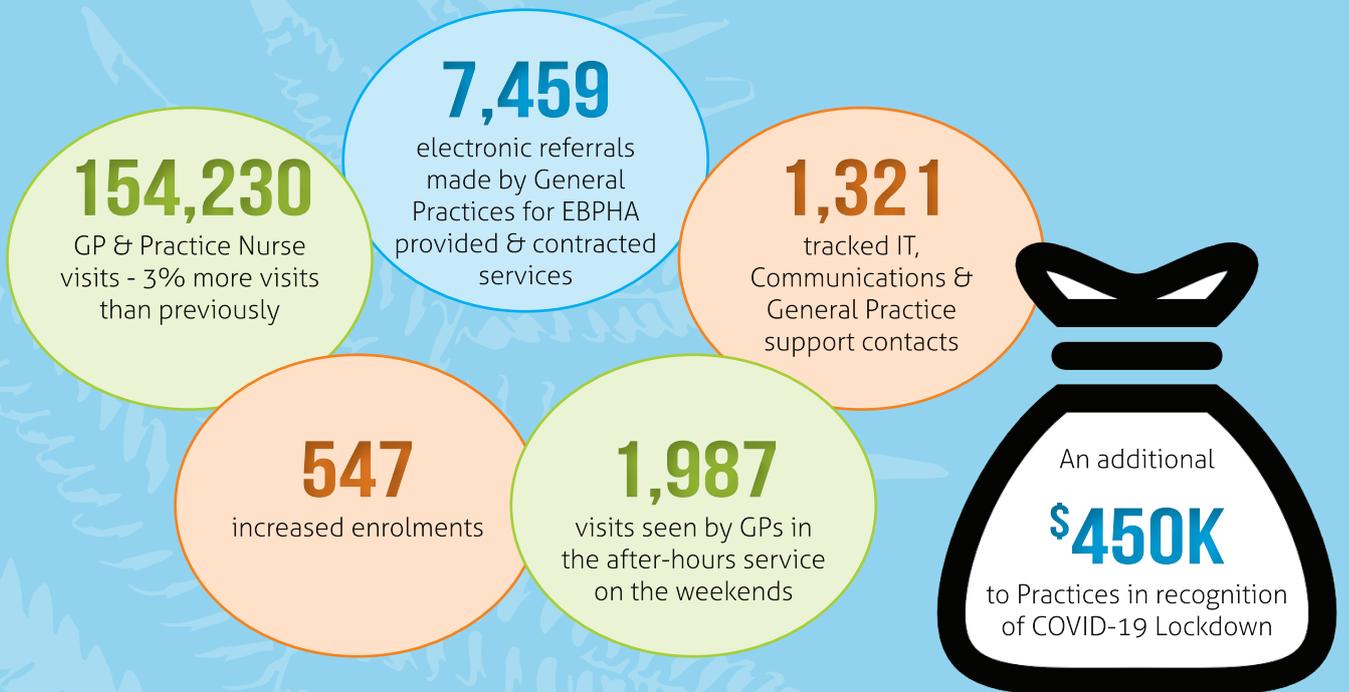
OUR GENERAL PRACTICES

Under the PHO services agreement, EBPHA provides a set of essential primary care services through Contracted Provider agreements with our 9 General Practices. The benefits of this partnership are that Practices receive capitation funding based on their enrolled population and their patients are able to access some services for free. Eight of our 9 Practices have Very Low Cost Access (VLCA) status due to 73% of their enrolled population being "high needs". This means they receive additional funding to allow for subsidised consultations for their patients.

EBPHA would like to acknowledge the hard work, dedication and effort General Practice practitioners (GPs), nurses and operational staff have undertaken throughout a demanding and busy year impacted by the Whakaari eruption, COVID-19 and lockdown.

Practices have risen to these challenges by changing the way they worked and continuing to meet the complex health needs of their patients. It is very much appreciated by EBPHA and the wider Eastern Bay community.

This year, EBPHA in recognition of the difficulties operating under COVID-19 and lockdown, funded its practices an additional \$450,000 shared equally amongst practices.





**TOI ORA
HEALTH LTD**

**WHAKATŌHEA
HEALTH CENTRE**



**RIVERLEA MEDICAL
CENTRE**



**Tarawera
Medical Centre**



ŌPŌTIKI MEDICAL HUB



TOI ORA
HEALTH LTD

The Ōpōtiki Medical Hub (the Hub) is a collaboration between the three Ōpōtiki General Practices: Whakatōhea Health Centre; Church Street Surgery; and Toi Ora Health.

The practices operating as the Hub have a shared vision to build a sustainable, flexible, responsive service that meets the acute primary medical demand in the Ōpōtiki District.

The Hub operates 8am – 10pm daily, including weekends and public holidays.

