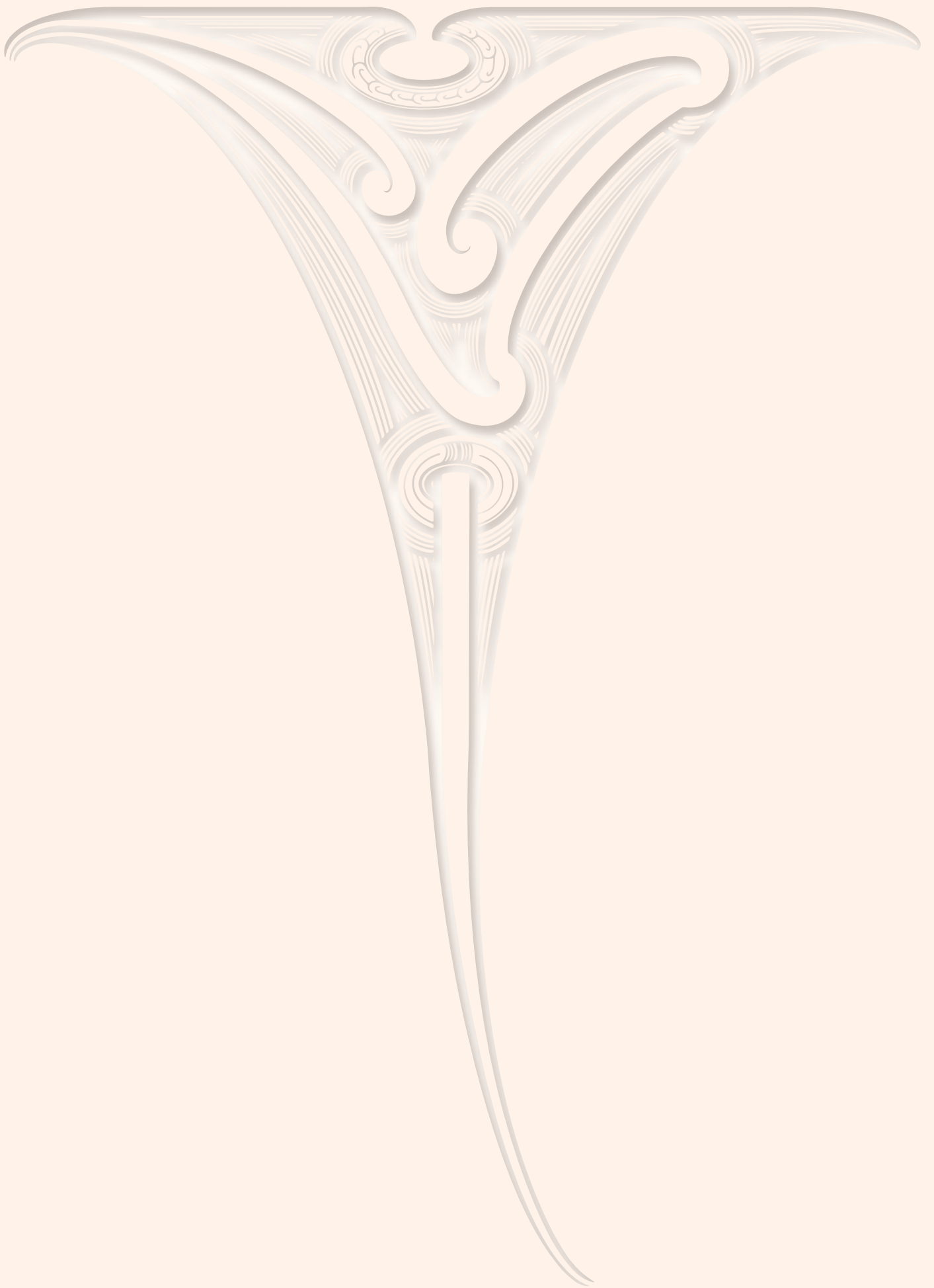


2022
ANNUAL
REPORT
EASTERN BAY
PRIMARY HEALTH
ALLIANCE



EBPHA | GENERAL PRACTICE | COMMUNITY





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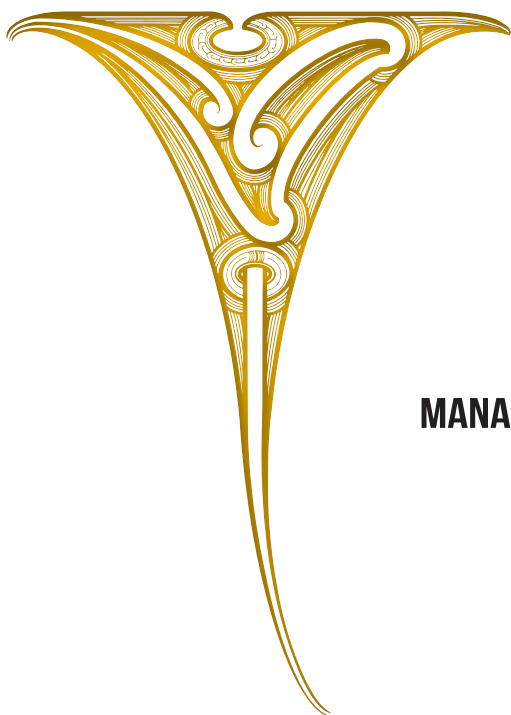


BACKGROUND

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.



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

CHAIR'S REPORT

HAMIORA BOWKETT

Tēnā koutou katoa i runga i te āhuatanga o te wā. Nei rā te tuku mihi atu ki a koutou katoa.

I am pleased to present the Independent Chair's report for the 2021/22 Annual Report of the Eastern Bay of Plenty Primary Health Care Alliance.

I joined the Eastern Bay Primary Health Alliance (EBPHA) Board in October 2021. I acknowledge the work of Fiona Wiremu who had served as the prior Chair of the EBPHA, stewarding the organisation through a period that included the Delta outbreak and the associated lock down periods as well as the ongoing work of the Health and Disability System Reforms. The stability and sound foundations of the EBPHA today can be attributed to her leadership and critical governance during this time.

It was a privilege for me to be invited to join the Board. Being of Te Arawa descent and born and raised in Rotorua I am very happy to be able to serve the communities of the Eastern Bay of Plenty – an area I have had strong connections to since I was a child.

In undertaking this role, I have had a number of priorities for the EBPHA:

- To ensure the organisation has upheld its resilience and adaptability as we adjusted to having COVID-19 in our communities.
- To support the organisation through the finalisation of the Health and Disability System Reforms.
- To ensure EBPHA would be able to participate in the opportunities presented through the Localities initiatives through the reforms.
- To maintain EBPHA's strong financial position and foundations.

I make brief comment on these priorities below:

RESPONDING TO COVID-19

The EBPHA and its staff and practices have made an outstanding contribution to the Covid-19 response for our communities. Working alongside key stakeholders at all operational levels, standing up increased after-hours capacity for the community, and leading the Secondary and Primary COVID 2021/2022 surge model, with the operational set up, extended shifts and workforce capacity.

