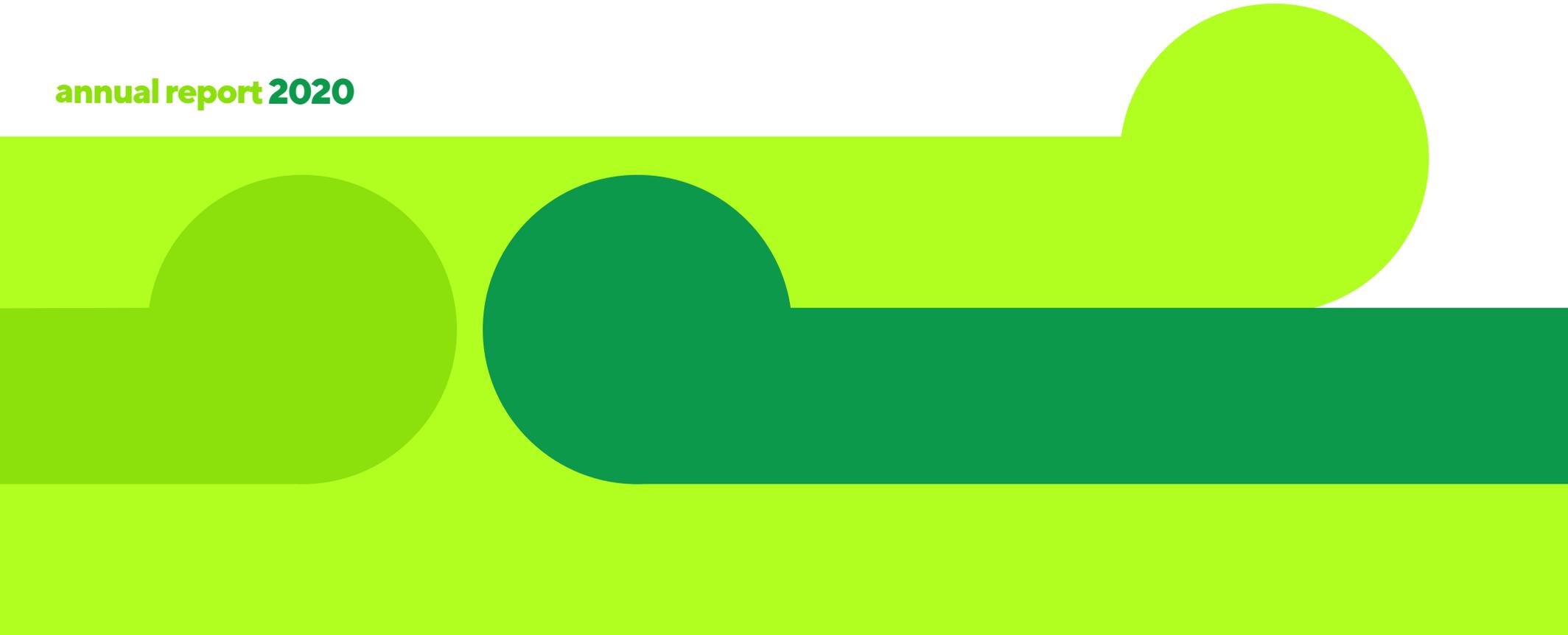




annual report 2020



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## founding trustees

Mary Kay Palmer  
John McIntosh  
Des Chia

## board of trustees

Andrew Corkill, Chairperson  
Hayley Beach, Treasurer  
Mark Etheridge  
Gillian Holm, Deputy Chairperson  
Nick Johnston  
Mark Brown  
Cheri-Lee Atkinson

## solicitor

Ellice Tanner Hart

## auditors

Campbell & Campbell Accounting  
Consultants

## bankers

Westpac Bank

## leadership team

Karen Covell – Chief Executive  
Angela Meyrick – Operations Manager  
Noeline Kuru, Team Leader  
Patty Posthuma, Team Leader

## administration team

Nicolle Zimmerman, Executive Assistant  
Catherine Cook, Business Development

## administration centre

18 Rostrevor Street, Hamilton 3240  
(PO Box 19-082, Hamilton 3244)  
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# Welcome to the 2020 AGM and in my first year as Chair it gives me particular pleasure to note that 2020 is a special year for this organisation as we gather to celebrate 25 years of impact!

