

2021
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**

CHAIR'S REPORT

FIONA WIREMU



E ngā reo karangaranga, tēnā koutou.

Tēnei te mihi atu i runga i ngā manaakitanga a tō tātou Kaihanga.

Ka mihi atu hoki ki ō tātou tini mate huri noa i o tātou marae, koutou o te ao mānea kua wehe atu nei ki te pō uriuri ki te pō tangotango, haere, haere, whakangaro atu rā.

Ka hoki mai kia tātou te hunga ora, tēnā koutou, tēnā koutou, tēnā tātou katoa.

On behalf of the Eastern Bay Primary Health Alliance (EBPHA), I wish to acknowledge the immense efforts undertaken by the Board, CEO, staff, general practices, health providers, partners, stakeholders, and communities within the Eastern Bay of Plenty (EBOP) during a year of challenges, but also the year we strove together to attain positive outcomes.

The EBPHA remains committed to intervening in the health inequities within the EBOP, while ensuring accessible and quality services are provided. This summary offers a selection of activities that have impacted or influenced the EBPHA during the past financial year.

COVID-19 RESURGENCE

The ongoing presence of COVID-19 meant most of our contracted services were able to move online with minimal disruptions or continue in-person within the Alert Level restrictions. The COVID resurgence plan was implemented efficiently and effectively when alert levels changed within this current financial year. As an essential service provider, the EBPHA has continued to strengthen our partnerships within the community and with the Bay of Plenty District Health Board (BOPDHB) to deliver COVID testing and vaccinations. We remain committed to the Government strategies.

HEALTH & DISABILITY REFORMS

A BOPDHB two-PHO policy was voided as the 2020 Health and Disability System Review / Hauora Manaaki Ki Aotearoa Whānui recommendations were being considered by the Minister of Health. The review signalled a new model of care was needed to address the systemic structural inequities within the health sector. In 2021, the Health and Disability Transition Unit proposed a new vision that would build upon four priorities: People-centred, Equitable, Accessible and Cohesive to improve the health and wellbeing of all New Zealanders. The reforms provided insights into the role of Health New Zealand and the Māori Health Authority in addition to regional and district systems and models. The EBPHA supports the intentions of the reform and equity provisions so that the EBOP and all New Zealanders may enjoy health equality.

LOCALITY-BASED MODEL

The fundamental drivers for a locality-based model in the EBOP is to provide an integrated and coordinated model of care between primary and secondary services with the intention of serving the needs of its population. This patient centred focus, innovative and sustainable care model will support clients and their families towards being healthy. The model will create efficiencies within the EBOP health sector, and ensure funding is targeted to address health priorities. The EBPHA has undertaken to work with the BOPDHB to explore the potential benefits of this model.

INTEGRATED SERVICES

A priority of the EBPHA is to collaborate with partners and implement effective and integrated models that will benefit its communities. The EBPHA has established relationships with the hospital, general practices and local health providers to support the delivery of healthcare across the region. The EBPHA was awarded the Southern Cross Health Insurance Primary and Secondary Integration Award at the New Zealand Primary Healthcare Awards in 2021.

The Integrated Primary Mental Health & Addiction Service described elsewhere in this report is an example of working collaboratively across PHO's. A Memorandum of Understanding with the Western Bay of Plenty Primary Health Organisation (WBOPHO) is a commitment by the EBPHA to deliver services such as Chronic Obstructive Pulmonary Disease Management, Diabetes self-management classes, Retinal Screening, Podiatry Services, Clinical Nurse Specialist Diabetes, Dietitian Services, EBOP Pacific Island Community Services and Precondition Interventions to its EBOP population, regardless of which PHO the general practice and their clients are registered with. The significance of this initiative is that the EBPHA has continued to serve the population of the EBOP, a strategic step towards a locality-based model.

In addition to its 22 contracted services, the EBPHA funded the delivery of Green Prescription and Minor Skin Surgery as two services of need that would benefit our communities as identified by health clinicians from within our 9 general practices.

TRUST DEED

The Board finalised its review of the Trust Deed to ensure it is fit-for-purpose, compliant to its legislative mandate and reflective of its commitment to serve our communities of interest. A rigorous process was undertaken to ensure the deed set out the conditions in which the governance would serve the communities of the EBOP.

ACKNOWLEDGEMENTS

On the 1 July 2020, the Board confirmed the appointment of Mr Greig Dean as CEO who had previously held the role in an acting capacity. Mr Dean's proven expertise and knowledge within business and the primary health sector ensures the organisation has remained agile during the uncertainties of COVID-19 and managed the implementation of several key initiatives discussed further within this report.

Dr Cecile De Groot of the Riverslea Medical Centre in Edgecumbe was appointed as a Trustee in August 2020. Alongside Dr's Chris McKnight and Nigel Giles, the complement of medical professionals to the Board instils clinical expertise to inform the decisions of the Board.

At the November 2020 AGM, Mr Lance McNicholas was confirmed as the Chair of the EBPHA. Mr McNicholas held the Interim Chair role upon the departure of Mr Ken Whelan. On behalf of the Board, I would like to acknowledge Mr McNicholas for his commitment and contribution to EBPHA. We wish him well in his future endeavours.

In March 2021, Linda Steel who is an Iwi Representative on our Board was elected as Chair of the Rūnanga Hauora Māori o Te Moana a Toi (Bay of Plenty Māori Health Runanga). Linda has extensive networks across the Eastern Bay of Plenty and is a recognised health champion and advocate, Well done!

FINANCIALS

A deficit of \$190,936 was returned against a healthy working capital and positive net equity for the year ended 30 June 2021. This result included the services funded directly by EBPHA, noted throughout this report to benefit the needs of our communities.

CONCLUSION

The EBPHA has overcome local, regional, and national disruptions to emerge wiser and stronger, with a renewed focus to provide the best care and support for our EBOP communities. Our commitment to implement initiatives is recognised within the financial section of the report. The courage and perseverance of our CEO, staff, general practices, health providers, partners, stakeholders, and communities are a testament of your commitment to better health within the EBOP. With the deepest respect I acknowledge the Board, CEO and staff for their leadership, skills, expertise and dedication to the strategic intentions and values of the EBPHA.

Finally, to our clients, partners, stakeholders, and communities. I want to thank you for being a part of EBPHA, for helping us to serve you better and be better.

Nō reira, tēnā koutou, tēnā koutou, tēnā tātou katoa.



Fiona Wiremu
Chair (interim)

CHIEF EXECUTIVE'S REPORT GREIG DEAN



WELCOME TO OUR 2020-21 YEAR IN REVIEW.

I would firstly like to acknowledge and congratulate our PHO staff and member practices along with other allied organisations (medical and voluntary) that responded quickly, worked tirelessly and selflessly during the past year. Thank you also to our Board and our Clinical Governance Committee for their commitment and attendance.