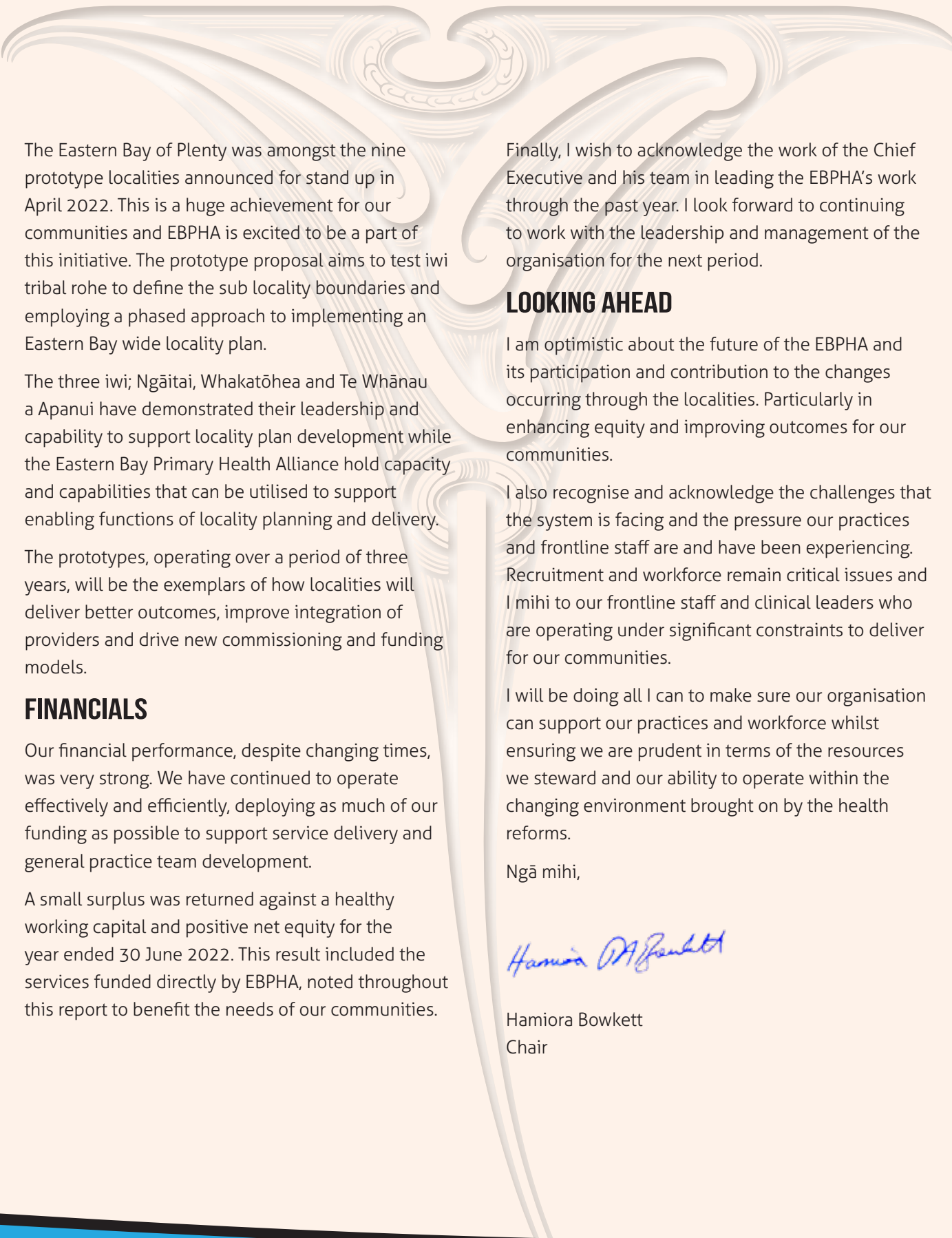
HEALTH & DISABILITY REFORMS

When the Pae Ora (Healthy Futures) Bill passed its third reading in June 2022 the Government marked a significant milestone in its reset of the health system in this country. EBPHA supports the direction and intent of the reforms, and we are eager to play our part.

The EBPHA Board and I have been particularly focussed on ensuring the organisation was a part of the Localities approach being implemented through the reforms.

A locality is a place-based approach to improving the health of populations, as well as a mechanism for organising health and social services to meet the needs identified by whānau, community and mana whenua. Behind the scenes, a locality is a model that is being used to connect health care, support services, Iwi and community organisations within a particular area in New Zealand.





The Eastern Bay of Plenty was amongst the nine prototype localities announced for stand up in April 2022. This is a huge achievement for our communities and EBPHA is excited to be a part of this initiative. The prototype proposal aims to test iwi tribal rohe to define the sub locality boundaries and employing a phased approach to implementing an Eastern Bay wide locality plan.

The three iwi; Ngāitai, Whakatōhea and Te Whānau a Apanui have demonstrated their leadership and capability to support locality plan development while the Eastern Bay Primary Health Alliance hold capacity and capabilities that can be utilised to support enabling functions of locality planning and delivery.

The prototypes, operating over a period of three years, will be the exemplars of how localities will deliver better outcomes, improve integration of providers and drive new commissioning and funding models.

FINANCIALS

Our financial performance, despite changing times, was very strong. We have continued to operate effectively and efficiently, deploying as much of our funding as possible to support service delivery and general practice team development.

A small surplus was returned against a healthy working capital and positive net equity for the year ended 30 June 2022. This result included the services funded directly by EBPHA, noted throughout this report to benefit the needs of our communities.

Finally, I wish to acknowledge the work of the Chief Executive and his team in leading the EBPHA's work through the past year. I look forward to continuing to work with the leadership and management of the organisation for the next period.

LOOKING AHEAD

I am optimistic about the future of the EBPHA and its participation and contribution to the changes occurring through the localities. Particularly in enhancing equity and improving outcomes for our communities.

I also recognise and acknowledge the challenges that the system is facing and the pressure our practices and frontline staff are and have been experiencing. Recruitment and workforce remain critical issues and I mihi to our frontline staff and clinical leaders who are operating under significant constraints to deliver for our communities.

I will be doing all I can to make sure our organisation can support our practices and workforce whilst ensuring we are prudent in terms of the resources we steward and our ability to operate within the changing environment brought on by the health reforms.

Ngā mihi,



Hamiora Bowkett
Chair

CHIEF EXECUTIVE'S REPORT

GREIG DEAN

*Kei ngā maunga whakahī
Kei ngā awa koiora
Kei ngā kārangataha maha,
Tēnā tātou katoa.*

I'm delighted to be introducing our 2022 Annual Report following a challenging and successful year providing and supporting the delivery of essential healthcare in the Eastern Bay of Plenty.

I would like to acknowledge the ongoing collective commitment our practice partners, Board, staff and community networks have made to our kaupapa over the past 12 months.

COVID-19 and the Whakaari experience, for the Eastern Bay, were salient reminders that our future has to be about breaking down boundaries, focusing on a collective goal of protecting and promoting health and protecting the most vulnerable in our community. We have seen that this is not just an aspiration but can be a reality when there is a buy in to outcomes to be achieved, aligned policy and funding drivers, and incentives. This is the learning we need to lock in to realise sustainable change.

For us in the Eastern Bay, it starts with re-aligning the system, so the focus is integrated primary and community care with the key driver achieving wellbeing rather than reactive treatment of disease.

Over the past year, General Practice has endured an enormous number of challenges in an ever-changing landscape. They continue to not only be open and operational, but also for some, managing several positive Covid patients on top of their normal business operations. I would like to sincerely congratulate and acknowledge our general practice teams for the remarkable service to their patients during the year.


I would like to acknowledge everyone who assisted with the Covid response over the course of the year and heartening to see everyone working together to protect our community. We also had a great response from those who offered to be available over the Christmas holiday period which was a big ask and greatly appreciated.

HEALTH REFORMS

The new health system has been designed to enable a whole-of-country view to planning, and delivering services, helping it to be efficient and consistent everywhere. An essential part of this, is that the locality model is built on the understanding that a whole range of different things can impact a person's wellbeing. It focuses on avoiding people getting sick and helping whānau stay well, giving iwi and communities a strong voice in deciding what's needed in their local area.

The Eastern Bay Primary Health Alliance is proud and honoured to be a contributor and signatory to the successful Eastern Bay – East Coast Rural prototype proposal. A welcome and whakawhanaungatanga was hosted by the Transition Unit on 10th May 2022 for each of the prototype localities which provided us with the opportunity to join the eight other successful proposals and for each locality to share their goals and aspirations for their whānau and hāpori.





The Eastern Bay wide locality serves a population of approximately 55,000 of which nearly half (49%) identify as Māori and two thirds of whom are identified as having 'high-needs' with over 50% living in highly deprived circumstances. The proposed phased approach will commence at the sub-locality level with the East Coast Rural Iwi of Ngāi Tai, Whakatōhea, and Te Whānau a Apanui.

The intention is to employ a phased approach to community and stakeholder engagement, planning and implementation for each sub-locality under an Eastern Bay of Plenty locality plan. Future sub-localities will be determined by the Eastern Bay Iwi over time partnering with the newly established Iwi Partnership Boards.

Locality planning has provided an opportunity for iwi to take a leadership role partnering with key stakeholders by taking a "community bottom up" planning approach to establishing localities. The prototype proposal aims to test iwi tribal rohe to define the sub locality boundaries and employing a phased approach to implementing an Eastern Bay wide locality plan.

EBPHA OPERATIONS

Operationally we are at full strength and have had a very stable workforce for the past eighteen months. The addition of the Integrated Primary Mental Health and Addiction team and the strengthening of our counselling roster has positioned us well to deliver wrap around mental health support to our Practice network in a far more responsive manner.