The Hub nurses operate a comprehensive range of standing orders and clinical pathways. They are supported by an on-call GP. All nurse consultations are free, as are standing orders medication, however should a GP be required to attend or the patient not be a NZ citizen then fees apply.

The Hub is currently working well through:

- Reduces barriers, improves access and timely response for acute patient presentations.
- Access to medication after hours.
- Reduces unnecessary and avoidable presentations to Whakatane Emergency Department.

- Improved medical service for all patients (locals and visitors).
- Increased utilisation of the Ōpōtiki Health Centre facility.
- Continued free access to the nurse led service, with nurses working under a range of standing orders, and supported through access to on-call GP
- Face to face consultations with a GP will incur a fee (free for under 14s).
- Increased treatment options available after hours and during weekends/public holidays.
- Integrated, locally provided service supports low health literacy and high deprivation community, as it acts as an extension and supporting arm of the patient's medical home.
- Standardised clinical pathways, staff training, standing orders and General Practice support create improved sustainability of medical services in Ōpōtiki.

EBPHA would like to acknowledge the commitment of owners, practice managers and staff of the three Ōpōtiki Practices, who have worked tirelessly to develop the model, engage staff, provide clinical governance and operational oversight of the Hub.

Local people providing local solutions

PROGRAMMES TO IMPROVE ACCESS (PIA)

The EBPHA continues to support General Practice and their patients through the provision of PIAs. Over 17,780 financial claims were made by General Practices, this was a 11% increase from the previous year.

Within the programme, the Flexible Patient Fund PIA provides the General Practice with the flexibility to choose to fund what their patient needs.

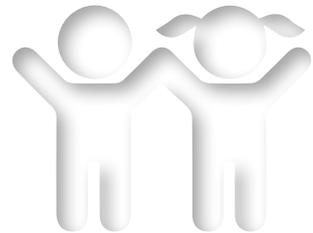
Practices are able to choose from a range of options in the Flexible Patient Fund e.g. supporting patients experiencing financial hardship, long-term condition management, complex consultations, intensive management of conditions, pneumovax immunisation, mental health, breast screening enrolments and many other options.



**FLEXIBLE PATIENT
FUND (FPF)**



**CARDIOVASCULAR RISK
ASSESSMENT**



YOUTH HEALTH CHECK



PALLIATIVE CARE



**SMOKING CESSATION
SUPPORT**



CERVICAL SCREENING

COMMUNITY SERVICES

The EBPHA delivers 22 contracted health services across the Eastern Bay of Plenty to approximately 54,000 people. Many of these services are enhanced through the support and collective effort of health and community organisations working with EBPHA within both the Eastern and Western Bay of Plenty.

We would like to specifically acknowledge the following organisations:

- He Tohunga Ora mo Rangitaiki
- Ngā Mataapuna Oranga PHO
- Te Ao Hou Trust
- Te Ika Whenua Hauora
- Te Kaha Medical Centre
- Te Manu Toroa Trust
- Te Puna Hauora
- Te Puna Ora o Mataatua
- Te Tohu o te Ora o Ngati Awa
- Te Uru Taumatua Tūhoe
- Te Wheke Atawhai
- Tuwharetoa Ki Kawerau Health, Education and Social Services
- Western Bay of Plenty PHO
- Whakatōhea Māori Trust Board

Many Community Health Providers also deliver out-sourced services for EBPHA and they do a fantastic job meeting specific needs of our population.



SNAPSHOT OF SERVICES

12,180 CONTACTS WITH PATIENTS OR CLIENTS WERE MADE BY STAFF OF EBPHA

- 3,352** visits were made by high school students to School Based Health Service nurses and GPs
- 185** assessments for psycho-social health and wellbeing, hearing, vision, chronic illness was carried out with high school Students by the School Based Health Service
- 818** sexual health consults were carried out by School Based Health Service nurses
- 394** injuries and accidents were treated by School Based Health Service nurses
- 2,324** throat swabs of children were taken by the Kawerau Rheumatic Fever Prevention team
- 1,030** skin assessments of children were carried out and 668 healthy skin packs were given out by the Kawerau Rheumatic Fever Prevention team to prevent serious skin infections from occurring
- 310** children from Kawerau and Whakatāne communities were identified as having a Strep A throat infection and at risk of developing Rheumatic Fever
- 1,834** clients were seen mostly in one-on-one sessions or in group therapy sessions by the Primary Health Counselling service
- 1,506** vaccinations were completed across the Bay of Plenty by the Regional Childhood Immunisation Support Services
- 490** children in rural and isolated communities received their vaccinations from the Outreach Immunisation Service
- 1,418** priority women were screened for cervical cancer by General Practices
- 1,245** vaccinations were given by the Outreach Immunisation Service
- 656** smokers choose to enrol into EBPHA's Hāpainga Stop Smoking Service across the Bay of Plenty
- 175** smokers with a target quit date managed to quit within 4 weeks in EBPHA's Hāpainga Stop Smoking Service: equating to a 57% quit rate
- 611** people were assisted and navigated through EBoP health services by the Integrated Case Management (ICM) services
- 567** clients were seen in one on one sessions or group sessions by Community Dietitians
- 235** people attended long term conditions self-management classes
- 202** minor skin surgeries were carried out by GPs to detect and prevent Melanoma and non-melanoma skin cancer
- 136** visits to patients were made by GPs to manage wound care
- 25** Pacific fānau (families) were supported and navigated through health services by the Pacific Island Community Service. 522 home visits were made, and staff attended 319 meetings with health, community agencies and clinicians in support of families