The current environment has forced many of us to re-evaluate priorities, ways of working and find solutions to the challenges. Change and upheaval is inevitable, but it is how we have, and continue to respond to change and the opportunities it brings, that ensures our continued success.

As we enter another year, which is likely to encounter significant shifts in health policy and governance, we must remember that the greatest opportunity is to improve patient experience. We must deliver greater efficiency, value, and equity from health delivery systems in the Eastern Bay aimed at addressing the fragmentation of existing services that support our locality of 55,000.

AWARDS SUCCESS

It was a huge honour to win the 'Southern Cross Health Insurance Primary and Secondary Integration Award' category at the Primary Healthcare Awards after being a finalist last year in the "Best Mental Health Programme".

The award recognises the success of a project or initiative that is a direct result of a primary and secondary care collaboration and can demonstrate:

- patient centred focus,
- innovation,
- sustainability, and
- a positive impact on health equity.

Such initiatives include the pilot Cellulitis-MRSA Star Pathway programme, which is a collaboration between EBPHA and the Whakatāne hospital. The aim is to reduce hospital admissions of Cellulitis patients by accessing free treatment at their general practice. Members of the ICM team have also been involved in the National Bowel Screening workstream, and their role is to advocate equitable engagement and outcomes for the Māori communities.

It was a wonderful acknowledgement of the innovative mahi that goes on every day in the Eastern Bay of Plenty as we strive to provide a single, cohesive health service for our community of 56,000.

HEALTH AND DISABILITY REVIEW

Central to the report's recommendations is an acknowledgement that the current health service is overly complex to navigate as a service user and has inequitable outcomes since the last reform in 2000. Specifically, the needs of Māori, Pacific, disabled people, and rural communities, along with some other population groups, must be addressed as these groups currently experience significant health disparities.

We have always acknowledged that we require a paradigm shift to solve the problem of managing diverse patient demands given limited resources. The following have been identified as key drivers in the EBPHA approach and philosophy

- Improved integration (primary/secondary)
- Improving efficiency and utilisation of the Eastern Bay healthcare workforce
- A patient and equity centric philosophy
- Account management model for General Practice
- Single shared care patient record
- Redesign the Eastern Bay model of care to integrate and coordinate existing services and minimise duplication.

Several separate influences are potentially converging to make further integration a possibility:

- Better understanding of the nature of the population and health needs currently served by secondary and specialist funded community services.
- The support of Bay of Plenty District Health Board (BOPDHB) leadership.
- The Health and Disability Review recommendations.
- Ministry policy direction supporting the implementation of stepped care and the greater role of integrated primary/community-based health services.
- Potential of greater flexibility in mental health funding with an integrated approach

With the re-emergence of COVID-19, the PHA and practices across the Eastern Bay have again, demonstrated their flexibility and commitment. Helped by previous experience, and with phone and video consultations an increasing part of 'business as usual'.

NEW KPI FRAMEWORK

A new Key Performance Indicators (KPI) framework has been developed to provide insight into service performance and workload within the EBPHA.

Eastern Bay Primary Health Alliance (EBPHA) as a Primary Health Organisation (PHO) provides essential primary health care services for general practices and the purpose of this monthly report is to provide EBPHA's Management and Board with readily available Key Performance Indicators (KPI) examining performance of services, service outcomes and workload via referrals.

The objective is to observe, analyse, optimize, and transform our healthcare processes to increase satisfaction for both patients and healthcare providers alike.

INTEGRATED PRIMARY MENTAL HEALTH & ADDICTION SERVICE

This joint proposal represents the collaboration and partnering of all three Primary Health Organisations (PHO) within Te Moana a Toi (Bay of Plenty), these are Western Bay of Plenty Primary Healthcare Organisation (WBOPPHO), Eastern Bay Primary Health Alliance (EBPHA) and Ngā Mataapuna Oranga (NMO).

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

The three PHOs have committed to meet the health disparities of their communities either in partnership with others or as separate entities for several years facilitating the needs for the population that resides in one of the largest and complex geographical regions within New Zealand. It's through this commitment the three PHOs established the Integrated Primary Mental Health & Addiction Service (IPMHAS) 'Collective' understanding that their collective understanding of primary care within their rohe would make the largest impact for those experiencing and living with mild – moderate levels of distress.

In closing, I wish to thank the people we support and their whānau for allowing us to be a part of their lives. I also wish to thank our Board for their commitment to ensuring we're focused on what matters – sustainable pathways for the people we support and whānau. Thanks also to the Executive Team and our staff for the work they do to ensure people are supported to achieve lives of their choice.



Greig Dean
Chief Executive

GOVERNANCE

EBPHA has very effective governance structure consisting of the EBPHA Board which consists of a deputy Chair and eight Trustees. Recruitment is underway for an independent Chair. Our board includes Clinicians, local Iwi and community representatives; all with varying backgrounds and skills.



FIONA WIREMU

Chair (interim)



LINDA STEEL

Iwi Representative



ANGELA JACKSON

Community Representative



**SHANEEN
SIMPSON-ALMOND**

Iwi Representative



DICKIE FARRAR

Iwi Representative



ERIN BEELER

Clinical/Community Representative



CHRIS MCKNIGHT

Clinical Representative



CECILE DE GROOT

Clinical Representative



NIGEL GILES

Clinical Representative

STRATEGIC INTENTIONS 2018–2022

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

55,950
PEOPLE



WE SERVE AN ENROLLED
POPULATION OF

29,420
PEOPLE IN 9 PRACTICES



56%
IDENTIFY AS
HAVING MĀORI
ETHNICITY

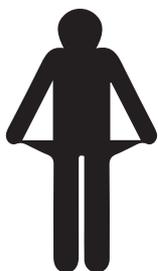
35%
UNDER
TWENTY FIVE



19%
SIXTY FIVE
PLUS

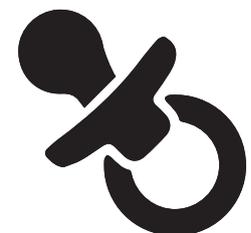


73%
CLASSIFIED AS
HAVING HIGH
HEALTH NEEDS



56%
LIVE IN
DEPRIVED
CIRCUMSTANCES

717
BABIES WERE
BORN IN THE
EBOP



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 thank General Practice and staff for their hard work and dedication throughout what has been another very busy year. It is very much appreciated by EBPHA and the wider Eastern Bay community.





**TOI ORA
HEALTH LTD**

**WHAKATŌHEA
HEALTH CENTRE**



**RIVERSLEA MEDICAL
CENTRE**



**TARAWERA
MEDICAL CENTRE**



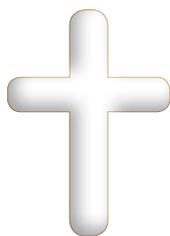
PROGRAMMES TO IMPROVE ACCESS (PIA)

The EBPHA continues to support General Practice and their patients through the provision of PIAs.