Although we are in complex and uncertain times, it is pleasing to see that we have maintained a solid financial performance. The Eastern Bay Primary Health Alliance is a charitable, not for profit organisation and as such our aim is to ensure the organisation is run as lean as possible, optimising health funding to be spent on delivering services.

To support this ethic – we operate a "high trust / high flexibility" work style which has taken some time, but it's worth it - not just for a flexible workplace, but as a foundation for a more effective, inclusive, and collaborative workplace as well. To our Board, who bring a diverse range of skills, relationships and networks and have been instrumental in positioning the Eastern Bay Primary Health Alliance into a position of strength – Ngā mihi.

Finally, I would like to thank and acknowledge the staff at EBPHA for their commitment and dedication throughout the year. Nothing could be achieved without your collective and determined mahi.

Ngā mihi,



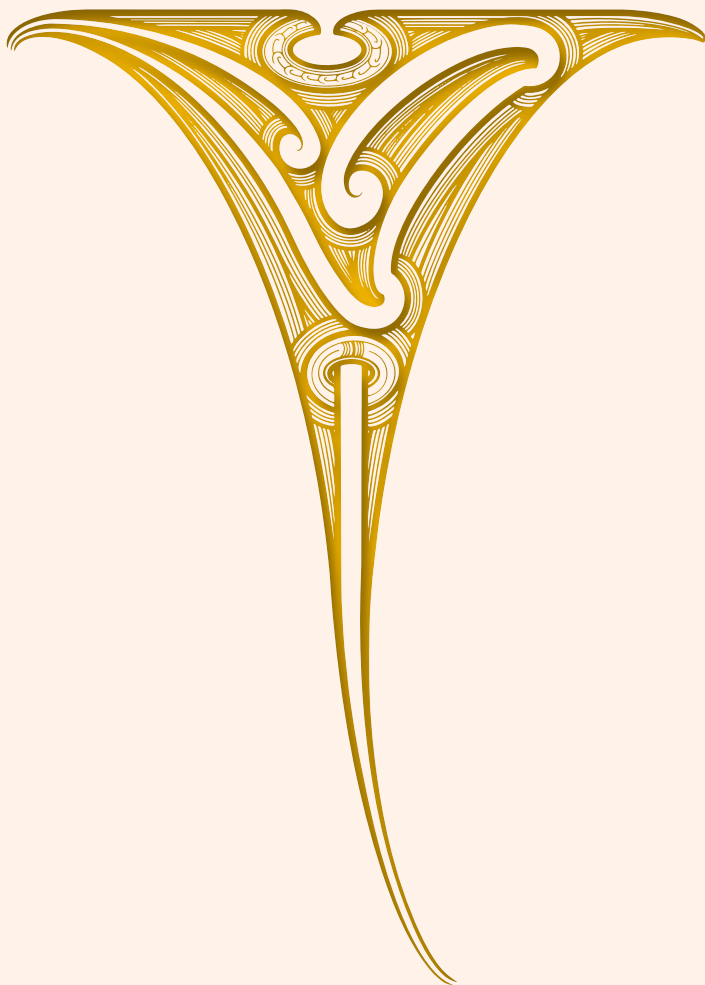
Greig Dean
Chief Executive

WHAI

THE STORY OF WHAI THE STINGRAY

The design is in a form of a stingray which are seen as kaitiaki/protectors of the sea. Being from the east coast, we are surrounded by the sea. They are a tohu of humility and guardianship, which reflects our community response to COVID -19 response in the Eastern Bay to protect our whānau.

The more intricate details of the design represent the integrated and cohesive journeys people, organisations and communities took working together to look after our people during this time.



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

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

Deputy Chair



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 2022-2025

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

56,390
PEOPLE



WE SERVE AN ENROLLED
POPULATION OF

29,686
PEOPLE IN 9 PRACTICES



56%
IDENTIFY AS
HAVING MĀORI
ETHNICITY

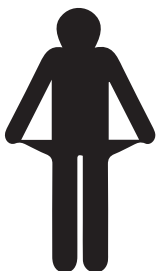
35%
UNDER
TWENTY FIVE



19%
SIXTY FIVE
PLUS

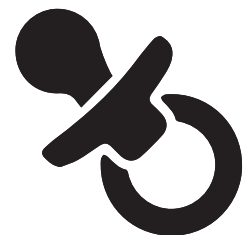


73%
CLASSIFIED AS
HAVING HIGH
HEALTH NEEDS



55%
LIVE IN
DEPRIVED
CIRCUMSTANCES

774
BABIES WERE
BORN IN THE
EBOP



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 Practices experienced a 3% increase in the number of patient consultations and made 50% more electronic referrals to EBPHAS services overall. Most of the increase in referrals was made up of COVID related claims for testing, treatment and consults. GPs dealt with 13% more patients afterhours in the Emergency Department than the previous year.



Forging relationships. EBPHA ICM staff with Kawerau Medical Centre staff.

PRACTICE CHALLENGES

General practice has been under pressure, struggling to recruit new doctors and nurses under closed borders, whilst coping with COVID. Having an older GP workforce meant many were retiring and replacements were not available.

Funding has also been an issue for Practices as revenue through capitation has not kept up with operational costs, cost of recruitment and inflation. All of which has had an impact on patients with enrolment tightening, appointments harder to book and practices struggling to meet the demand of patients.

Many patient's health issues have worsened as with COVID concerns, many have delayed seeing GPs, or been unable to get an appointment, or have become disengaged from health services leading to increased demand on Emergency Department or after-hours services.



Dr Chris McKnight at Ohope Medical Centre commented:

"Primary Care funding has, unfortunately, had another real-term cut this year, which leaves fewer financial resources for recruitment.

We simply can't compete with

Australia, where Doctors and Nurses can earn two or more times what they can earn here in New Zealand. This is impacting the practices and their patients in longer waiting times for appointments thus putting more pressure on ED, which is not ideal"

Dr Cecile De Groot at Riverslea Medical Centre stated:

"There are huge numbers of patients who can't even get a GP, let alone an appointment, they can't even enrol ... and they are ending up in ED because where else can they go"



This is not just a local problem but nationally a huge problem. Additional resources have been promised in the near future to support workforce training, development and new initiatives in Primary Health.

EBPHA Practice Improvement Liaison (PIL) team (Lana McNichols and Teneille Ogilvy) and Jake Norman (Human Resources) have been working individually with each general practice to support and assist as much as possible with fee claiming processes, recruitment and contingency planning.

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.

156,004

GP and Practice Nurse
consults

266

increased enrolments

19,089

electronic referrals made
by General Practices for
EBPHA provided and
contracted services

16,753

electronic claims for
COVID-19 testing

2,183

consults by GPs in the
after-hours service on
the weekends

1,615

patients were dealt with
outside usual business
hours by the Ōpōtiki
Medical Hub

1,379

after hours consults were
carried out in the Ōpōtiki
Medical Hub; mostly by
Practice nurses

1,197

tracked IT,
Communications and
General Practice support
contacts

\$126K

Total Diabetes
Management Funding to
General Practices

\$2.1M

Total COVID related
Funding to General
Practices



TARAWERA
MEDICAL CENTRE



PROGRAMMES TO IMPROVE ACCESS (PIA)

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

OVER 19,040 FINANCIAL CLAIMS WERE MADE BY GENERAL PRACTICES FOR THE VARIOUS PROGRAMMES.

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.