SERVICE SHOWCASE

KENT ABBOT

Kia ora koutou katoa, my name is Kent Abbot. I was born and raised in Whakatāne with my two brothers and younger sister. I attended Waikato University for six years completing a master's in psychology in 2012 before spending five years in Perth, Australia working in mental health and then two and a half years in Vancouver, Canada. Very glad to be home and have always had the urge to work and support people from our community and surrounding areas.

I feel privileged to be part of the Eastern Bay Primary Health Alliance Team. It is a workplace that I feel very comfortable in being myself, feel very supported and motivated to add to the great work that is already being undertaken. I have found the role of counselling challenging and fascinating. I enjoy the problem solving with our people and exploring what best suits their needs. Knowing I have an incredibly supportive, knowledgeable team around me is invaluable. Breaking down barriers for people to access mental health care and services is a motivation for myself going forward, reaching our remote communities that may be missing out.

The Men's Group, which runs every first and third Tuesday of the month 6pm – 8pm, has been great to be a part of. This space allows men to come together and initiate the content of the sessions themselves. At times we have outside speakers come in to speak on issues the men would like to know more about. The sessions are very informal, and discussions range from the best local fishing spots, suicide, cancer, rugby, alcohol, relationship issues, anger, boxing, and pies. It provides a safe, non-judgemental environment where men can share and connect with others that may be experiencing the same issues they are.



MARINA MAXWELL

My name is Marina Maxwell, and after being away for 8 years, I have recently returned home to Whakatāne to join the counselling team here at EBPHA.

I grew up in Tāneatua with my whānau, and I am the 4th child out of 5. After completing my schooling in Whakatāne, I studied and gained a Bachelor of Occupational Therapy through Otago Polytech for 4 years, with a postgraduate certificate in mental health and addictions. I have now been in the mental health & addiction workforce for around 5 years, and thoroughly enjoy connecting and working alongside people from all different walks of life.

I began my career path in a high and complex needs residential facility in the Waikato, and then went on to complete a new graduate internship at the Tauranga mental health inpatient ward. I discovered I connected better with younger adults and teenagers and pursued a fixed term role at a Kaupapa Māori mental health service for children and adolescents. I continued this pathway and gained a role at Lakes District Health Board in Rotorua as a key worker at the infant child and adolescent mental health community service.

It has been a huge learning curve, and challenge within each role I have had. I have often been the youngest clinician in the team, and with that, seen as the clinician with the least skills and experience.

It has also been a great challenge working in team environments where there is greater emphasis on the medical model rather than the holistic model and approach to client recovery.

My professional and long-term goals was to gain a role in primary mental health, as I felt this is the area where we can make the most difference as clinicians, as there is more space for preventative therapy. Moving back home, joining the team at EBPHA, and serving my home community has been my best move to date. The team truly works from a holistic approach and values the age and life stage of each clinician that works here, drawing out each other's strengths and matching the people we serve to our unique skill sets. Due to this, I have never felt more comfortable and valued in a role before, and this in turn makes me feel very motivated to support our people the best I can. I am excited to be home and excited to see what the future holds.



SERVICE SUCCESSES

OUTREACH IMMUNISATION SERVICE

COVID-19 - KEEP CALM AND KEEP VACCINATING

During COVID-19 lock-down the Outreach Immunisation Team continued as an essential service. Many changes were to ensure the safety of ourselves and the babies, children, hapū mamas and elderly when vaccinating.

Pictured is Nurse Deena Royal working out of our mobile vaccination unit to avoid going into people's homes and bubbles. Clients would come out onto their deck or step to be vaccinated. Some would set up seats outside their homes and we provided little chairs as well if needed.



INTEGRATED CASE MANAGEMENT

NATASHA MANUEL

EBPHA's Integrated Case Management Team support the 9 General Practices in the Eastern Bay of Plenty and their patients who have long term chronic or complex conditions, minimising "did not attend" DNA and increasing Immunisation rates. The service aims to support clients and their whānau, to better self-manage, access supports and services removing any barriers.

ICM CLIENT STORY

John is Māori aged 63 with Type 2 Diabetes and recently had cardiac surgery. Recovery was going well which included healthy eating, walking to the pools, and doing aqua aerobics while attending pulmonary rehab once a week. During COVID lockdown John experienced swelling in his abdomen and increased SOB, his BGL also increased from which was once 4-6 to 21.