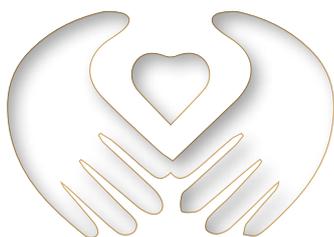
OVER 20,030 FINANCIAL CLAIMS WERE MADE BY GENERAL PRACTICES FOR THE VARIOUS PROGRAMMES. THIS WAS A 11% INCREASE FROM THE PREVIOUS YEAR.

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)



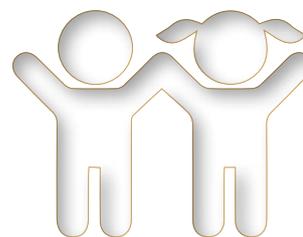
PALLIATIVE CARE



CARDIOVASCULAR RISK ASSESSMENT



SMOKING CESSATION SUPPORT



YOUTH HEALTH CHECK



CERVICAL SCREENING



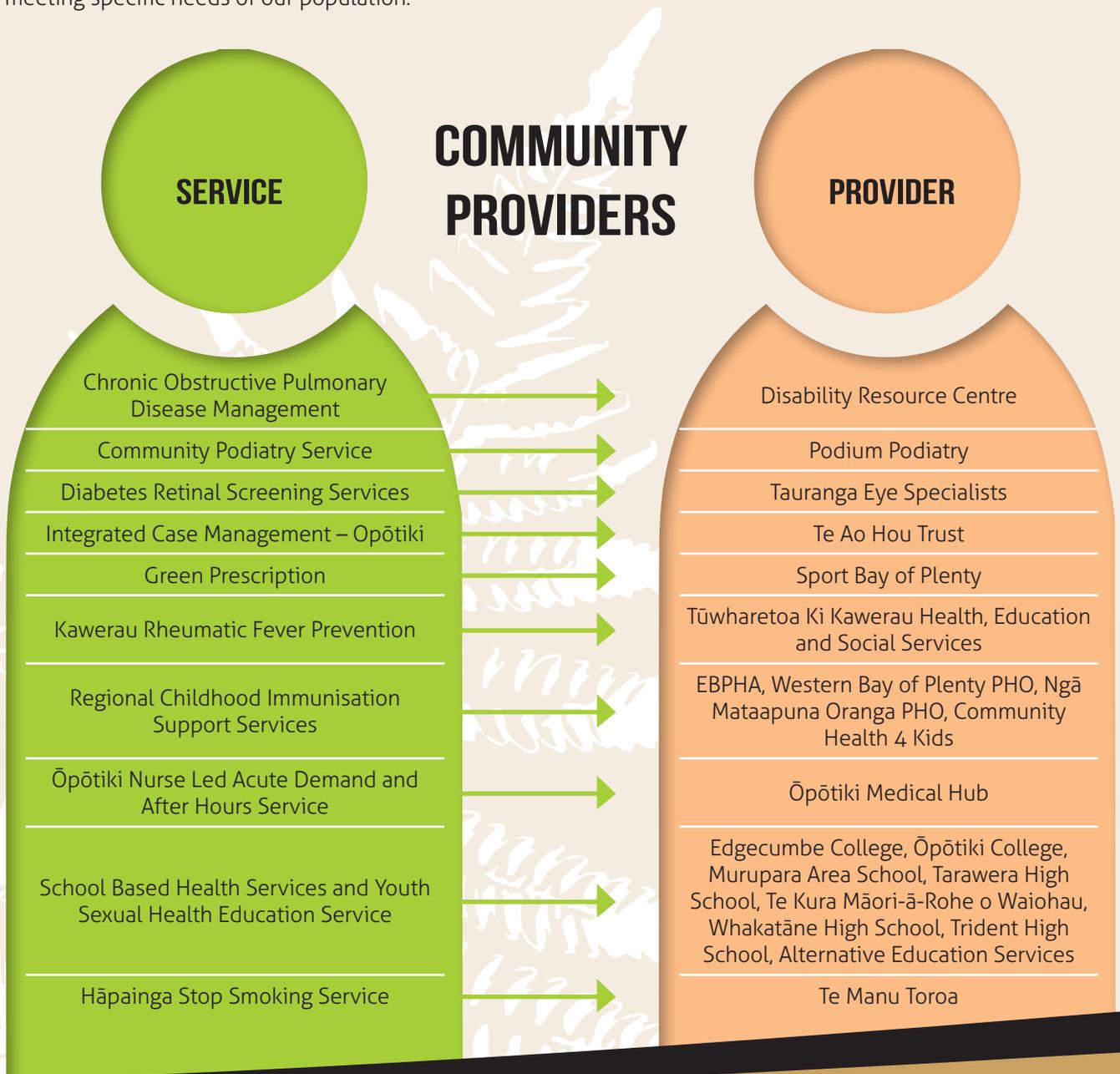
COMMUNITY SERVICES

The EBPHA delivers 22 contracted health services across the Eastern Bay of Plenty to approximately 55,000 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
- Te Manu Toroa
- 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

12,204	CONTACTS WITH PATIENTS OR CLIENTS WERE MADE BY STAFF OF EBPHA
4,524	visits were made by high school students to School Based Health Service nurses and GPs
338	assessments for psycho-social health and wellbeing, hearing, vision, chronic illness was carried out with high school Students by the School Based Health Service
2,165	sexual health consults were carried out by School Based Health Service nurses
546	mental health consults were carried by School Based Health Service nurses
1,732	throat swabs of children were taken by the Kawerau Rheumatic Fever Prevention team
721	skin assessments of children were carried out and 576 healthy skin packs were given out by the Kawerau Rheumatic Fever Prevention team to prevent serious skin infections from occurring
175	children from Kawerau and Whakatāne communities were identified as having a Strep A throat infection and at risk of developing Rheumatic Fever
1,929	clients were seen mostly in one-on-one sessions or in group therapy sessions by the Primary Health Counselling service
1,139	vaccinations were completed across the Bay of Plenty by the Regional Childhood Immunisation Support Services. A total of 2,279 vaccinations were given
500	children in rural and isolated communities received their vaccinations from the Outreach Immunisation Service (OIS). A total of 1,055 vaccinations were given by OIS staff
1,612	retinal screenings with EBoP diabetic clients carried out by Tauranga Eye Specialists
1,362	priority women were screened for cervical cancer by General Practices
675	smokers enrolled into EBPHA's Hāpainga Stop Smoking Service across the Bay of Plenty
193	smokers managed to quit within 4 weeks in EBPHA's Hāpainga Stop Smoking Service: equating to a 69% quit rate
62	pregnant smokers enrolled into EBPHA's Hapū Māmā service. 29 smokers managed to quit within 4 weeks: equating to a 82% quit rate
711	people were assisted and navigated through EBoP health services by the Integrated Case Management (ICM) services. Of those 192 were patients with serious skin infections such as cellulitis
1,406	cellulitis treatments were carried out by General Practices
633	clients were seen in one-on-one sessions or phone sessions by Community Dietitians
206	high-risk diabetic patients were referred to Podium Podiatry and seen for Podiatry treatment
196	people attended Diabetes self-management classes
187	minor skin surgeries were carried out by GPs to detect and prevent Melanoma and non-melanoma skin cancer
86	youth were seen by Youth Sexual Health Education Services
27	Pacific fānau (families) were supported and navigated through health services by the Pacific Island Community Service. 324 home visits were made, and staff attended 324 meetings with health, community agencies and clinicians in support of families

COMMUNITY SERVICE AWARD RECIPIENT DR. RACHEL SHOULER



We are very pleased to support the nomination of Dr Rachel Souler for the Community Service Award. Rachel has been an integral part of the Covid-19 response in the Eastern Bay of Plenty, supporting the primary care response.