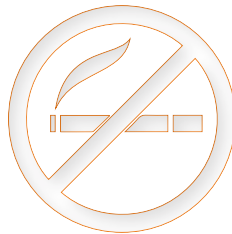
**FLEXIBLE PATIENT
FUND (FPF)**



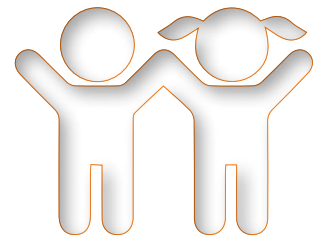
PALLIATIVE CARE



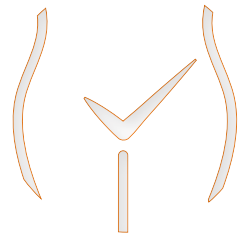
**CARDIOVASCULAR RISK
ASSESSMENT**



**SMOKING CESSATION
SUPPORT**



YOUTH HEALTH CHECK



CERVICAL SCREENING



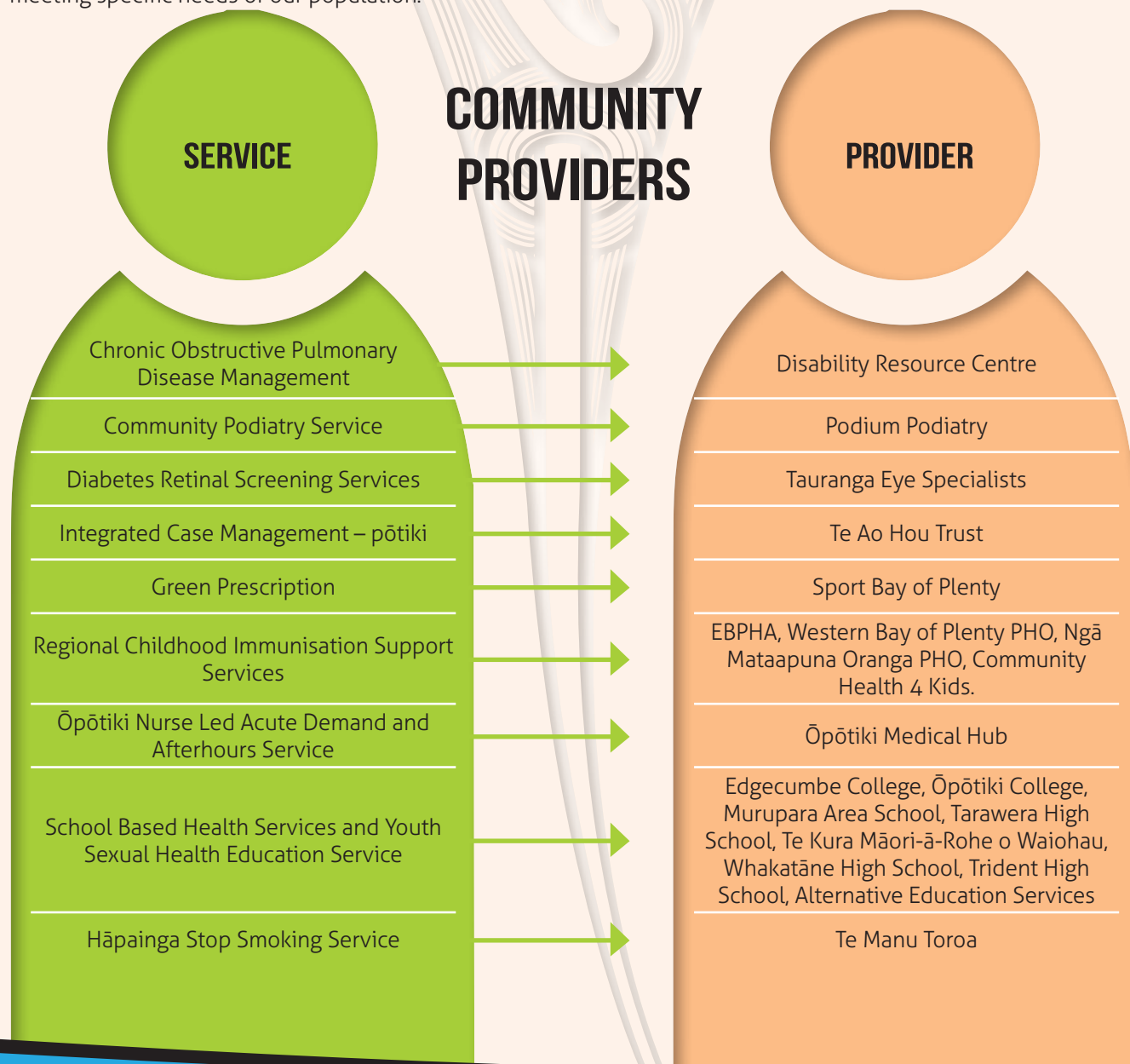
COMMUNITY SERVICES

The EBPHA delivers 30 contracted health services across the Eastern Bay of Plenty to approximately 56,000 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
- 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



10,406	CONTACTS WITH PATIENTS OR CLIENTS WERE MADE BY STAFF OF EBPHA
2,901	visits were made by high school students to School Based Health Service nurses and GPs
2,165	sexual health consults were carried out by School Based Health Service nurses
159	mental health consults were carried by School Based Health Service nurses
2,234	vaccination referrals were actioned across the Bay of Plenty by the Regional Childhood Immunisation Support Services
1,173	vaccinations were completed and a total of 2,586 vaccinations were given children
654	children in rural and isolated communities received their vaccinations from the Outreach Immunisation Service (OIS). A total of 1,372 vaccinations were given by OIS staff
1,415	clients were seen mostly in one-on-one sessions or in group therapy sessions by the Primary Health Counselling service
473	consults with patients were carried out the Health Improvement Practitioners and Health Coaches in Practices under the Integrated Primary Mental Health Addictions Service
1,244	retinal screenings with EBoP diabetic clients carried out by Tauranga Eye Specialists
1,333	cellulitis treatments were carried out by General Practices
1,083	priority women were screened for cervical cancer by General Practices
646	clients were seen in one-on-one sessions or phone sessions by Community Dietitians
434	smoker ABC consults were carried out by General Practices
354	smokers enrolled into EBPHA's Hāpainga Stop Smoking Service across the Bay of Plenty
126	smokers managed to quit within 4 weeks in EBPHA's Hāpainga Stop Smoking Service: equating to a 67% quit rate
41	pregnant smokers enrolled into EBPHA's Hapū Māmā service. 31 smokers managed to quit within 4 weeks: equating to a 76% quit rate
781	people were assisted and navigated through EBoP health services by the Integrated Case Management (ICM) services
279	patients either had Long Last Reversible Contraception (LARCs) consults, removals or insertions by General Practices
166	high-risk diabetic patients were referred to Podium Podiatry and seen for Podiatry treatment
133	minor skin surgeries were carried out by GPs to detect and prevent Melanoma and non-melanoma skin cancer
108	people attended Diabetes Education classes
67	people received Routine Wound Care from General Practices
63	youth were seen by Youth Sexual Health Education Services

SERVICE SHOWCASE

NEW INTEGRATED PRIMARY MENTAL HEALTH AND ADDICTION (IPMHA) SERVICE

In response to He Ara Oranga: the Report of the Government Inquiry into Mental Health and Addiction, the Government has invested \$455 million over four years to expand primary mental health and addiction services. This expansion of services is to enable people with mild to moderate needs to access free and immediate mental wellbeing advice and support, when and where they need it.

As part of this expansion through the 'Access and Choice' programme, the Integrated Primary Mental Health and Addiction (IPMHA) service model was proposed, which provides easy access to mental wellbeing support in Practices across the country.

In 2022, the IPMHA service was established in the Bay of Plenty with Eastern Bay Primary Health Alliance receiving funding to service its GP practices. The IPMHA service reduces waiting times and barriers to access with options for people to be seen on the same day they asked for support or within 3-5 days. No longer do people in a participating general practice need to meet specific criteria to access support. Services are available for anyone whose thoughts, feelings or actions are impacting their health and wellbeing. There is often no wait time and there are no additional costs for the person seeking support.

Under this service, Health Improvement Practitioners (HIPs) and Health Coaches (HCs) work as a part of the practice team, providing immediate patient support and look after the patient's wellbeing. The service integrates with the practice-based Patient Management System (PMS) and allows 'warm handovers' between the practice staff and HIPs and HCs. Additionally, the service can adapt to meet the health needs of their local community.



Adrian Maxwell



Alison Killeen



Layne Rangī



Maria Tomaszewski



Pharyn Herewini

COVID AND GP AFTER HOURS IN ED

As the service sits within general practice teams, it strengthens the collaboration and ties between general practices, primary health counselling and service, non-government organisations, and secondary mental health and addiction services.

Implementing this service has been positively received by General Practice, by referred patients and by other health service providers. Some illustrative positive feedback is detailed below:

"Our discussion on focussing back to the things I used to enjoy and not on my pain changed my life."

"I rang [the IPMHA service] on behalf of my daughter to seek support for the problems she is having at school. I was expecting a 2-4 week wait and I can't believe I am sitting here only an hour after the phone call waiting for my daughter to finish her first appointment. I still can't believe it. Thank you so much."