With support from his GP, a change in medication and increased BGL monitoring before and after every meal, he was becoming hōha. However, John was able to get a Freestyle Libre Flash Glucose Monitoring System which he trialed for 2 weeks. With his families' support, recording became very easy. He shared the results with his GP who was very excited about this because he was testing more than needed. John said, "Because it didn't hurt, my phone did all the work". Johns BGL also came down through the 2-week trial to 8.

ICM & IMMUNISATION

As a new initiative or addition to ICM contract, ICM are now able to support General Practice to increase their immunisation rate for babies that need to be enrolled at a general practice or book an appointment with GP or receive support from Outreach immunisation service



ICM WELCOME NEW STAFF MEMBER

We would also like to welcome Walter Harawira to our team who joins us 2 days a week. Walter is no stranger to EBPHA, he was with our Hapainga Stop Smoking team for many years. Walters relationship networks and local knowledge will be greatly valued in our team and community

ICM INTERNATIONAL

Presented at the 18th International Conference on Integrated Care, Utrecht, Netherlands 23-25th May 2018, the ICM abstract was nominated and short-listed for an award. ICM placed in the top 6 out of 183 abstracts from around the world with the criteria based on innovation, relevant and impactful. Still today, queries about the ICM model of care are still coming from around the world.

HĀPAINGA STOP SMOKING SERVICE

SHARLENE MARU-HABIB & HAPŪ MĀMĀ PROGRAMME

During the last year, the Hāpainga Stop Smoking Service has seen many changes to the team. They continued to provide a high quality service throughout the year, including during the Covid-19 lockdown period when many of the team members were involved working on the frontline at the Whakatāne CBAC.

One of the new team members is Sharlene Maru-Habib, who has taken up the role of Hapū Māmā Champion. Shar has spent most of her life in Whakatāne and is able to use her invaluable connections to reach out to young māmā locally and support them in starting their quit journey.

Ko Pokaituna te maunga
Ko Ōhinemataroa te awa
Ko Rangimārie te Marae
Ko Ngāti Rarawhati te hapū
Ko Rauporoa te whenua
Ko Ngāti Pūkeko, Ngāti Awa ngā Iwi
Ko Mataatua te waka
Ko Sharlene Maru-Habib tōku ingoa

“Being part of the Hāpainga Team has been rewarding because I can see how I can help whānau QUIT smoking. It’s hard work and takes a lot of support. That is where we, the team, can help.”



The Hapū Māmā programme has now been extended to those caring full-time for tamariki under the age of 3, in line with the First Thousand Days initiative. Those successfully quitting can receive up to \$250 in vouchers. They can also identify a ‘Quit Buddy’ who will receive up to \$150 in vouchers if they also quit.



FINANCIAL STATEMENTS

EASTERN BAY PRIMARY HEALTH ALLIANCE

FOR THE YEAR ENDED 30 JUNE 2020

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DIRECTORY

EASTERN BAY PRIMARY HEALTH ALLIANCE

FOR THE YEAR ENDED 30 JUNE 2020

CHIEF EXECUTIVE	Greig Dean (appointed 13 May 2019)
CHAIRMAN	Ken Whelan (resigned 30 March 2020) Lance McNicholas (interim)
BOARD OF TRUSTEES	Fiona Wiremu (appointed 27 October 2017) Erin Beeler (appointed 25 May 2016) Angela Jackson (appointed 26 September 2012) Linda Steel (appointed 29 July 2010) Shaneen Almond-Simpson (appointed 24 January 2018) Lance McNicholas (appointed 17 April 2019) Dickie Farrar (appointed 17 April 2019) Dr Chris McKnight (appointed 19 June 2019) Dr Niles Giles (appointed 27 April 2020) Amohaere Tangitu (resigned 28 January 2020)
LOCATION	5 Louvain Street Whakatane
BANKER	ASB Bank Limited Shortland Street, Auckland
ACCOUNTANT	Switch Accountants (2017) Limited 22 Louvain Street, Whakatane 3120 New Zealand
AUDITORS	William Buck Audit (NZ) Limited The Kollektive 145 Seventeenth Avenue, Tauranga 3112 New Zealand
SOLICITORS	Burley Attwood Law 41 Monmouth Street, Tauranga 3110 New Zealand

Eastern Bay Primary Health Alliance

Independent auditor's report to the Board of Trustees

Report on the Financial Statements

Opinion

We have audited the financial statements of Eastern Bay Primary Health Alliance (the entity), which comprise the statement of financial position as at 30 June 2020, and the statement of comprehensive revenue and expense, statement of changes in net assets 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 accompanying financial statements give a true and fair view of the financial position of Eastern Bay Primary Health Alliance as at 30 June 2020 and of its financial performance, and cash flows for the year then ended in accordance with Public Benefit Entity International Public Sector Accounting Standards Reduced Disclosure Regime (IPSAS RDR).