In March 2020 Rachel was thrust into the role of Clinical Lead for the Eastern Bay, overseeing the stand-up of the Community Based Assessment Centre (CBAC), liaising closely with the wider BOP Emergency Operations Centre and General Practice. Rachel was the hands-on clinical lead at the CBAC, initially being part of the Assessment team staffed by General Practitioners and Medical Officers, assessing members of the public for Covid related symptoms.

She was responsible for ensuring clinical standards were adhered to and that the swabbing was undertaken in as efficient and effective manner. The Whakatāne CBAC successfully relieved the pressure on General Practice allowing them to focus on their patients' other needs. Rachel's role was replicated again with the resurgence of needs for swabbing in August 2020 and February 2021.

Rachel's generosity and respect for her Primary Care colleagues was demonstrated by her initiative encourage the medical fraternity to donate to a give a little page to fund massage vouchers for Nurses and Health Care Assistants who worked at the CBAC.

Rachel as well as being a GP at Tarawera Medical Centre is Clinical Director at Eastern Bay Primary Health Alliance and EBOP GP liaison for Bay of Plenty District Health Board.

Rachel is constantly reviewing programmes to rolled out to primary care and takes on a very strong advocacy role to ensure the Eastern Bay of Plenty and Primary Care are not overlooked by the BOPDHB machine.

A very successful programme that Rachel helped develop is the cellulitis pilot, whereby patients who are discharged from ED, with cellulitis receive one of 11 blister packs of antibiotics and a follow up by the EBPHA ICM team to encourage the patient to elevate the affected limb and revisit their GP in 2-3 days. Its early days with this pilot but it is looking to be very successful in reducing re-admittance to hospital.

In addition to all this Rachel also schedules and convenes continuing education CME & CNE for primary care in the EBOP, this has been particularly relevant for the roll-out of Iron Infusions, Gynaecology training for ring pessaries. Rachel has also agreed to provide oversight for three nurses who are undertaking the Nurse Prescribers training, two from our School based Health Service and one from an Iwi Alliance member.

INTEGRATED CASE MANAGEMENT NEW ZEALAND PRIMARY HEALTHCARE AWARDS - WINNERS

THE ICM TEAM WON THE SOUTHERN CROSS HEALTH INSURANCE PRIMARY AND SECONDARY INTEGRATION AWARD AT THE PRIMARY HEALTHCARE AWARDS.

The award recognises the success of a project or initiative that is a direct result of a primary and secondary care collaboration and can demonstrate: a patient centred focus, innovation, sustainability, and a positive impact on health equity. Such initiatives include the pilot Cellulitis-MRSA Star Pathway programme, which is a collaboration between EBPHA and the Whakatāne hospital.

The aim is to reduce hospital admissions of Cellulitis patients by accessing free treatment at their general practice. Members of the ICM team have also been involved in the National Bowel Screening workstream, and their role is to advocate equitable engagement and outcomes for the Māori community.



SERVICE SUCCESSES

DIETITIAN SERVICE

The dietitian service comprises of Brooke and Brittany who have both grown up in Whakatane. We provide dietetic support for individuals and groups throughout the Eastern Bay of Plenty from Te Kaha to Edgecumbe. We work based out of our offices, in community buildings and medical centres across the Eastern Bay.

Our dietitians work with patients with prediabetes, Type 2 Diabetes, high cholesterol and individuals or whanau wanting support for healthy eating and lifestyle change.

They also conduct group education sessions throughout the Eastern Bay. Educational group sessions include COPD groups run through the Disabilities Resources centre, nutrition education groups for Pou Whakaaro (an organisation that provides support for people with disabilities and mental health and addiction issues), and diabetes education groups with Tuhoe Hauora.

The service delivered by the dietitians has a very patient centred and holistic approach, focussing on each person's social supports, mental and emotional wellbeing, physical health and abilities and offering tailored solutions, support and advice to help their motivation and change their dietary habits and consumption patterns.

We work with patients to support them towards their goals and provide a judgement free service, whilst working within their financial constraints, personal preferences, and cultural and religious beliefs.



Our dietitians are ably supported by Julie-Ann and Whakairi, who carry out the essential administrative work needed for this service to run.

Julie-Ann works provides support for individual clinics contacting patients for appointments and liaising with practice managers and other clinic locations to book clinics across the Eastern Bay.

Whakairi provides support for the Diabetes Self-Management classes by booking rooms, contacting patients via letters and phone calls and sending discharge letters to the general practices.

Both Julie-Ann and Whakairi are an integral part of the service and enable the dietitians to spend more time with patients and less time on administration tasks.

Patients' feedback has been very positive for individual consults and group session setting. Feedback includes big statements such as "you have changed my life" and "I couldn't have done this without you".

Patients are very appreciative of the information they have received and feel valued as a person rather than being judged. Many patients have referred friends to the service as they were grateful for the education and support received.

SOME OF THE SUCCESSES, PATIENTS HAVE REPORTED ARE:

- An improved relationship with food
- Breaking the food restriction and binge cycle
- Learning not to judge themselves by what they eat
- learning to enjoy all foods as part of a healthy balanced diet
- reducing their HbA1c from the diabetic range to prediabetic or the normal HbA1c range
- reduced cholesterol levels closer to normal range
- significant weight loss of 15kg - 20kg over a year
- reducing their blood pressure from a very high to within normal ranges
- improved physical activity
- increased vegetable intake; and
- decreased processed foods and takeaways eaten.

OUTREACH IMMUNISATION SERVICE

THE CHILDHOOD IMMUNISATION OUTREACH TEAM AND SERVICE HAS EXPANDED.

Kaye Potter has been employed as a casual vaccinator to extend coverage and cover leave. Kalaya Arbuckle has also joined to support the Immunisation advocate role by assisting with bookings, outreach services, administration and processing referrals from practices, community and health service providers as well as self-referrals.

Having more staff enables the outreach service to extend delivery to three days a week to cater for the increasing number of referrals for immunisation.