Obviously 2020 has been a year to remember for all the wrong reasons so it is nice to have things to 'celebrate' when we can. Much of our work as trustees and discussion points this year have been making sure that Karen and the team are staying well through the Covid19 response and able to be equipped with the tools they need to react and respond nimbly. Overall I have been impressed with the response of the organisation and the ability to adapt to working remotely and maintaining delivery albeit in a different way with those people who require our services most.

Service delivery at the moment includes some unknowns especially with the potential for the "tsunami" of referrals that are being predicted as result of covid related job losses and business closures and the direct correlation between these types of events and a person's state of wellbeing.

I extend my thanks to all Progress to Health staff members and hope that the daily group checkins and 'crazy hat' meetings have all played their part in you finding your own way to wellbeing in this very interesting year.

He Ara Oranga, the report to the Government inquiry into Mental Health and Addiction sought to bring the opinions and experiences of people living with a mental health and/or addiction to the forefront when making recommendations to the Government for

improving equity of access, confidence in systems and outcomes for Maori and other groups. This resulted in the first Wellbeing Budget, which promised significant funding to the sector and its workforce. To date NGOs have not seen much if any of this money to support existing, successful and much needed community services, but there has been some development in the scope of new services – enabling better lives.

Our Board has in the last year been through a transformation. We farewelled David Ireland after 9 years at the helm along with Michael Bland and Dee Holmes. We have gladly welcomed Mark Brown, with all his experience as CEO of Life Unlimited and other senior sector roles. Gillian Holm took on the role of Deputy Chair from myself as I stepped into David's (smaller) but large shoes. Hayley Annals continued in her role as Treasurer and alongside Mark Etheridge brings stability to the board through their tenures as we positively rebuild and strengthen our governance for the organisation. Nick Johnston has had great impact since coming on board a year ago, with his passion for the not for profit sector and experience in local government adding to our repertoire of trustee skills. With all these passionate people engaged and interest from others 'waiting in the wings' the organisation is well served.

A special note to David must be given. Nine years as chair of an NGO is admirable in so many ways and the volunteer hours you have given to the organisation is very much appreciated. We wish you all the best in your future ventures and know you will never be far.

To Karen Covell, one of the longest standing not for profit CEOs in the Region – thank you for all that you do. Your expertise and steadying hand has allowed Progress to Health to endure crises such as Covid19 with relative ease.

Thanks again to Progress to Health staff and our supporters and networks. Together we are better.

Ngaa mihi nui



**Andrew Corkill ,  
Chairperson**

Board of Trustees,  
Progress to Health

# chairperson's report

**When we thought life couldn't get much more complex, COVID-19 came knocking on our doors and immediately changed the way we lived and the way we provided support to people choosing to use our services. We quickly became experts in the use of ZOOM and Facetime; we became flexible enough to cough into our elbows; we now know exactly what 2-metres looks like without a measuring tape; and we've relearnt the art and value of connection.**

# chief executive's report

**A**s we keep our fingers-crossed that New Zealand will continue to move down its alert levels and hope that one day before too long we can have that overseas trip, we also need to reflect on what we have learned since March this year.

