

CHIEF EXECUTIVE'S REPORT

It is with pleasure that I present the Chief Executive report for the annual period 2020/21. It was a surreal year overall, as we commenced the period recovering from our first lockdown experience for COVID-19. We then were required to transition with haste back into business as usual. I just wish to acknowledge the workforce across Whanganui Regional Health Network (WRHN), our subsidiary companies and private general practice members. All of you without exception rose to the occasion and delivered what you needed to keep our people safe. I believe it came at some expense for the workforce personally, as the stress and uncertainty was real, and we were required to navigate experiences that were new to us. I can confirm that the primary care sector stepped up and was amazing. Thank you to all our teams.

There were ongoing challenges in reaching and recovering our people to ensure childhood immunisations were covered off; B4 School Checks, Cervical Screening, Breast Screening, Diabetes Checks, to name but a few. Sometimes it was difficult to engage people in these activities and at times it was a task that the workforce struggled to cover off due to the demand on accessing general practice services, however, everyone tried their best.

An operational highlight that has created a real difference for the community is the introduction and phasing of Health Improvement Practitioners and Health Coaches, rolled out in a few pilot practices. This proved to be very effective and well supported by both practitioners and clients. It's pleasing to see further investment will offer access for all people in 2021/22. Mental health support offered in a timely way, as an early intervention strategy in today's world of uncertainty, is a positive strategy that will support people in the early stages of their symptoms and exactly the sort of strategies that will relieve pressure on specialist hospital services in the long run.

I had the privilege of being part of a Healthy Families Advisory Strategy Group for Suicide Prevention, focused on growing collective wellbeing, led by Te Oranganui. This was an insightful experience to understand the realities of our whole community and participating in a whole of system response. Understanding and hearing the voice of whānau, communities and professionals taught us all that to be more effective we need "to transform and change our approach to suicide prevention."

Acknowledging that sustainability of general practice across our district is a core priority, we are intent on improving equity and access for all our people. Some notable progress included Bulls Medical Centre, completing their building project to increase facility capacity. The Directors are to be congratulated in taking an investment decision and creating a reality that will be a comfort for all of the Bulls community, we are sure.

Being personally engaged in the collaborative venture at Ruapehu Health, towards the aspirational dream of a Wellness Centre, has been a positive experience. Working alongside our Iwi partners; Ngati Rangī Trust and Uenuku, has resulted in the Ruapehu Health Ltd Board progressing to include a Whanganui DHB Director, so collectively we can work on moving our health and social teams to create an integrated workforce operating well together.

Taihape community and Iwi partner Mokai Patea Services have also joined us to revisit the Taihape Rural Health Centre (owned by WDHB), to see if we can regenerate a facility (that has been barely utilised for ten years), to create a vibrant health and Whānau Ora workforce working collectively for the community of Taihape. Whanganui DHB has offered the community an opportunity to future proof this campus and this is not to be missed.

Finally, I just want to extend a special thanks to all our WRHN Board members and Directors of each of our subsidiary clinics for their guidance, passion and interest in ensuring the vision and values of WRHN align to the future aspirations of Iwi, Māori and our communities. We could not progress without your guidance and the senior management team value your wise words.

We are on the cusp of further change, but I feel sure the relationships we have developed over many years with our Iwi provider partners are strong and respectful, and that will be what makes the difference for our communities health and wellbeing.

Best wishes to you all for the festive season and here's to a COVID free 2021/22 year.

Ngā mihi nui
Jude MacDonald, Whanganui Regional Health Network Chief Executive

CHAIRPERSON'S REPORT

It is with some pleasure I write this 2021 report. It has been another challenging year, with the world progressing through the COVID-19 pandemic. We have had a further lockdown and are now focused on preparations for managing it in the community, as the Delta variant is expected to spread through the population.

Over the 2020/21 period, WRHN and general practice teams were busy with business as usual and trying to catch up on work delayed by the 2020 lockdown, and our senior management team have been busy planning for the future.

There has been ongoing development of the transition to the new health environment at a higher level, with Health NZ and the Māori Health Authority boards being announced. Whanganui is well placed to be a locality organisation in the future and we are delighted to work with Whanganui DHB and Te Oranganui, along with the National Hauora Coalition, to progress this.

There is major growth happening across our district to create sustainable general practice. Our subsidiary companies Gonville Health, Taihape Health and Ruapehu Health all have developments at various phases. This has taken a huge amount of enthusiasm and drive from our CE and senior managers. We must also acknowledge our partner Iwi organisations in these collaborative ventures. We welcome Janine Rider back to the Whanganui area to lead the Gonville Health development, where we have significant plans to expand the facility to support the teams working there, strengthen services for the community and ensure equitable access for our population.

Thanks to all those involved from the Whanganui DHB, general practices, Iwi and community teams, for their commitment and enthusiasm in providing a mass population vaccination campaign. This has been a steep learning curve.

I would thank the WRHN Board for their informed discussion and passionate support of the organisation, bringing a wide perspective to the discussions and their strong focus on improving the health and equitable outcomes in our rohe. I acknowledge the contribution Alaina Teki-Clark made before retiring from the Board and welcome her successor Soraya Peke-Mason. I would also like to acknowledge the retirement of Nan Pirikahu-Smith from the Gonville Health Board and Norman Richardson from the Taihape Health Board.