To help our people access Childhood immunisation services outside of normal GP working hours, we now offer an Immunisation clinic running twice a month from 2.30pm to 6.00pm at EBPHA in Whakatāne.

These clinics are becoming known and attendances to booked appointments are increasing. This is a positive outcome; we are looking to expand clinics to the wider community in the coming months.

We are also out and about far more educating and advocating about immunisation. We are now doing regular Marae visits where we support childhood immunisations, influenza, MMR catch ups, Flu vaccinations as well as promoting our childhood immunisation outreach clinics. The COVID- educator facilitator for the Bay of Plenty Lisa Sillars also joins us to discuss COVID-19 concerns.

We are proactively working with all iwi organisations to provide education on the importance of immunising and to raise awareness through positive messaging. We are carrying out education sessions with Mama Pēpē at Plunket and with Teen Parent units to address any concerns or questions they may have and to direct them where to find information to learn more.

The team also has regular bookings and visit to Nga Tamariki o te Kohu Kohanga Reo – Ruatoki Kohanga Reo for childhood immunisations.



OUTREACH IN ALL WEATHER, LOCATIONS WITH GUMBOOTS!

Outreach Immunisation takes place in all locations and weather conditions. The team are often challenged to get babies immunised. Some visits require four-wheel drive vehicles, gumboots and wet weather gear.

Some whanau live in remote, hard to reach locations which makes contacting them difficult at times with poor cell phone coverage and sometimes difficult places to get to. Sometimes the best way is to drive there and knock-on doors when we have been unable to contact them by other means.

This winter has seen a lot of reschedules due to babies becoming unwell with the outbreak of RSV disease. Sometimes the valiant outreach team had to turn back due to some locations and roads being inaccessible with flooding.

During COVID-19 lockdown this year, the team has borrowed the BoPDHB's Mobile Ear Clinic van to deliver mobile vaccination clinics to outlying remote areas and families.



SCHOOL BASED HEALTH SERVICE

SCHOOL BASED HEALTH SERVICE (SBHS) IS PREDOMINANTLY A NURSE LED SERVICE, SPECIALISING IN MEETING YOUNG PEOPLES' HEALTH NEEDS BY PROVIDING A HOLISTIC/ WELLNESS CENTRED APPROACH WITHIN THE SCHOOL SETTING.

Currently SBHS Nurses are servicing ten schools including Alternate Education facilities and Teen Parent Units in the Eastern Bay of Plenty (EBoP).

3,253 Students or 95.1% of the total EBoP students eligible have access to a school nurse.

This financial year, the hard-working school nurses had 4,524 consults with students. With servicing more schools and students being back at school after the first COVID-19 lockdown, this is a 35% increase in consults for a 10% increase in the number of students having access to SBHS. Many of the consults are about sexual health, mental health and wellness generally.

From an equity of access perspective, the majority of students seen are Māori (67%) and the majority are in lower decile schools (69% in Education Deciles 1 to 3). This is particularly important as many students and their whanau are experiencing significant economic and social hardships with the impact of COVID-19 and general poverty of the EBoP.

Some schools have seen students academically disadvantaged due to lack of access to devices or internet for virtual schooling during prolonged lockdown last year. Schools, counsellors and SBHS are increasingly providing a safe environment for at risk students and those suffering from mental distress to discuss their issues and health concerns.

The SBHS team has seen some changes in staff during this time, due to maternity leave and staff relocating after two years of stability.

From Left: Kerry Blackmore (Trident High School), Nicky Tarbotton (EBPHA Youth Health Lead), Savana Ward (Opotiki College), Ani Tai (Tarawera High School) and Leah Dixon (Whakatāne High School).

Absent is Shannon Murdoch (Edgecumbe College) and Debi Hocart (Opotiki college).



TE HĀPAI Ō — EDGECUMBE COLLEGES' TE PŪ WAIORA TAIRUA STUDENT WELLNESS HUB

SBHS Nurse Shannon Murdoch was very pleased to be involved with Edgecumbe College new Student Wellness Hub Te Hāpai Ō, helping create the best space possible for Students. SBHS nurses and Youth Health Lead joined Edgecumbe College staff and guests for the Pouwhiri opening the new College Hauora Building- Te Hāpai Ō. The new building was opened by Matua Butch Hakiaha, who challenged us to “lift everything to all levels and to lift total wellbeing in all entirety to a new level” with the ethos below:

**“TE AMORANGI KI MUCI”
(SPIRITUAL THINGS FIRST)**

**“TE HĀPAI Ō”
(PHYSICAL THINGS LATER)**

The new space has risen out of the ashes of one of the condemned buildings post flooding brought off the Ministry of Education for \$1 by the school. Te Hāpai Ō contains a classroom, a meeting space for external services to meet with students or staff, Careers & Guidance, School Counsellor and School Nurse clinic and sickbay within the one location.

This new site and building overcomes issues of student access and confidentiality to health services as the previous clinic was placed with five meters of the school reception and main staff thoroughfare.

*School Nurse Shannon Murdoch and
Principal Mike Schumaker at the opening of Te Hāpai Ō*