"The IPMHA service went hand in hand with a mama we (an Iwi Service Provider) are also supporting. As a result, we have noticed a significant positive change in her attitude; which is largely to do with the korero she's having with the Health Improvement Practitioner."

During COVID, Bay of Plenty District Health Board reconfigured Whakatane Hospital's Emergency Department (ED) to cope with the COVID surge, which entailed patients presenting with respiratory or COVID symptoms being streamed separately from other presentations. This plan necessitated moving the GP After Hours clinics out of ED into cabins in the adjacent carpark.

EBPHA staff worked alongside their BOPDHB colleagues and were instrumental in the creation and implementation of a new model of care. The new cabin based model required a Practice Nurse in addition to the usual sole General Practitioner on every After Hours shift. The model proved itself to be a successful initiative which worked well for patients and reduced pressure on ED.

EBPHA would like to thank the GP's and especially the Practice Nurses who worked these shifts, for their outstanding work, flexibility and willingness to go the extra mile to assist our community.



SERVICE SUCCESS

INTEGRATED CASE MANAGEMENT

Over this past year, the Whakatane ICM team has seen many staffing and service changes. The ICM team farewelled Natasha Manual who was with ICM since its inception. The service welcomed Fran Mackay, Daunte Maxwell and Whakairi Nicholas. Service delivery was broadened with the inclusion of the Pasifika Community Service and Cellulitis Prevention programmes.

With Adrian Maxwell having a split role within EBPHA working with both ICM and with the Integrated Primary Mental Health and Addiction (IPMHA) service, this led to increased collaboration with IPMHA's Health Improvement Practitioners (HIPs) and Health Coaches (HCs).

ICM service delivery has been impacted by COVID as many clients receiving support from other healthcare providers whose services had been affected by workforce issues, longer waiting times and less home support available.

Many client referrals needed additional support in the home and help to navigate through the myriad of Government services such as Emergency Housing Support, ACC, Tenancy Support, WINZ etc. To help facilitate this, the ICM team built up their relationships and networks within the community to support clients navigate through the various social and health pathways and ensure clients got the help and home support they needed.



Walter Harawira, Fran Mackay, Whakairi Nicholas, Georgina Moke (ICM Lead) and Adrian Maxwell. Absent Daunte Maxwell

One of the key goals this busy year was to support clients to become more knowledgeable and be able to navigate those services themselves.

2022 INTERNATIONAL CONFERENCE OF INTEGRATED CARE

A highlight for the year was that ICM Lead Georgina Moke did a virtual presentation of how ICM made services accessible and inclusive to all, at the International Conference of Integrated Care in Denmark; which was attended by over a 1,000 people from all over the world.



COVID AND EBPHA

EBPHA and many of its staff were again helping as part of the Covid-19 response for Eastern Bay of Plenty, collaboratively working with other Healthcare providers earlier this year.

EBPHA helping out COVID Testing with Hamiora Bowkett, Chair of EBPHA



PRACTICE IMPROVEMENT LIAISON TEAM

With General Practice stepping up to do most of the COVID consults, swabs and vaccinations this year, practices required additional support from EBPHA Practice Improvement Liaison (PIL) team (Lana McNichols and Teneille Ogilvy) as part of a Bay wide community response. Key to that support, was the filtering and prioritising the tsunami of COVID information coming from the MoH and BoPDHB. The team liaised with Tunstall and DHB Covid project teams and played an active role in the pandemic response.

EBPHA's PIL team and Keith Gregory have implemented the Halcyon Claiming System into Practices to improve the ease of monitoring and claiming fees for work carried out under the various PHO contracts and services.

Practice Improvement Liaison (PIL) team - Lana McNichols and Teneille Ogilvy



DIETITIAN SERVICE

GROWTH IN SERVICE

Lead Dietitian Brooke Snelling has grown the dietitian service over the past three years to meet the increased demand for services with more staff to cover adult clients struggling with Prediabetes, Type 2 Diabetes and those at risk of developing Cardiovascular Diseases (CVD) and also to deliver specific dietetic services for youth and for people engaged in Maternity Services e.g. hapu mama, youth and whanau.

With three Dietitians (Brooke, Brittany and Anya) now employed and admin support provided by Whakairi, the service can meet the increased demand for individual consultations and group Diabetes Self-Management Classes from General Practice, Community Provider and Secondary Health referrals and from the general public directly. Service delivery has expanded across the Eastern Bay of Plenty with more clinics in outlying areas like Te Kaha, Taneatua and Edgumbe.

With the de-escalation of COVID and return to business as usual, the team promoted the service and experienced some of the highest number of referrals ever as well as more people directly referring themselves to the service. With a dedicated role on board, the Maternal and Youth Service has grown with increases in consultations from referrals by Paediatricians, Midwives, 'before school' Nurses, schools and GP practices. Key components of this service focus on Hapu mama, mild fussy feeding, importance of nutrients at varying ages and stages of development, body image and relationships with food.

The dietitian team working with Kaumātua at Te Tohu o Te Ora o Ngāti Awa



Dietitians (L to R) Anya Greenwood, Brooke Snelling and Brittany Malcolm presenting



Brittany



Anya and Brooke



The service expanded with Anya Greenwood joining as newly graduated Dietitian. Anya was born in Russia and moved with her family to Tauranga when young. Anya now lives in Whakatane, enjoys reading books and exploring the countryside through

travel and hiking.

Anya started her studies at Massey University and then completed her Masters in Auckland where she did her placement working across West, South and North Auckland in the community and inpatient setting.

When asked why did you study dietetics? Anya replied:

"I originally enrolled into university with the hopes of becoming a vet, however upon starting my studies I discovered I was more interested in nutrition. I wanted to know the truth about food: does dieting really work? Why are certain foods 'bad' for us? How does the food I consume every day really impact my health? From there I wanted to help spread the truth to the community and help others differentiate the truth from the lies when scrolling social media and online articles."

Anya is looking forward to being able to provide education, support and guidance in nutrition and healthy lifestyle changes and observing the positive impact this has on clients and their whanau.

COVID-19 SELF-ISOLATION FOOD AND MEAL PLAN GUIDE LAUNCHED

During COVID, the dietitian team were approached by ICM Lead Georgina for any resources or information available to help whānau prepare food for COVID isolation periods. The team thought this was a wonderful idea and following a needs assessment within the community, the Dietitians started to create an information and ideas booklet to help people prepare for COVID with nutritional education and ideas around healthy eating for this challenging time. With time in the office due to COVID being widespread in the community and low referral numbers, they had the time develop and draft the resource.

During all stages of development, feedback was sought from the wider EBPHA team (clinical and non-clinical), people attending the diabetes self-management classes, ICM patients, the CEO of Dietitians NZ and dietitians from Lakes DHB, Marlborough Primary Health, and the Black Ferns. This was to ensure the resource was appropriate for general use and specifically for both Māori and Pasifika. Feedback was received on health literacy, the appropriateness of the recipes and 'tips' for Māori and Pasifika, and the relevance of the content from a consumer perspective.

The finalised document covered the listed topics below was then distributed for use among the community.

- Basic introduction to the food groups of the 'Healthy Plate Model'
- Serving size guide for meals
- Food to have on stock in preparation of isolation
- Recipes and meal/snack ideas using stocked food


- Guide for how to meal plan over isolation period
- Tips for keeping hydrated
- Tips for managing loss of taste, smell, and appetite changes

The Guide received much favourable feedback from those who received it.


"I really like the recipes and the menu planning tool, it will be very helpful for my family"

"What a fabulous gesture. Applies nicely to (the Black Ferns 15's) as they won't be training much while either with COVID or isolating" - Kirsty Fairbairn, Black Ferns Dietitian.

"The booklet provides easy to read and simple information on a healthy meal plan. The recipes are simple and inexpensive... I feel this information is not readily available in the community (yet)." - Michelle Dowman, Dietitian at Lakes DHB



**COVID-19 Self-Isolation
Food and Meal Plan Guide**



This information is to be used as a guide for people in self isolation or for people who have COVID-19 symptoms

Created by Brooke Snelling and Brittany Malcolm NZ Registered Dietitians

"I really like this resource! I think you have covered a lot with great language and given recommendations that don't necessarily require a lot of pūtea"
- Tayla Knightbridge-Eager, Dietitian at Marlborough Primary Health

The dietitians have been thinking about how they can further develop the resource as some parts of the guide have been more helpful than other parts, to incorporate new ideas received from users. The team is looking at transforming the guide into a general healthy eating resource with the focus of helping people eat healthy at home for less.