I would like to take some time to share thoughts captured by the chief executives of the Wise Group, in the 'Please Press Pause1' paper sent to Government, which reflected on how things were before lockdown, during Level 4 and how it might look into the future, for example:

		<b>Our old normal</b>	<b>Level 4</b>	<b>Our new world</b>
<b>Government:</b>	<b>Decision making</b>	Slow – can take more than a year. Often siloed. Often fiscally driven rather than meeting need.	Fast – takes less than 5 days We get things done quickly together. Very satisfying for both parties. Move to whole of Government.	Agile Government. Negotiation timeframes become reportable KPI. Cross-sector collaboration harnesses our respective areas of expertise.
<b>Vulnerable Populations:</b>	<b>People with mental illness</b>	Struggle with poverty and daily living. Requesting more contact with services but staff time pressures mean this can be difficult.	Evening cooked meal delivered. Significant increase in wellness with increased nutrition. 50% increase in whanau connection as many system constraints removed and staff able to spend time contacting whanau	Additional flexible funding allows providers to purchase and provide nutritious main meal. Addressing system constraints means gains under level 4 are sustained. Clean slate of Government debt.
<b>Where and how we work:</b>	<b>Providers</b>	Siloed and competitive. Driven by contracting models that pit them against each other. Short term contracts. Competitive contracting affects collaboration.	Examples of providers rapidly coming together. Collaborating to meet the needs of the most vulnerable. New developments including joined up referrals and delivery of services.	Community ecosystem models are supported.

**Over the last 12 months, we have created a new community garden space, settled into our new home in Rostrevor Street, opened a hub in Taupo and new blood has joined both our support teams and the board, creating a sense of energy and motivation to continue our work of creating communities without barriers.**

Over the last 12 months, we have created a new community garden space, settled into our new home in Rostrevor Street, opened a hub in Taupo and new blood has joined both our support teams and the board, creating a sense of energy and motivation to continue our work of creating communities without barriers.

Our strategic direction is being reviewed and I believe it will bring us into our 'new world' with a clear pathway, whilst remaining a living and changing thing. Following are some key achievements from the last year, that we would like to share with you:

### Our Communities

Our services were accessed by more than 400 individuals; the average age being just under 43 years old; the youngest being 17 and the eldest 78 years old. We supported marginally more women than men.

Whilst most identified as NZ European (64% up by 5%), followed by Maori (28% down 2%), we are continuing to see people from a broad spread of countries.

The most common referral sources were self/family referrals, adult community mental health teams and other community support services. Interestingly, referrals from GPs had increased by 75% whilst referrals from the education sector remained static. Referrals were also received from a hospital (not a mental health department), public health and private practitioners (not GPs).

The most common mental health conditions people are living with are depression (27%, no change), anxiety disorder (24% up by 2%), schizophrenia (12% no change), post-traumatic stress

disorder (8% up by 1%) and bipolar disorder (6% down 2%),

The more common physical health conditions or disabilities people are living with are intellectual disability (13%, an increase of 1% on last year), asthma (9% down 2%), epilepsy (9%, no change), arthritis (9%, up 1%), dyslexia and non-insulin dependent diabetes (both at 6%).

71 (up by 8) people were in or have gained employment during the year, ranging between 1 and 65 hours per week. The average weekly hours remained at 16.

69 (up by 20) had become volunteers in, among other things, retail, outdoor work, community service, caregiving, education, trades and animal care.

Most of the people supported lived in Hamilton, followed by New Plymouth, Tokoroa and Cambridge respectively.

9% of people opted out of stating a religion of choice, but for those that did 16% said they were Christian (without being more detailed), followed by those that specifically identified themselves as being Catholic (2%) or Anglican (1%). Other recorded religions were so small in number that they didn't reach 1%

26% (up by 4%) are living alone in rented accommodation; 17% (no change) are renting with others; 22% are living with their family (up by 5% on last year); 12% are in supported accommodation (down by 1%) and 11% are living in their own home (up by 1%). Less than 1% are reporting that they have no fixed abode, repeating a similar result to last year.

People are also asked what they consider their main daily activity to be - 49% (up by 7%) said they pursue hobbies; 15% (down by

**Through PressGo, we have been able to provide support to collegial agencies, along with a growing range of businesses, to educate their staff on self-care and wellbeing.**

1%) said they're seeking employment and 8% (down by 1%) consider volunteering to be their main activity.