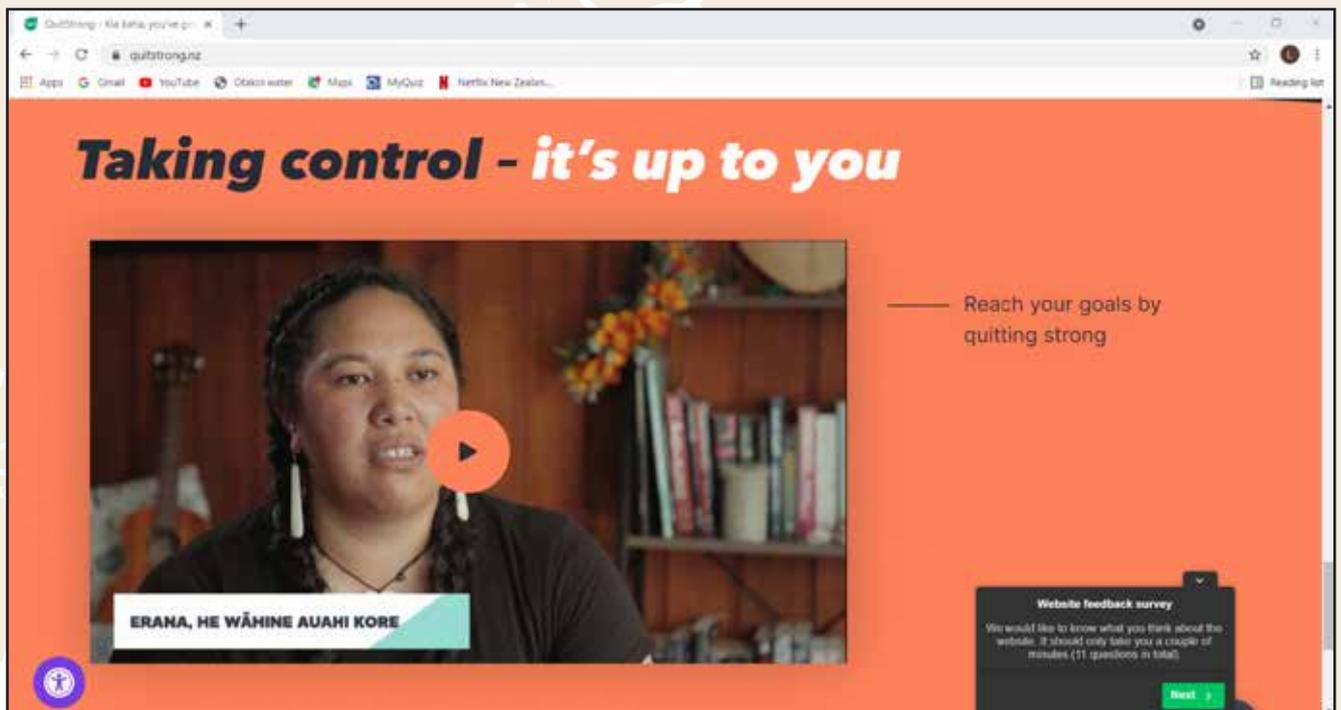
HĀPAINGA STOP SMOKING SERVICE

WWW.QUITSTRONG.ORG.NZ

During the last year, the highlight for the Hāpainga Stop Smoking Service has been two team members having beautiful, healthy baby girls. We have also had the privilege to meet many new pēpi that have been born to a smokefree environment as Māmā has successfully quit smoking with the service.

The high quality support offered by Hāpainga has been recognised by Te Hiringa Hauora (Health Promotion Agency). Clients shared their Quit journeys as part of the national Quit Strong campaign to encourage more young wāhine Māori to become Smokefree.

The videos can be found at www.quitstrong.org.nz



HĀPAINGA ALSO WELCOMED A NEW TEAM MEMBER: FAITH TAHURI

**KO TITIRANGI TE MAUNGA
KO WAI AU TE AWA
KO WAITEKAURI TE WAKA
KO NGAI TAMATERANGI TE HAPU
KO NGATI KAHUNGUNU TE IWI
KO FAITH TAHURI AHAU.**

**“HE AO TE RANGI KA UHIA, MA TE HURUHURU TE
MANU KA RERE”**



Kia Ora My name is Faith Tahuri. I am a 27 year old mother of three. I was born and raised in Whakatāne, some people know me as Pono. I attended Apanui ki Whakatāne Kohanga Reo, Te Kura o te Paroa, James Street School, Whakatāne Intermediate and Trident High School. My mother is Jo-anne Ramanui and my Father is Lum Tahuri – both work in roles that support the community.

My life into smoking began when I dropped out of high school at 15 and moved away to a small rural town to work as a wool handler in the shearing sheds. It wasn't the best environment for making good lifestyle choices. Two years later I became a young solo teen mum and got my A into G. I have been smokefree now for 10 years.

I was fortunate enough to be given the opportunity to work for Hapainga and it has been a rewarding experience. It is my passion, drive and motivation to empower others to become a better version of themselves.



EBPHA End of Year Function, 23rd December 2020 @ the Port Ohope Restaurant.



Te Tiriti o Waitangi Training with Graham Bidois Cameron at Mataatua Whare, 29th June 2021.

FINANCIAL STATEMENTS

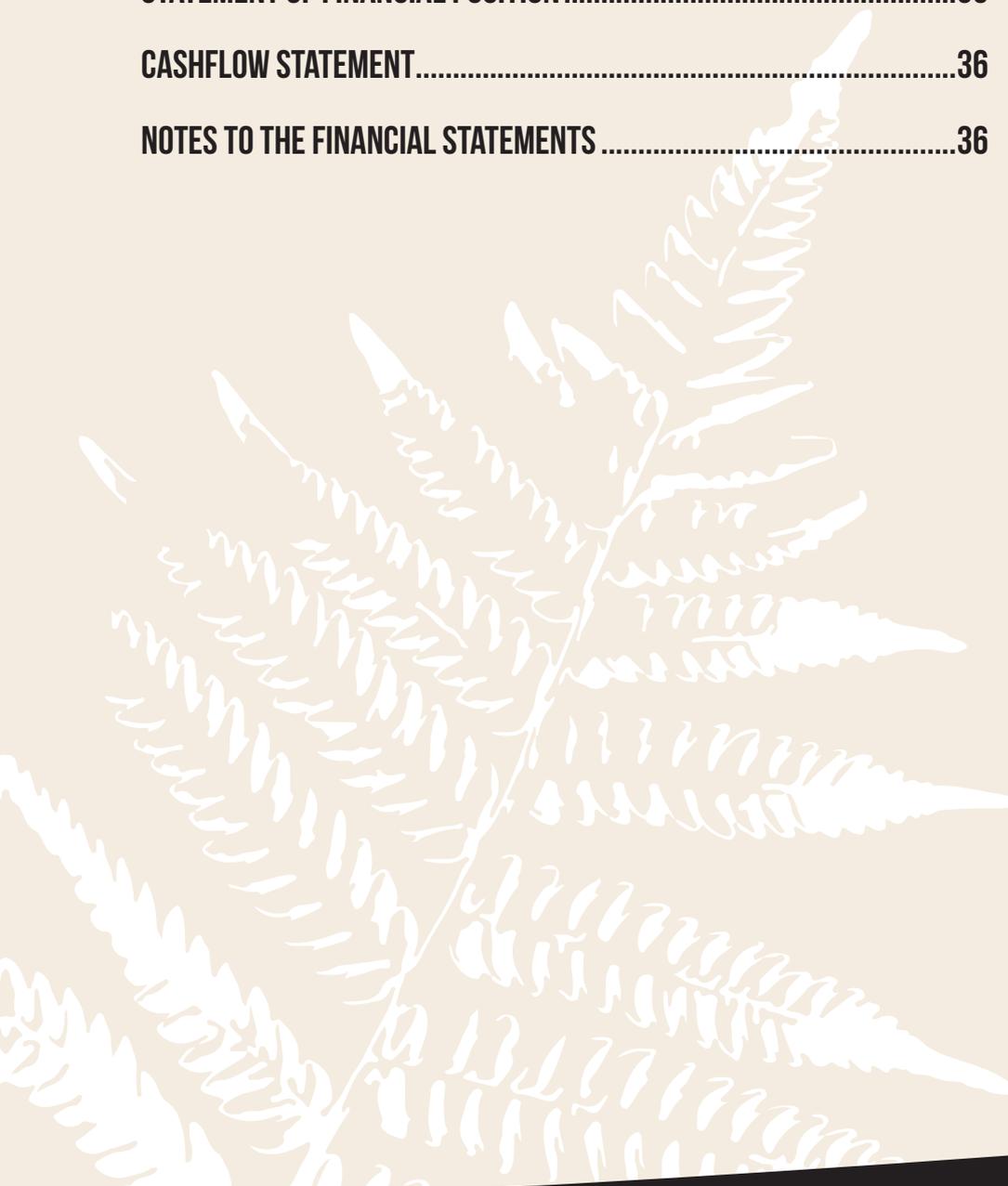
EASTERN BAY PRIMARY HEALTH ALLIANCE

FOR THE YEAR ENDED 30 JUNE 2021



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Directory

Eastern Bay Primary Health Alliance For the year ended 30 June 2021

Chief Executive

Greig Dean (appointed 1 July 2020)