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 the entity 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, the entity.

Information Other than the Financial Statements and Auditor's Report Thereon

The Board of Trustees is responsible for the other information. The other information comprises the reports on pages 1 to 25, but does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express any form of audit opinion or assurance conclusion thereon.

ACCOUNTANTS & ADVISORS

The Kollektive
145 Seventeenth Avenue
Tauranga 3112, New Zealand
Telephone: +64 7 927 1234
williambuck.com

William Buck Audit (NZ) Limited

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(WB051_2007)



In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Trustees

The Trustees are responsible on behalf of the entity for the preparation of the financial statements that give a true and fair view in accordance with Public Benefit Entity International Public Sector Accounting Standards, and for such internal control as the Trustees determine is necessary to enable the preparation of the financial statements that is free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Trustees 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 Trustees either intend to liquidate the entity or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements are as a whole 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 economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of these financial statements is located at the External Reporting Board (XRB) website at:

<https://www.xrb.govt.nz/standards-for-assurance-practitioners/auditors-responsibilities/audit-report/8>

This description forms part of our independent auditor's report.

The engagement director on the audit resulting in this independent auditor's report is Richard Dey.

Restriction on Distribution and Use

This report is made solely to the trustees, as a body. Our audit work has been undertaken so that we might state to the trustees those matters which 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 entity and the trustees, as a body, for our audit work, for this report or for the opinions we have formed.

A stylized, handwritten signature of "William Buck" in blue ink.

William Buck Audit (NZ) Limited

Tauranga

13 October 2020

Statement of Comprehensive Revenue and Expenses

Eastern Bay Primary Health Alliance
For the year ended 30 June 2020

	NOTES	2020	2019
Revenue from Exchange Transactions			
DHB Funding		7,993,534	6,732,857
Interest		32,577	40,667
Other Income		23,055	22,912
Total Revenue from Exchange Transactions		8,049,166	6,796,436
Total Revenue		8,049,166	6,796,436
Expenses			
Governance		64,426	73,352
Personnel		2,750,248	3,058,796
Service Delivery		4,275,976	2,933,576
Other Expenses		1,203,152	1,237,059
Depreciation		50,196	45,273
Total Expenses		8,343,998	7,348,054
Total Surplus / (Deficit) for the Year		(294,832)	(551,619)
Other Comprehensive Revenue and Expenses		-	-
Total Comprehensive Revenue and Expenses		(294,832)	(551,619)

Statement of Changes in Net Assets

Eastern Bay Primary Health Alliance
For the year ended 30 June 2020

	2020	2019
Net Assets		
Opening Balance	2,512,564	3,064,183
Decreases		
Deficit for the Year	294,832	551,619
Total Decreases	294,832	551,619
Total Net Assets	2,217,733	2,512,564

Statement of Financial Position

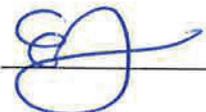
Eastern Bay Primary Health Alliance

As at 30 June 2020

	NOTES	30 JUN 2020	30 JUN 2019
Current Assets			
Cash and Cash Equivalents	5	1,656,601	2,334,131
Term Deposits	6	750,000	750,000
Accounts Receivable	7	892,863	445,919
Other Current Assets		5,104	1,486
Goods and Services Tax		-	44,896
Total Current Assets		3,304,569	3,576,432
Current Liabilities			
Trade Payables and Accruals		1,192,857	1,202,125
Goods and Services Tax		6,451	-
Total Current Liabilities		1,199,307	1,202,125
Working Capital		2,105,261	2,374,307
Non-Current Assets			
Property, Plant and Equipment	8	112,471	138,257
Total Non-Current Assets		112,471	138,257
Total Net Assets		2,217,733	2,512,564
As Represented By:			
Total Equity		2,217,733	2,512,564

Signed for and on behalf of the Board of Trustees who authorised these financial statements for issue on 13 October 2020.


Trustee


Trustee

Cashflow Statement

Eastern Bay Primary Health Alliance For the year ended 30 June 2020

	NOTES	2020	2019
Cash Flow			
Cash Flows from Operating Activities			
Receipts			
Receipts from Non-Exchange Transactions		-	-
Receipts from Exchange Transactions		7,454,237	6,781,486
Goods and Services Tax		-	50,628
Total Receipts		7,454,237	6,832,113
Payments			
Payments to Suppliers		5,367,882	4,403,098
Payments to Employees		2,719,653	3,018,500
Goods and Services Tax		31,033	-
Total Payments		8,118,569	7,421,598
Net Cash Flows from Operating Activities		(664,332)	(589,484)
Cash Flows from Investing Activities			
Receipts			
Interest Received		34,488	45,604
Sale of Property, Plant & Equipment		3,906	975
Total Receipts		38,394	46,579
Payments			
Purchase of Property, Plant & Equipment		51,592	38,038
Total Cash Flows from Investing Activities		(13,198)	8,540
Net Cashflows from Investing Activities		(13,198)	8,540
Net Cash Flows from Financing Activities		-	-
Net Increase/(Decrease) in Cash and Cash Equivalents		(677,530)	(580,944)
Cash and Cash Equivalents			
Opening cash		2,334,131	2,915,075
Cash Movement	5	(677,530)	(580,944)
Closing cash		1,656,601	2,334,131
Net change in cash for period		(677,530)	(580,944)