64% (down 24%) of current clients have told us that they have been or are smokers; 17% (down 24%) consider themselves current smokers, while 10% (down 36%) have been given advice to quit in the last 6 months and/or have been referred to cessation services.

For those where the information has been recorded, 6% (up 1%) have a certificate or diploma and 1% has a degree.

We again reached 100% compliance for PRIMHD<sup>2</sup> reporting.

### **Our People**

Our staff turnover was 19% (up by 2% on last year). Our average length of service has increased to 6 years.

4 team members have successfully completed their Level 4 Certificate in Health & Wellbeing.

### **Our Resourcing**

Our various business initiatives brought in income to the tune of \$25,000, the decrease on last year mainly attributable to Covid-19 restrictions.

For the 13th year running, we achieved a surplus, despite funding, in general terms, remaining static to last year. Importantly, we were able to fully implement our remuneration policy, upgrade resources and equipment.

Through PressGo, we have been able to provide support to collegial agencies, along with a growing range of businesses, to educate their staff on self-care and wellbeing. We moved to virtual workshop delivery and will continue this as an adjunct to physical environments.

### **Our Infrastructure & Systems**

Our business continuity, other than how we delivered support services, was largely uninterrupted, having made the transition to full cloud-based systems last year.

Annual reports are great vehicles for being able to acknowledge and thank the people and organisations that have continued to assist and support us, including but not limited to, Interactionz, Spark, Bullzeye Best Brands, CSG, Elite, Dynamo6 and Wild Bamboo. I would also like to acknowledge the continued support of the Waikato, and Taranaki District Health Boards, and the Ministry of Social Development.

For those of you who follow us on Facebook, you'll be well aware of the collective and individual contributions made by our frontline staff, not only to individuals' lives, but also to the continued success of Progress to Health itself. For that, they have my sincere appreciation.

To the leadership team, Patty Posthuma, Noeline Kuru and Angela Meyrick - thank you for your continued commitment to the work of Progress to Health.

I would also like to acknowledge Cat Cook and Michelle Howie for their work in the PressGo space. Their agility to get us into the virtual world was astounding.

<sup>1</sup> PRIMHD (pronounced 'primed') is a Ministry of Health single national mental health and addiction information collection of service activity and outcomes data for health consumers

**The rest of 2020 and probably the next wee while to come, will continue to bring challenges and opportunities and I feel confident that we will have the energy and drive to meet whatever the constantly changing environment will bring.**

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Nicolle, my executive assistant, certainly embraces our values of being flexible, inclusive, responsive and passionate – always being willing to do the ‘odd’ things that crop up!

I would also like to acknowledge Andrew Corkill, who along with Hayley Annals, Mark Etheridge, Gillian Holm, Nick Johnston and Mark Brown have kept their focus on steering Progress to Health on its strategic direction and our future. Thank you for the time and belief you’ve placed in Progress to Health, and for the support you’ve given to the Progress to Health whanau.

Finally, but not least, I would like to thank you for your continued interest in Progress to Health, for working with us, supporting us and for joining us on occasions like this morning.

The rest of 2020 and probably the next wee while to come, will continue to bring challenges and opportunities and I feel confident that we will have the energy and drive to meet whatever the constantly changing environment will bring.



**Karen Covell**  
**Chief Executive**  
Progress to Health

THE FOLLOWING FINANCIAL STATEMENTS PROVIDE AN EXCERPT FROM THE AUDIT REPORT COMPLETED AND PROVIDED BY MARK CAMPBELL OF CAMPBELL AND CAMPBELL ACCOUNTING CONSULTANTS, HAMILTON. THE FULL AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON REQUEST BY CONTACTING PROGRESS TO HEALTH'S ADMINISTRATION CENTRE.