Chairman

Lance McNicholas (appointed 4 November 2020 - resigned 5 July 2021)
Fiona Wiremu (interim - appointed 5 July 2021)

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)
Dr Cecile DeGroot (appointed 5 August 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 Collective
145 Seventeenth Avenue
Tauranga 3112, New Zealand

Solicitors

Burley Castle Hawkins Lawyers
First Floor
41 Monmouth Street
Tauranga 3110, New Zealand

Eastern Bay Primary Health Alliance

Independent auditor's report to the 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 2021, and the statement of comprehensive revenue and expenses, statement of changes in net assets and cashflow statement 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 give a true and fair view of the financial position of Eastern Bay Primary Health Alliance as at 30 June 2021 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 *International Code of Ethics for Assurance Practitioners (including International Independence Standards) (New Zealand)* 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 Trustees are responsible for the other information. The other information comprises the reports on pages 2 to 30, 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

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/assurance-standards/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 entity's trustees, as a body. Our audit work has been undertaken so that we might state to the entity's 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 entity's 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
21 October 2021

Statement of Comprehensive Revenue and Expenses

Eastern Bay Primary Health Alliance For the year ended 30 June 2021

	NOTES	2021	2020
Revenue from Exchange Transactions			
DHB Funding		7,542,632	7,993,534
Interest		10,210	32,577
Other Income		23,261	23,055
Total Revenue from Exchange Transactions		7,576,103	8,049,166
Total Revenue		7,576,103	8,049,166
Expenses			
Governance		51,980	64,426
Personnel		2,745,415	2,750,248
Service Delivery		3,786,338	4,275,976
Other Expenses		1,146,656	1,203,152
Depreciation		36,649	50,196
Total Expenses		7,767,039	8,343,998
Total Surplus / (Deficit) for the Year		(190,936)	(294,832)
Other Comprehensive Revenue and Expenses		-	-
Total Comprehensive Revenue and Expenses		(190,936)	(294,832)

These financial statements should be read in conjunction with the notes to the financial statements.

Statement of Changes in Net Assets

Eastern Bay Primary Health Alliance For the year ended 30 June 2021

	2021	2020
Net Assets		
Opening Balance	2,217,733	2,512,564
Decreases		
Deficit for the Year	190,936	294,832
Total Decreases	190,936	294,832
Total Net Assets	2,026,797	2,217,733

These financial statements should be read in conjunction with the notes to the financial statements.

Statement of Financial Position

Eastern Bay Primary Health Alliance As at 30 June 2021

	NOTES	30 JUN 2021	30 JUN 2020
Current Assets			
Cash and Cash Equivalents	5	2,637,621	1,656,601
Term Deposits	6	-	750,000
Accounts Receivable	7	693,475	892,863
Other Current Assets		768	5,104
Total Current Assets		3,331,864	3,304,569
Current Liabilities			
Trade Payables and Accruals		1,361,216	1,192,857
Goods and Services Tax		47,869	6,451
Total Current Liabilities		1,409,085	1,199,307
Working Capital		1,922,779	2,105,261
Non-Current Assets			
Property, Plant and Equipment	8	99,017	112,471
Intangible Assets		5,000	-
Total Non-Current Assets		104,017	112,471
Total Net Assets		2,026,797	2,217,733
As Represented By:			
Total Equity		2,026,797	2,217,733

Signed for and on behalf of the Board of Trustees who authorised these financial statements for issue on 19 October 2021.


Trustee


Trustee

These financial statements should be read in conjunction with the notes to the financial statements.

Cashflow Statement

Eastern Bay Primary Health Alliance For the year ended 30 June 2021

	NOTES	2021	2020
Cash Flow			
Cash Flows from Operating Activities			
Receipts			
Receipts from Non-Exchange Transactions		-	-
Receipts from Exchange Transactions		7,880,699	7,454,237
Goods and Services Tax		32,517	-
Total Receipts		7,913,216	7,454,237
Payments			
Payments to Suppliers		4,954,019	5,367,882
Payments to Employees		2,720,927	2,719,653
Goods and Services Tax		-	31,033
Total Payments		7,674,947	8,118,569
Net Cash Flows from Operating Activities		238,269	(664,332)
Cash Flows from Investing Activities			
Receipts			
Interest Received		18,856	34,488
Sale of Property, Plant & Equipment		1,419	3,906
Term Deposits		750,000	-
Total Receipts		770,275	38,394
Payments			
Intangible Assets		5,000	-
Purchase of Property, Plant & Equipment		22,524	51,592
Total Cash Flows from Investing Activities		742,751	(13,198)
Net Cashflows from Investing Activities		742,751	(13,198)
Net Cash Flows from Financing Activities		-	-
Net Increase/(Decrease) in Cash and Cash Equivalents		981,020	(677,530)
Cash and Cash Equivalents			
Opening cash		1,656,601	2,334,131
Cash Movement	5	981,020	(677,530)
Closing cash		2,637,621	1,656,601
Net change in cash for period		981,020	(677,530)

These financial statements should be read in conjunction with the notes to the financial statements.

Notes to the Financial Statements

Eastern Bay Primary Health Alliance For the year ended 30 June 2021

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 2021 were authorised for issue by the Board of Trustees on 19 October 2021.

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 2021, 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.

These financial statements should be read in conjunction with the notes to the financial statements.

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.

These financial statements should be read in conjunction with the notes to the financial statements.

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.

Intangible Assets

Intangible assets are carried at cost less any accumulated amortisation and any accumulated impairment losses. Internally generated intangible assets, excluding capitalised development costs, are not capitalised and expenditure is recognised in profit or loss in the year in which the expenditure is incurred.

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 - 10% DV to 40% DV
- Fixtures and Fittings - 10% DV to 40% DV
- Information Technology Equipment - 13% 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.

	2021	2020
5. Cash and Cash Equivalents		
Petty Cash	232	-
ASB Current Account	44,817	50,055
ASB Business Saver 50	1,129,386	995,278

These financial statements should be read in conjunction with the notes to the financial statements.