Notes to the Financial Statements

Eastern Bay Primary Health Alliance For the year ended 30 June 2020

1. Reporting Entity

The reporting entity is Eastern Bay Primary Health Alliance (the "Alliance"). The Alliance is domiciled in New Zealand and is a charitable organisation registered under the Charitable Trusts Act 1957 and the Charities Act 2005.

The financial statements of the Alliance for the year ended 30 June 2020 were authorised for issue by the Board of Trustees on 13 October 2020.

2. Statement of Compliance

The Alliance's financial statements have been prepared in accordance with Generally Accepted Accounting Practise 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, the Alliance is a public benefit not-for-profit entity and is eligible to apply Tier 2 Note-For-Profit PBE 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 according with Tier 2 Not-For-Profit PBE Accounting Standards and in doing so has taken advantage of all application Reduced Disclosure Regime ("RDR") disclosure concessions. This decision results in the Alliance not preparing a Statement of Service Performance for both reporting periods.

3. Changes in Accounting Policies

For the year ended 30 June 2020, there have been no changes in accounting policies.

4. Summary of Accounting Policies

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

Basis of Measurement

These financial statements have been prepared on the basis of historical cost.

Functional and Presentational Currency

The financial statements are presented in New Zealand dollars (\$), which is the Alliance's functional currency. All financial information presented in New Zealand dollars has been rounded to the nearest dollar.

Goods and Services Tax

All amounts are recorded exclusive of GST, except Debtors and Creditors which are stated inclusive of GST.

Revenue

Revenue is recognised to the extent that it is probable that the economic benefit will flow to the Alliance 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 Non-Exchange Transactions

Grants

Grant revenue includes grants given by other charitable organisations, philanthropic organisations and businesses. Grant revenue is recognised when the conditions attached to the grant has been complied with. Where there are unfulfilled conditions attached to the grant, the amount relating to the unfulfilled condition is recognised as a liability and released to revenue as the conditions are fulfilled.

Revenue from Exchange Transactions

Government Contracts Revenue

Government Contracts Revenue are recognised as income to the extent that the services have been provided. At year end, where services have not been provided, the balance of the funds received is held as Income in Advance.

Interest Revenue

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

Financial Instruments

Financial assets and the financial liabilities are recognised when the Alliance becomes a party to the contractual provisions of the financial instrument.

The Alliance derecognises a financial asset or, where applicable, a part of a financial asset or part of a group of similar financial assets when the rights to receive cash flows from the asset have expired or are waived, or the Alliance has transferred its rights to receive cash flows from the asset or has assumed an obligation to pay the received cash flows in full without material delay to a third party; and either:

- the Alliance has transferred substantially all the risks and rewards of the asset; or
- the Alliance has neither transferred nor retained substantially all the risks and rewards of the asset, but has transferred control of the asset.

Financial Assets

Financial assets within the scope of NFP PBE IPSAS 29 *Financial Instruments: Recognition and Measurement* are classified as financial asset at fair value through surplus or deficit, loans and receivables, held-to-maturity investments or available-for-sale financial assets. The classification of the financial assets are determined at initial recognition.

The category determines subsequent measurement and whether any resulting income and expense is recognised in surplus or deficit or in other comprehensive revenue and expenses. The Alliance's financial assets are classified as loans and receivables or as available for sale financial assets. The Alliance's financial assets include: cash and cash equivalents, short-term deposits, receivables from non-exchange transactions, receivables from exchange transactions and investments.

All financial assets except for those at fair value through surplus or deficit 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.

Loans and Receivables

Loans and receivable are non-derivative financial assets with fixed or terminable 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. The Alliance's cash and cash equivalents, receivables from exchange transactions and receivables from non-exchange transactions fall into this category of financial instruments.

Available for Sale Financial Assets

Available-for-sale financial assets are non-derivative financial assets that are either designated to this category or do not qualify for inclusion in any of the other categories of financial assets.

Impairment of Financial Assets

The Alliances assessed at the end of reporting date whether there is objective evidence that a financial assets or a group of financial assets is impaired. A financial asset or a group of financial assets is impaired and impairment losses are incurred if there is objective evidence of impairment as a result of one or more events that occurred after the initial recognition of the assets (a "loss event") and that loss event has an impact on the estimated future cash flows of the financial asset or group of financial assets that can be reliably estimated.