# statement of financial performance

	JUNE 2020	JUNE 2019
	\$	\$
<b>Revenue</b>		
<b>Revenue from providing goods &amp; services</b>		
Ministry of Social Development	461,443	437,054
Waikato District Health Board	960,399	1,171,012
Taranaki District Health Board	455,549	411,157
Business Initiatives	16,916	24,092
Sundry Income	7,515	13,814
	1,901,822	2,057,129
<b>Interest, dividends &amp; other investment income</b>		
Interest income	9,685	9,805
<b>Donations, grants and fundraising income received</b>		
Donations received	259	0
<b>Total Revenue</b>	<b>1,911,766</b>	<b>2,066,934</b>
<b>Expenses</b>		
<b>Employee related payments</b>		
Wages & salaries	1,284,835	1,375,190
<b>Costs relating to providing goods &amp; services</b>		
Service costs	252,022	257,020
Centralised costs	302,284	251,229
<b>Other expenses</b>		
Audit fees	4,335	4,165
Depreciation	7,700	4,830
Loss on disposal of Fixed Assets	160	14,208
<b>Total Expenses</b>	<b>1,851,336</b>	<b>1,906,642</b>
<b>Surplus/(Deficit) for the year</b>	<b>60,430</b>	<b>160,292</b>

# statement of financial position

	NOTES	JUNE 2020	JUNE 2019
		\$	\$
<b>Revenue</b>			
<b>Current Assets</b>			
Bank accounts & cash	Note 2.1	849,713	723,627
Accounts receivable	Note 2.3	142,728	144,756
Interest received		3,067	2,674
Prepayments		137	1,833
Short term deposits	Note 2.2	293,387	284,602
		1,289,032	1,157,492
<b>Non-Current Assets</b>			
Property, plant & equipment	Note 2.5	19,849	13,938
<b>Total Assets</b>		<b>1,308,881</b>	<b>1,171,430</b>
<b>Current Liabilities</b>			
Accounts payable & sundry accruals	Note 2.4	104,377	53,388
Employee costs payable		93,996	67,964
		198,373	121,352
<b>Total Liabilities</b>		<b>198,373</b>	<b>121,352</b>
<b>Net Assets</b>		<b>1,110,508</b>	<b>1,050,078</b>
<b>Accumulated Funds</b>	Note 4.0		
Accumulated surpluses /(deficits)		918,917	858,487
Financial reserve		191,591	191,591
<b>Total equity</b>		<b>1,110,508</b>	<b>1,050,078</b>
Note 2.1: Bank accounts & cash			
Note 2.2: Term deposits			
Note 2.3: Accounts receivable			
Note 2.4: Accounts payable & accruals			
Note 2.5: Property, plant & equipment			
Note 4.0: Reserves			

# statement of cash flows

	JUNE 2020	JUNE 2019
	\$	\$
<b>Cash flows from operating activities</b>		
<b>Cash was received from:</b>		
Donations received	259	0
Receipts from providing goods & services	1,903,851	2,066,022
Interest, dividends & other investment receipts	507	655
	<b>1,904,617</b>	<b>2,066,677</b>
<b>Cash was applied to:</b>		
Payments to suppliers & staff	(1,764,759)	(1,866,640)
	(1,764,759)	(1,866,640)
<b>Net cash flows from operating activities</b>	<b>139,858</b>	<b>200,037</b>
<b>Cash flows from investing &amp; financing activities</b>		
<b>Cash was received from:</b>		
Receipts from Sale of property, plant and equipment	0	0
<b>Cash was applied to:</b>		
Purchase of property, plant & equipment	(13,772)	(1,979)
<b>Net cash flows from investing &amp; financing activities</b>	<b>(13,772)</b>	<b>(1,979)</b>
<b>Net increase/(decrease) in cash &amp; cash equivalents</b>	<b>126,086</b>	<b>198,058</b>
<b>Cash &amp; cash equivalents at beginning of year</b>	<b>723,627</b>	<b>525,569</b>
<b>Cash &amp; cash equivalents at end of year</b>	<b>849,713</b>	<b>723,627</b>
<b>This is represented by:</b>		
<b>Bank accounts &amp; cash</b>	<b>849,713</b>	<b>723,627</b>

# our centres