OUTREACH IMMUNISATION SERVICE

The Outreach Immunisation Service (OIS) team saw many challenges with the Omicron surge in late 2021 and early 2022. Their important work of vaccinating babies in the Eastern Bay continued despite the lockdowns. The team moved to using a mobile clinic van, kindly lent to them from the BOPDHB ear health team. The mobile clinic allowed the team a space to draw up vaccines and complete documentation as they were no longer able to enter Whanau's homes due to the Omicron outbreak.

The service saw an increase in referrals as whanau chose to not enter GP clinics during the covid outbreaks and preferred to have vaccinations completed in a home environment. When weather allowed, the team vaccinated babies and children outdoors to help whanau feel comfortable and maintain safe distancing.

With ongoing GP and nurse shortages in practices and increases in workload due to covid, meant the immunisation clinics were under pressure and needed to prioritise patients and workload during these times. The NIR are now directly referring overdue babies to OI, leading to more work and increased strain on OIS teams.



*New Childhood
Immunisation
Coordinator
Philippa Fergusson*

In March 2022 Philippa Fergusson joined the EBPHA team as the Immunisation Team Lead and one of two Childhood immunisation Coordinators across the Bay of Plenty.

Philippa was born and bred in Whakatane and after graduating with a Bachelor of Nursing in Christchurch, she started her career in Paediatrics at The Royal Children's Hospital in Melbourne.

Upon returning to Whakatane, Philippa worked at both the Whakatane Hospital Paediatric ward and The Doctors Phoenix. Philippa discovered a passion for primary health care and worked at Phoenix for 11 years. Philippa then worked in the community before taking on this role at EBPHA. Philippa brings local connections and knowledge along with both secondary and extensive primary care nursing experience.

"I am really excited to come on board as the Immunisation Coordinator for the Eastern Bay of Plenty. I have over 12 years' experience working in primary health care and community health care settings. I look forward to working with and supporting practices with their immunisation programme. Childhood immunisations are key to healthy whanau and healthy communities".

Philippa is working to support clinics to try and improve timely immunisations and reduce the urgent referrals NIR are sending to OIS. Ongoing positive collaboration with Multi-Disciplinary Teams in the Stakeholder Leadership and Operations meetings allow for finding solutions to immunisation issues from different organisations; to improve the overall Immunisation service and coverage.

Both Childhood Immunisation Coordinators attended the Immunisation Advisory Centre conference in New Plymouth. The conference had a focus on clinical developments in immunisations, cold chain management and health care equity. A workshop session on results of a Māori mama vaccination project was very valuable and it is hoped to integrate this into immunisation practice across the Bay.



The Immunisation Team – Glennis Tupe, Kaye Potter, Deena Royal and Philippa Fergusson



SCHOOL BASED HEALTH SERVICE

School Based Health Service (SBHS) is a Nurse led service, specialising in meeting young peoples' health needs by providing a holistic/wellness centred approach within the school setting.

SBHS Nurses are servicing ten Schools, Alternate Education facilities and Teen Parent Units with 3349 students having access to a School Nurse. The majority of students seen are Maori and most of the schools are low decile schools.

Within schools, student and school staff attendance has been impacted by flu and COVID related illnesses, resulting in school closures and affecting SBHS service delivery. Despite this, it has been a busy year with over 2,900 student consults visits.

The service is blessed with an incredibly able team of Nurses, who are passionate about the Rangatahi and Mahi they do within their communities. This does not go unnoticed by the School Principals within schools and the following feedback was received from Angela Sharples of Murupara Area School:

"I just wanted to let you know how wonderful it is to have our school-based nurse. She is an excellent match for the school and is quickly building positive relationships with our students.

Our students are able to go to her with a variety of health issues from minor health concerns, mental health issues, teenage specific health concerns, she has helped us to access services for example for dental issues that were affecting attendance. She has begun HEADSSS assessments, whānau have been kept well informed.

Her communication skills are excellent, and she has created a positive triangle of trust and communication between, teachers, students and herself. Whānau have expressed how valuable her service is.

She is also actively involved in navigating and strengthening relationships with the school and local health providers so our students are beginning to be better able to access appropriate support when they need it.

I would also like to let you know we are thrilled to be able to access quality health care on a regular basis with someone that they have built a relationship of trust.

Ngā mihi nui"

The SBHS has seen some changes in staffing and with Nursing shortages across the region, it has been difficult to recruit to fill any vacancies. Interim measures are in effect for Edgecumbe College, and recruitment is ongoing. All other schools have the full complement of staffing.

SBHS team enjoying a day out of the schools - Zaradene McGregor, Caroline Davies, Leah Dixon, Nicky Tarbotton (SBHS Lead) and Debbie Hocart



HĀPAINGA STOP SMOKING SERVICE

During the last year, a highlight for the Hāpainga Stop Smoking Service was being asked by Hapai te Hauora to present at the National SUDI (Sudden unexpected death in infancy) Prevention Conference in Rotorua. Tobacco smoking during pregnancy is one of the leading risk factors for SUDI and the team were asked to share how they deliver their successful Wāhine Rōpu that has an average 85% quit rate. The kaupapa Māori approach was shared and time given for questions.

Hāpainga Stop Smoking Service presenting at the National SUDI (Sudden unexpected death in infancy) Prevention Conference

During the conference, Faith was also interviewed for the Rotorua Post and this article and video was shared nationally by The New Zealand Herald.

Hāpainga were also invited to be part of the Heru and Hapū Māmā Masterclass that was held in the rohe of Mataatua. Heru and Hapū Māmā is an innovation that supports pregnant Maōri woman to quit smoking during pregnancy by connecting tikanga, taonga and technology together through tūpuna kōrero. The hapū māmā and service providers came together in collaboration to deliver a positive and uplifting experience, with māmā weaving a wahakura for their pepi. Due to the success of the wananga, more are to be held across the rohe.



Candy Blackwell, Ngaire Lewis (Business Development and Relationship Manager) and Lizzie Spence (Hāpainga and Smokefree Lead)



Sharlene Maru-Habib, Faith Tahuri and Candy Blackwell

THE EBPHA TEAM

The Eastern Bay Primary Health Alliance (EBPHA) would like to thank everyone for their hard mahi during another difficult and unsettling year. We would like to acknowledge Eastern Bay General Practices, all Secondary and Community Health Providers, stakeholder organisations and most importantly the people of the Eastern Bay.

Thank you

From Chief Executive Greig Dean and the Management Advisory Team.

And from all of us at EBPHA.