ASB Business Saver 53	1,463,187	611,269
Total Cash and Cash Equivalents	2,637,621	1,656,601

2021 2020

6. Term Deposits

ASB Term Deposit	-	750,000
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Reported As:

Current Assets	-	750,000
Non-Current Assets	-	-

2021 2020

7. Accounts Receivable

Accounts Receivable	693,475	884,217
Accrued Interest	-	8,646
Total Accounts Receivable	693,475	892,863

8. Property, Plant & Equipment

	Plant & Equipment	Fixtures & Fittings	Technical Equipment	Total
2021				
Opening Balance	23,193	78,947	142,374	244,514
Additions	4,980	0	27,305	32,285
Disposals	(0)	(1,560)	(48,252)	(49,812)
Closing Balance	28,172	77,386	121,426	226,987
<u>Depreciation</u>				
Opening Accumulated	11,760	33,704	86,579	132,042
Deprtn on Disposals	(0)	(947)	(39,774)	(40,721)
Depreciation Charge	2,847	6,523	27,279	36,649
Closing Accumulated	14,607	39,280	74,084	127,970
Closing Book Value	13,565	38,106	47,342	99,017
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)

These financial statements should be read in conjunction with the notes to the financial statements.

Closing Balance	23,193	78,947	142,374	244,514
<u>Depreciation</u>				
Opening Accumulated	11,970	25,780	96,311	134,061
Deprtn 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

9. Related Party

Chris McKnight is a director of McKnight Medical Limited which has been paid \$795,559 in practice payments for the year with an amount owing of \$56,185 (gross) at 30 June 2021. (2020: Paid \$804,737 with amount owing of \$26,466).

Lance McNicholas is a director of McNicholas Medical Limited which has been paid \$141,458 in practice payments for the year with an amount of \$nil (gross) owing at 30 June 2021. (2020: Paid \$nil with amount owing of \$nil)

Erin Beeler is a director in Eastern Bay Podiatry Limited which has been paid \$100,304 in practice payments for the year with an amount owing of \$10,486 (gross) at 30 June 2021. (2020: Paid \$109,423 with amount owing of \$10,486).

Fiona Wiremu is a director of Whakatane Medical Practice Limited which as been paid \$666,540 in practice payments for the year with an amount owing of \$12,561 (gross) at 30 June 2021. (2020: Paid \$642,354 with amount owing of \$13,916)

Linda Steel is a trustee of Te Ao Hou Trust which has been paid \$161,340 in practice payments for the year with an amount owing of \$16,765 (gross) at 30 June 2021. (2020: Paid \$170,100 with amount owing of \$16,301).

Dickie Farrar is a director of Te Pou Oranga O Whakatohea Limited which has been paid \$nil in practice payments for the year with an amount of \$nil (gross) owing at 30 June 2021. Whakatohea Health Centre is a service being delivered on behalf of Te Pou Oranga O Whakatohea Limited which has been paid \$1,172,182 for the year with an amount of \$29,181 (gross) owing at 30 June 2021. (2020: Paid \$991,745 with amount owing of \$94,656). Dickie Farrar is also CEO of Whakatohea Maori Trust which has been paid \$1,311 in practice payments for the year with an amount of \$1,278 (gross) owing at 30 June 2021. (2020: Paid \$3,092 with amount owing of \$2,538).

Cecile De Groot is a director of Wade Medical Limited who owns Riverslea Medical Centre which has been paid \$1,571,157 in practice payments for the year with an amount owing of \$25,953 (gross) at 31 March 2021.

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:

2021

Total Remuneration: \$331,414

Number of FTE's: 2.08

2020

Total Remuneration: \$333,838

Number of FTE's: 2.08

These financial statements should be read in conjunction with the notes to the financial statements.

10. Categories of Financial Assets and Liabilities

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

	2021	2020
Financial Assets		
Loans and Receivables	693,475	892,863
Financial Liabilities		
At Amortised Cost	981,863	1,054,809

11. Capital Commitments

There are no capital commitments to capital purchases at balance date. (2020: \$Nil).

12. Contingent Assets and Liabilities

The trustees are not aware of any contingent assets or liabilities at balance date. (2020: \$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. (2020: \$Nil).

	2021	2020
14. Commitments Under Non-Cancellable Operating Leases		
Not later than one year	84,457	61,845
Later than one year and not later than five years	66,538	51,744
Later than five years	-	-
Total Commitments Under Non-Cancellable Operating Leases	150,995	113,589

	Rental Time Remaining	Monthly Rate
Lease of Property		
Photocopier	12 months	\$1,366.00
Vehicles		
LZR783	17 months	\$209.68 to 7/2/22, then \$225.86
MHG78	12.5 months	\$494.54 to 25/7/22, then \$413.30
MHG79	12.5 months	\$494.54 to 25/7/22, then \$413.30
MTK455	21.5 months	\$525.15 to 25/3/23, then \$86.27
MTK475	23.5 months	\$525.15 to 25/5/23, then \$17.25

These financial statements should be read in conjunction with the notes to the financial statements.

MTK476	23.5 months	\$525.15 to 25/5/23, then \$17.25
MTK477	23.5 months	\$525.15 to 25/5/23, then \$17.25
MTK478	23.5 months	\$525.15 to 25/5/23, then \$17.25
KZN45	4 months	\$734.89 to 25/8/21, then \$879.76
NMY984	34.5 months	\$538.32 to 25/7/24, then \$290.71
NLD775	33.5 months	\$548.66 to 25/3/24, then \$72.10
NPE750	36 months	\$53.06 to 25/7/21, then \$538.32 to 25/5/24, then \$485.26

The total cost of leases during the year is \$286,526 (2020: \$273,154) 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.

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:

	2021	2020
Revenue from Exchange Transactions		
Capitation	6,981,471	6,578,679
Rural After Hours	86,664	84,271
Rural Primary Health Care Premium	344,864	335,340
Covid 19 Income	489,501	-
DHB Funding Block	38,727	-
Total Revenue from Exchange Transactions	7,941,227	6,998,290

16. Covid-19

In 2020, the New Zealand Government imposed measures to reduce the spread of the COVID-19 virus, including a system of Alert Levels and lockdowns. At certain levels, only essential services were able to operate. The Alliance continued to operate during lockdown periods, in accordance with the Ministry of Health guidelines on safe work practices. Given that the Alliance was allowed to operate there were no adverse impacts of the virus on the Alliance from the lockdown period to date.

On 17 August 2021, New Zealand increased its COVID-19 Alert Level to Level 4 for all of the country. There is a level of uncertainty around the impact that the ongoing COVID-19 pandemic will have on future operations. At the date of issuing the Performance Report, management does not consider the future financial impact of the COVID-19 pandemic on the Alliance will be significant. However, this situation continues to be actively monitored.

These financial statements should be read in conjunction with the notes to the financial statements.

NOTES





EASTERN BAY PRIMARY HEALTH ALLIANCE

07 306 2300

Registered Office:

5 Louvain Street, Whakatāne 3120

Postal Address:

PO Box 664, Whakatāne 3158

info@ebpha.org.nz

www.ebpha.org.nz

@Easternbayprimaryhealthalliance