For financial assets carried at amortised cost, if there is objective evidence that an impairment loss on loans and receivables carried at amortised cost has been incurred, the amount of the loss is measures as the difference between the asset's carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. The carrying amount of the asset is reduced through the use of an allowance account. The amount of the loss is recognised in the surplus or deficit for the reporting period.

In determining whether there are any objective evidence of the impairment, the Alliance first assesses whether there are objective evidence of impairment for financial assets that are individually significant, and individually or collectively significant for financial assets that are not individually significant. If the Alliance determines that there is no objective evidence of impairment for an individually assessed financial asset, it includes the asset in a group of financial assets with similar credit risk characteristics and collectively assesses them for impairment. Assets that are individually assessed for impairment and for which an impairment loss is or continues to be recognised are not included in a collective assessment.

If in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed by adjusting the allowance account. If the reversal results in the carrying amount exceeding its amortised cost, the amount of the reversal is recognised in surplus or deficit.

Financial Liabilities

The Alliance's financial liabilities include trade and other creditors.

All financial liabilities are initially recognised at fair value (plus transaction cost for financial liabilities not at fair value through surplus or deficit) and are measured subsequently at amortised cost using the effective interest method except for financial liabilities 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.

Term Deposits

Term deposits which have a term of greater than three months but less than twelve months are treated as short-term investments under current assets and do not fall in to the category of cash and cash equivalents. Term deposits which have a term of greater than twelve months are treated as non-current assets.

Property, Plant and Equipment

Items of property, plant 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. Where an asset is acquired through a non-exchange transaction, its cost is measured at its fair value as at the date of acquisition.

Depreciation is charged on a diminishing value of straight line basis over the useful life of the asset. Depreciation is charged at rates calculated to allocate the cost or valuation of the assets less any estimated residual value over its remaining useful life:

- Plant and Equipment - 13% DV to 40% DV
- Fixtures and Fittings - 10% DV to 40% DV
- Information Technology Equipment - 16% DV to 100% DV

Significant Judgement and Estimates

In preparing the financial statements, the Board of Trustees is required to make judgments, estimates and assumptions that affect the reported amounts of revenue, expenses, assets and liabilities, and the disclosure of contingent liabilities, at the end of the reporting period. The uncertainty from these assumptions and estimates could result in outcomes that may result in a material adjustment to the carrying amount of the asset or liability.

The Alliance bases its assumptions and estimate on parameters available when the financial statements are prepared. However, existing circumstances and assumptions about future developments may change due to the market changes or circumstances arising beyond the control of the Alliance. Such changes are reflected in the assumptions when they occur.

To determine the value in use of Property, Plant and Equipment the Board of Trustees has estimated the useful lives of Plant and Equipment, Fixtures and Fittings and Information Technology Equipment.

Income Tax

Due to its charitable status, the Alliance is exempt from Income Tax.

	2020	2019
5. Cash and Cash Equivalents		
Petty Cash	-	280
ASB Current Account	50,055	70,282
ASB Business Saver 50	995,278	1,661,042
ASB Business Saver 53	611,269	602,527
Total Cash and Cash Equivalents	1,656,601	2,334,131

	2020	2019
6. Term Deposits		
ASB Term Deposit	750,000	750,000
Reported As:		
Current Assets	750,000	750,000
Non-Current Assets	-	-
	2020	2019

7. Accounts Receivable

Accounts Receivable	884,217	435,362
Accrued Interest	8,646	10,557
Total Accounts Receivable	892,863	445,919

8. Property, Plant & Equipment

	Plant & Equipment	Fixtures & Fittings	Technical Equipment	Total
2020				
Opening Balance	24,554	78,947	168,817	272,318
Additions	2,839	0	33,226	36,065
Disposals	(4,200)	(0)	(59,669)	(63,869)
Closing Balance	23,193	78,947	142,374	244,514
Depreciation				
Opening Accumulated	11,970	25,780	96,311	134,061
Depn on Disposals	(2,738)	(0)	(49,476)	(52,214)
Depreciation Charge	2,528	7,924	39,743	50,195
Closing Accumulated	11,760	33,704	86,579	132,042
Closing Book Value	11,433	45,244	55,795	112,472
2019				
Opening Balance	24,554	78,947	124,546	228,047
Additions	0	0	56,155	56,155
Disposals	(0)	(0)	(11,884)	(11,884)
Closing Balance	24,554	78,947	168,817	272,318
Depreciation				
Opening Accumulated	7,942	16,302	76,024	100,268

Depn on Disposals	(0)	(0)	(11,480)	(11,480)
Depreciation Charge	4,028	9,478	31,767	45,273
Closing Accumulated	11,970	25,780	96,311	134,061
Closing Book Value	12,584	53,167	72,507	138,257

9. Related Party

Chris McKnight is a director of McKnight Medical Limited which has been paid \$804,737 in practice payments for the year with an amount owing of \$26,466 (gross) at 30 June 2020. (2019: Paid \$781,864 with amount owing of \$65,143).