EBPHA STAFF OUT AND ABOUT



*Christmas Lunch and Team Building –
Lunch, Luge and Wine Tasting*





Enjoying a workplace yoga session

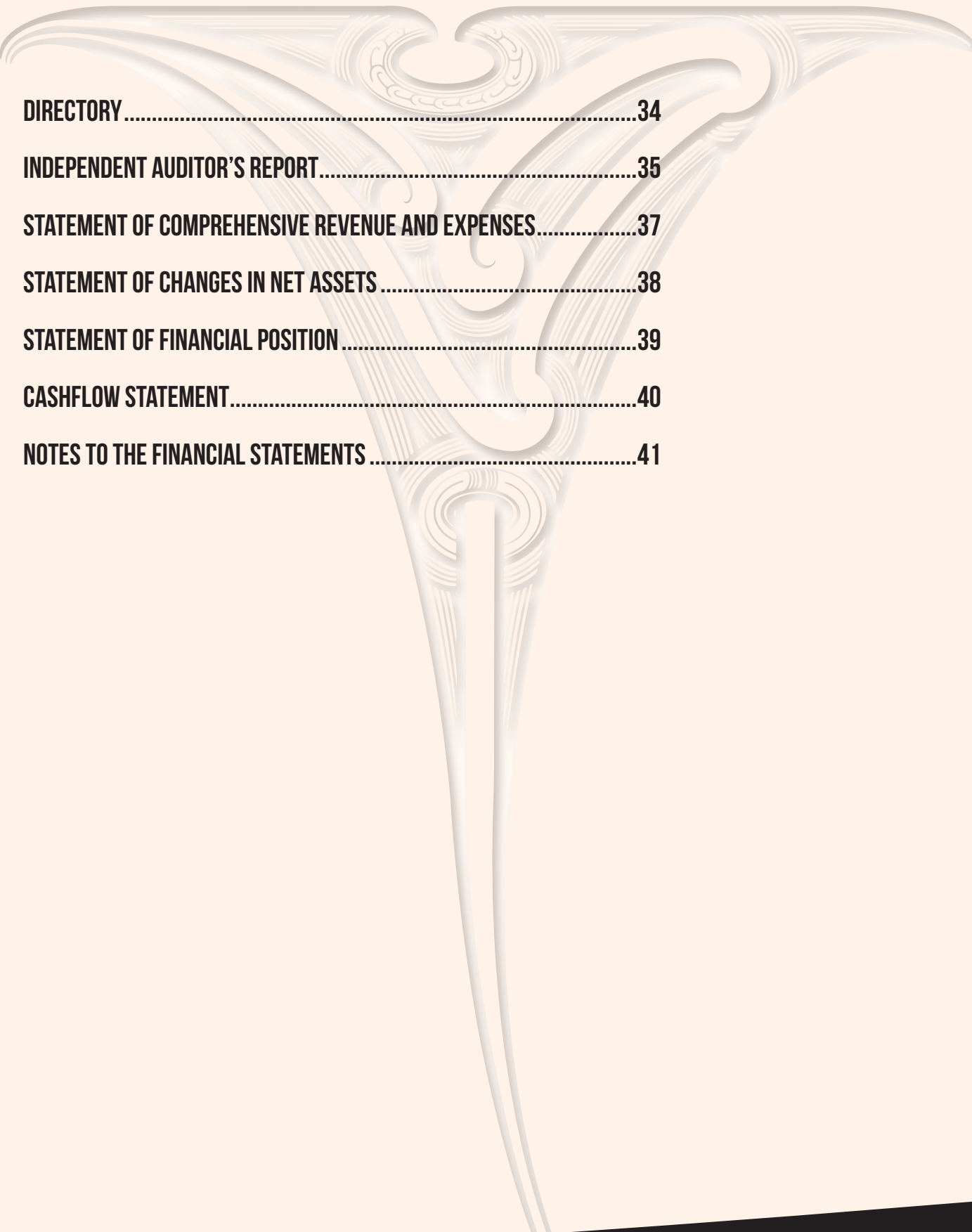
FINANCIAL STATEMENTS

EASTERN BAY PRIMARY HEALTH ALLIANCE

FOR THE YEAR ENDED 30 JUNE 2022



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Directory

Eastern Bay Primary Health Alliance For the year ended 30 June 2022

Chief Executive

Greig Dean (appointed 1 July 2020)

Chairman

Hamiora Bowkett (appointed 27 October 2021)
Fiona Wiremu (interim - resigned 27 October 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)
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)

Lance McNicholas (resigned 5 July 2021)

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 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 2022, 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 2022 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 31, 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.



William Buck Audit (NZ) Limited

Tauranga
21 October 2022

Statement of Comprehensive Revenue and Expenses

Eastern Bay Primary Health Alliance
For the year ended 30 June 2022

	NOTES	2022	2021
Revenue from Exchange Transactions			
DHB Funding		8,400,897	7,542,632
Interest		12,710	10,210
Other Income		61,241	23,261
Total Revenue from Exchange Transactions		8,474,848	7,576,103
Total Revenue		8,474,848	7,576,103
Expenses			
Governance		45,585	51,980
Personnel		3,028,067	2,745,415
Service Delivery		4,074,081	3,786,338
Other Expenses		1,082,860	1,146,656
Depreciation		34,932	36,649
Total Expenses		8,265,526	7,767,039
Total Surplus / (Deficit) for the Year		209,322	(190,936)
Other Comprehensive Revenue and Expenses		-	-
Total Comprehensive Revenue and Expenses		209,322	(190,936)

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 2022

	2022	2021
Net Assets		
Opening Balance	2,026,797	2,217,733
Increases		
Surplus for the Year	209,322	-
Total Increases	209,322	-
Decreases		
Deficit for the Year	-	190,936
Total Decreases	-	190,936
Total Net Assets	2,236,118	2,026,797

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 2022

	NOTES	30 JUN 2022	30 JUN 2021
Current Assets			
Cash and Cash Equivalents	5	2,299,961	2,637,621
Accounts Receivable	7	1,395,820	693,475
Other Current Assets		-	768
Goods and Services Tax		21,202	-
Total Current Assets		3,716,983	3,331,864
Current Liabilities			
Trade Payables and Accruals		1,612,885	1,361,216
Goods and Services Tax		-	47,869
Total Current Liabilities		1,612,885	1,409,085
Working Capital		2,104,098	1,922,779
Non-Current Assets			
Property, Plant and Equipment	8	104,221	99,017
Intangible Assets		27,800	5,000
Total Non-Current Assets		132,021	104,017
Total Net Assets		2,236,118	2,026,797
As Represented By:			
Total Equity		2,236,118	2,026,797

Signed for and on behalf of the Board of Trustees who authorised these financial statements for issue on 18 October 2022.


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 2022

	NOTES	2022	2021
Cash Flow			
Cash Flows from Operating Activities			
Receipts			
Receipts from Exchange Transactions		7,838,188	7,880,699
Goods and Services Tax		-	32,517
Total Receipts		7,838,188	7,913,216
Payments			
Payments to Suppliers		5,076,077	4,954,019
Payments to Employees		2,916,629	2,720,927
Goods and Services Tax		124,691	-
Total Payments		8,117,398	7,674,947
Net Cash Flows from Operating Activities		(279,209)	238,269
Cash Flows from Investing Activities			
Receipts			
Interest Received		12,710	18,856
Sale of Property, Plant & Equipment		87	1,419
Term Deposits		-	750,000
Total Receipts		12,797	770,275
Payments			
Intangible Assets		12,900	5,000
Purchase of Property, Plant & Equipment		58,348	22,524
Total Cash Flows from Investing Activities		(58,451)	742,751
Net Cashflows from Investing Activities		(58,451)	742,751
Net Cash Flows from Financing Activities		-	-
Net Increase/(Decrease) in Cash and Cash Equivalents		(337,661)	981,020
Cash and Cash Equivalents			
Opening cash		2,637,621	1,656,601
Cash Movement	5	(337,661)	981,020
Closing cash		2,299,961	2,637,621
Net change in cash for period		(337,661)	981,020

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 2022

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 2022 were authorised for issue by the Board of Trustees on 18 October 2022.

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 2022, 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 or 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 25% 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.

	2022	2021
5. Cash and Cash Equivalents		
Petty Cash	84	232
ASB Current Account	58,694	44,817
ASB Business Saver 50	2,192,878	1,129,386

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

ASB Business Saver 53	48,305	1,463,187
Total Cash and Cash Equivalents	2,299,961	2,637,621
	2022	2021

6. Term Deposits

Reported As:		
Current Assets	-	-
Non-Current Assets	-	-
	2022	2021

7. Accounts Receivable

Accounts Receivable	1,395,820	693,475
Total Accounts Receivable	1,395,820	693,475

8. Property, Plant & Equipment

	Plant & Equipment	Fixtures & Fittings	Technical Equipment	Total
2022				
Opening Balance	28,172	77,386	121,429	226,987
Additions	7,582	5,927	39,994	53,502
Disposals	(0)	(0)	(70,369)	(70,369)
Closing Balance	35,754	83,313	91,054	210,120
<u>Depreciation</u>				
Opening Accumulated	14,607	39,280	74,084	127,970
Deprtn on Disposals	(0)	(0)	(57,003)	(57,003)
Depreciation Charge	3,791	5,586	25,555	34,933
Closing Accumulated	18,399	44,867	42,634	105,899
Closing Book Value	17,355	38,446	48,420	104,221
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

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

<u>Depreciation</u>				
Opening Accumulated	11,970	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	44,342	99,017

9. Related Party Transactions

Chris McKnight is a director of McKnight Medical Limited which has been paid \$1,068,855 in practice payments for the year with an amount owing of \$21,798 (gross) at 30 June 2022. (2021: Paid \$795,559 with amount owing of \$56,185).

Erin Beeler is a director in Eastern Bay Podiatry Limited which has been paid \$114,364 in practice payments for the year with an amount owing of \$10,821 (gross) at 30 June 2022. (2021: Paid \$100,304 with amount owing of \$10,486).

Fiona Wiremu is a director of Whakatane Medical Practice Limited which as been paid \$944,615 in practice payments for the year with an amount owing of \$20,598 (gross) at 30 June 2022. (2021: Paid \$666,540 with amount owing of \$12,561)

Linda Steel is a trustee of Te Ao Hou Trust which has been paid \$174,953 in practice payments for the year with an amount owing of \$16,765 (gross) at 30 June 2021. (2021: Paid \$161,340 with amount owing of \$16,765).

Dickie Farrar is a director of Te Pou Oranga O Whakatohea Limited which has been paid \$77,678 in practice payments for the year with an amount of \$11,500 (gross) owing at 30 June 2022 (2021: Paid \$nil with amount owing of \$nil). Whakatohea Health Centre is a service being delivered on behalf of Te Pou Oranga O Whakatohea Limited which has been paid \$1,399,999 for the year with an amount of \$164,400 (gross) owing at 30 June 2022. (2021: Paid \$1,172,182 with amount owing of \$29,181). Dickie Farrar is also CEO of Whakatohea Maori Trust which has been paid \$1,791 in practice payments for the year with an amount of \$1,945 (gross) owing at 30 June 2022. (2021: Paid \$1,311 with amount owing of \$1,278).

Cecile De Groot is a director of Wade Medical Limited who owns Riverslea Medical Centre which has been paid \$1,958,672 in practice payments for the year with an amount owing of \$30,558 (gross) at 31 March 2022 (2021: Paid \$1,571,157 with amount owing of \$25,953).

Lance McNicholas is a director of McNicholas Medical Limited. He resigned from the Board of Trustees on 5 July 2021 (2021: Paid \$141,458 with amount owing of \$nil).

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:

2022

Total Remuneration: \$373,097

Number of FTE's: 2.08

2021

Total Remuneration: \$331,414

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	2021
Financial Assets		
Loans and Receivables	1,383,841	693,475
Financial Liabilities		
At Amortised Cost	1,248,750	981,863

11. Capital Commitments

There are no capital commitments to capital purchases at balance date. (2021: \$Nil).

12. Contingent Assets and Liabilities

The trustees are not aware of any contingent assets or liabilities at balance date. (2021: \$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. (2021: \$Nil).

	2022	2021
14. Commitments Under Non-Cancellable Operating Leases		
Not later than one year	286,041	84,457
Later than one year and not later than five years	105,274	66,538
Later than five years	-	-
Total Commitments Under Non-Cancellable Operating Leases	391,316	150,995

	Rental Time Remaining	Monthly Rate
Lease of Property		
5 Louvain Street, Whakatane	12 months	\$16,755.13
Photocopier	46 months	\$1,020.80
Vehicles		
MTK475	11.5 months	\$525.15 to 25/5/23, then \$17.25
MTK476	11.5 months	\$525.15 to 25/5/23, then \$17.25
MTK478	11.5 months	\$525.15 to 25/5/23, then \$17.25
NMY984	22.5 months	\$538.32 to 25/7/24, then \$290.71

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NLD775	21 months	\$548.66 to 25/3/24, then \$72.10
NPE750	24 months	\$538.32 to 25/5/24, then \$485.26
NSR267	26 months	\$530.37 to 25/7/24, then \$356.12
NSC997	26 months	\$530.37 to 25/7/24, then \$321.27
NTS492	27 months	\$551.02 to 25/8/24, then \$460.50
NTS493	28 months	\$539.16 to 25/9/24, then \$450.59
NUF613	40 months	\$836.14 to 25/9/25, then \$259.25

The total cost of leases during the year is \$301,849 (2021: \$286,526) and is included in other expenses.

The property leased at 5 Louvain Street, Whakatane was sold in June 2019 and the lease agreement has rolled over to the new owner.

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:

	2022	2021
Revenue from Exchange Transactions		
Capitation	7,476,665	6,981,471
Rural After Hours	89,073	86,664
Rural Primary Health Care Premium	355,210	344,864
Covid 19 Income	2,133,092	489,501
DHB Funding Block	-	38,727
Total Revenue from Exchange Transactions	10,054,040	7,941,227

16. Covid-19

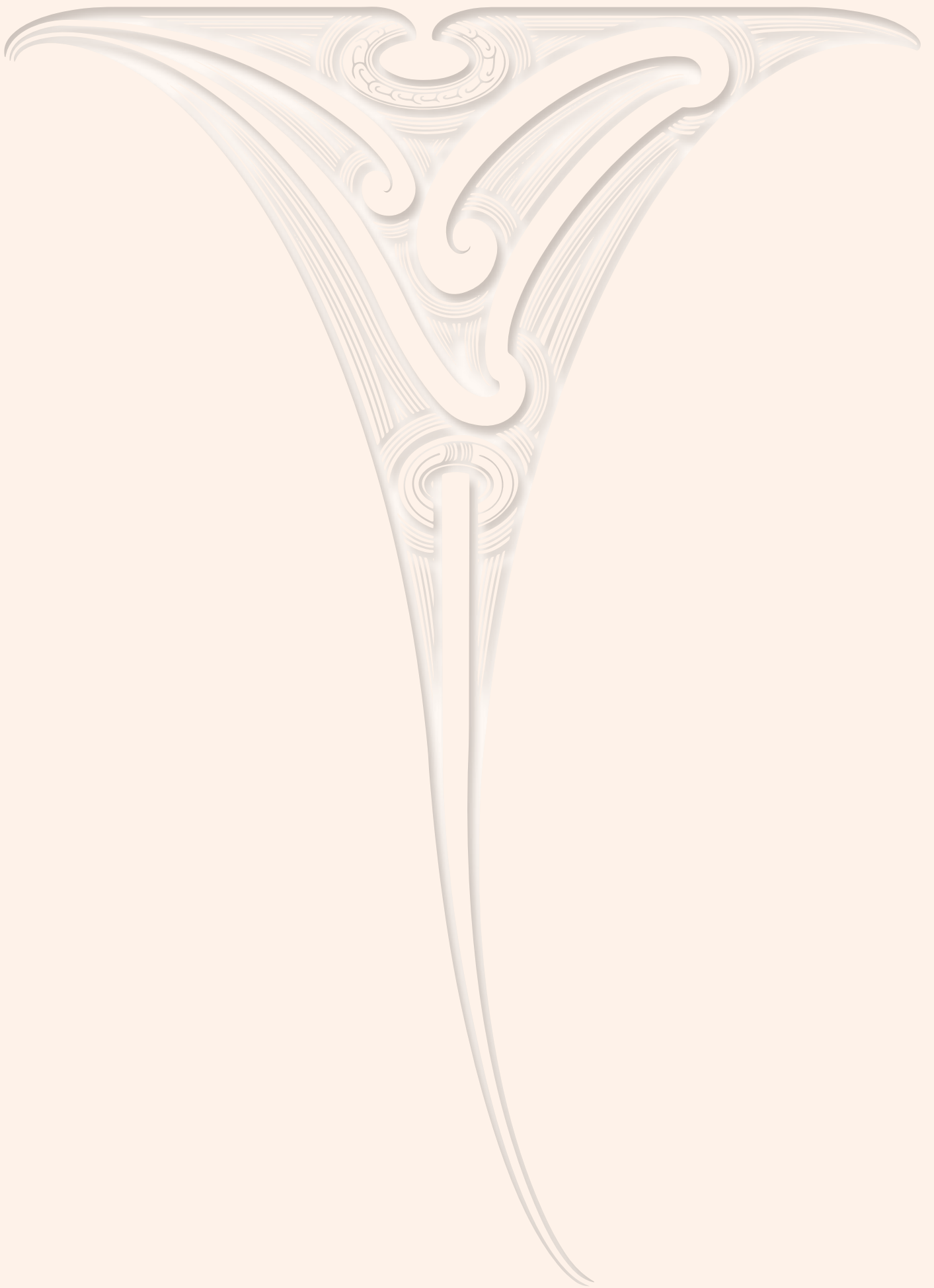
In 2020, the New Zealand Government imposed measures to reduce the spread of the COVID-19 virus, including a system of Alert Levels and lockdowns. At certain levels, only essential services were able to operate. The Alliance continued to operate during lockdown periods, in accordance with the Ministry 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







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