Lance McNicholas is a director of McNicholas Medical Limited which has been paid \$nil in practice payments for the year with an amount of \$nil (gross) owing at 30 June 2020. (2019: Paid \$929,346 with amount owing of \$29,248)

Erin Beeler is a director in Eastern Bay Podiatry Limited which has been paid \$109,423 in practice payments for the year with an amount owing of \$10,486 (gross) at 30 June 2020. (2019: Paid \$105,371 with amount owing of \$10,098).

Fiona Wiremu is a director of Whakatane Medical Practice Limited which as been paid \$642,354 in practice payments for the year with an amount owing of \$13,916 (gross) at 30 June 2020. (2019: Paid \$555,610 with amount owing of \$68,308)

Linda Steel is a trustee of Te Ao Hou Trust which has been paid \$170,100 in practice payments for the year with an amount owing of \$16,301 (gross) at 30 June 2020. (2019: Paid \$166,890 with amount owing of \$15,984).

Dickie Farrar is a director of Te Pou Oranga O Whakatohea Limited which has been paid \$62,505 in practice payments for the year with an amount of \$nil (gross) owing at 30 June 2020. (2019: Paid \$11,300 with amount owing of \$58). Whakatohea Health Centre is a service being delivered on behalf of Te Pou Oranga O Whakatohea Limited which has been paid \$991,745 for the year with an amount of \$94,656 (gross) owing at 30 June 2020. (2019: Paid \$834,739 with amount owing of \$77,447). Dickie Farrar is also CEO of Whakatohea Maori Trust which has been paid \$3,092 in practice payments for the year with an amount of \$2,538 (gross) owing at 30 June 2020. (2019: Paid \$1,424 with amount owing of \$1,272).

No related party debts have been written off or forgiven during the year.

Key Management Personnel

The key management personnel, as defined by PBE IPSAS 20 Related Party Disclosures, comprises of the Board of Trustees, the Chief Executive Office and the Business Manager. The aggregate remuneration of key management personnel and the number of individuals, determined on a full-time equivalent basis, receiving remuneration is as follows:

	2020	2019
Key Management Personnel Remuneration		
Total Remuneration	333,838	453,336
Number of FTE's	2	2

10. Categories of Financial Assets and Liabilities

The carrying amounts of financial instruments presented in the statement of financial position relate to the:

	2020	2019
Financial Assets		
Loans and Receivables	892,863	445,920

Financial Liabilities		
At Amortised Cost	1,054,809	1,202,125

11. Capital Commitments

There are no capital commitments to capital purchases at balance date. (2019: \$Nil).

12. Contingent Assets and Liabilities

The trustees are not aware of any contingent assets or liabilities at balance date. (2019: \$Nil).

13. Events after the Reporting Date

The Board is not aware of any matters or circumstances since the end of the reporting period, not otherwise dealt with in these financial statements that have significantly or may significantly affect the operations of the Alliance. (2019: \$Nil).

	2020	2019
14. Commitments Under Non-Cancellable Operating Leases		
Not later than one year	61,845	253,148
Later than one year and not later than five years	51,744	616,798
Later than five years	-	-
Total Commitments Under Non-Cancellable Operating Leases	113,589	869,946

	Rental Time Remaining	Monthly Rate
Lease of Property		
Photocopier	24 months	\$1,366.00
Vehicles		
KFS50	3 months	\$377.09
KQC994	9 months	\$377.50
KTZ988	12 months	\$356.21 to 30/9/20, then \$393.11
LLK985	12 months	\$926.77
LZR783	33 months	\$217.03 to 7/2/21, then \$209.68 to 7/2/22, then \$225.86
MHG78	24.5 months	\$494.54 to 25/7/22, then \$413.30
MHG79	24.5 months	\$494.54 to 25/7/22, then \$413.30
MHG80	24.5 months	\$494.54 to 25/7/22, then \$413.30
MTK455	33.5 months	\$525.15 to 25/3/23, then \$86.27

The total cost of leases during the year is \$273,154 (2018: \$286,109) and is included in other expenses.

The property leased at 5 Louvain Street, Whakatane was sold in June 2019 and there is currently no lease agreement with the new owners. As such, the commitments under non-cancelable operating leases is less this year.

15. Revenue from Exchange Transactions

In accordance with PBE IPSAS 9 amounts collected on behalf of third parties are not recognised as revenue. The amounts collected and paid on behalf are:

	2020	2019
Revenue from Exchange Transactions		
Capitation	6,578,679	6,001,896
Rural After Hours	84,271	82,626
Rural Primary Health Care Premium	335,340	328,797
Total Revenue from Exchange Transactions	6,998,290	6,413,319



EASTERN BAY PRIMARY HEALTH ALLIANCE

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