At the time of writing this, we have considerable pressure with government mandates and vaccine hesitancy. We must ensure that we do not follow the path of polarisation, but continue with consideration, understanding and accurate information, to meet the challenges we face going forward.

Anger and intolerance are the enemies of correct understanding (Mahatma Gandhi)

Dr Ken Young, Whanganui Regional Health Network Chair

FINANCIALS

The audited consolidated financial statements of WRHN and its subsidiary companies; Taihape Health Ltd, Gonville Health Ltd, Whanganui Accident and Medical Clinic Ltd (WAM), and Ruapehu Health Ltd, reported the following;

- Total Revenue of \$28,848,146 including: (1) PHO Contract revenue of \$17,459,987; (2) Clinical and Support Facilitation revenue of \$6,386,990; (3) External revenue from subsidiaries companies of \$4,182,598; (4) Other revenue of \$818,571.
- Total Expenses of \$27,676,613 including: (1) Delivery of government contracts and provision of community health services (including the operating expenses of the subsidiary companies), of \$13,920,771 (50%); (2) Consolidated wages and other employee costs of \$12,966,702 (47%); (3) Depreciation and occupancy costs of \$789,140 (3%).

Total consolidated net profit for the year ended 30 June 2021 was \$1,903,437. At this date the WRHN Group had consolidated assets of \$9,221,264 and liabilities of \$2,361,103. The financial statements were audited by CSK Audit and all entities received unmodified audit opinions.

Whanganui Regional Health Network



ANNUAL REPORT 2020-2021



Whanganui Regional Health Network

WRHN SUBSIDIARIES

Gonville Health

The 2020/21 year brought about some new challenges working in primary healthcare. The COVID-19 risk resulted in the redesign of practice space, with a partitioned area to separate respiratory patients. We have continued working this way and will do so for the foreseeable future. Our virtual capacity has been increased, allowing us to do so much more.

The neighbouring property has been purchased for the capacity and capability expansion, and community development of Gonville Health and the Gonville Centre. A highly skilled and committed workforce continues to be a priority for Gonville Health. We have a growing number of Nurse Practitioner's, a Nurse Prescriber and staff undertaking further education, as we offer a robust training programme and support.

Taihape Health

- Workforce sustainability – A recruitment programme is well underway, with a new generation of nursing staff in training. Kaiawhina and Health Improvement Practitioner role is in place and this has added great value to the team. Equity training has occurred.
- Community health and wellbeing hub development – A collaboration between Mokai Patea, Otaihape Trust, Whanganui DHB and Whanganui Regional Health Network is underway, with the intent of relocating primary care services and Whanau Ora services within the Taihape Rural Health Centre.
- Strengthening relationship with Iwi partner – Working collaboratively with Mokai Patea Services on the provision of COVID-19 vaccination, to ensure the population target of 90% is met in our community.

Ruapehu Health

Post COVID-19 first wave, the practice refocused on business as usual, especially screening targets. We saw significant improvement in patients receiving annual diabetic checks, cardiovascular risk assessments and cervical screening. The long-term condition nurse role was increased from 0.6 to 0.8fte to improve availability. Working in partnership with Iwi to address equity issues and improve health outcomes for Māori has been a priority. Developing our interdisciplinary team was a significant focus, with recruitment of a Health Improvement Practitioner and Health Coach, and an additional Registered Nurse.

Whanganui Accident & Medical (WAM) – staff experiences

- I joined WAM in November last year as a Kaiawhina, to help develop and lead the role to support the clinic and reduce inequity. I applied for the job as their values stood out for me – aroha, kotahitanga, manaakitanga and tino rangatiratanga. Each of the values are dear to me and how I live my life, and I want to role model these to all I interact with. I have a passion for people and everyday I'm here looking at how, where and what can we do to improve our services; to ensure whānau are experiencing these values when they are visiting the clinic or interacting with anyone at WRHN. I have loved my role so far; learning alongside everybody and adding new tools to my kete everyday.
- I have enjoyed collaborating with our reception team and am immensely grateful to be working alongside such passionate and caring mana wahine, who have the power to change a space and fill it with care, compassion, heart and love. I seek to contribute by engaging with staff and patients in Te Reo Māori. This strengthens relationships with our patients and our staff. I also enjoyed being a part of the CBAC team when it was first formed in March 2020, and as lead administrator I contributed to helping create systems for daily reporting, processing of swabs, data collection, etc.
- I was very fortunate to be offered a permanent position at WAM at the end of my third-year nursing transition placement. I personally feel it is a privilege to work with and be a part of such a fantastic, knowledgeable, passionate group of health professionals, that provide vital and essential care and treatment to our community. I am honoured to be a member of our fabulous WAMily.

MATERNITY CHILD HEALTH

COVID-19 has encouraged us to think differently about how we can provide services to our community. We have noticed changes in transience of whānau, the hesitancy of whānau to engage, combined with the challenges of lockdown.

Pregnancy and Parenting

- 152 Hapu Māmā completed classes – 28% Māori
- Classes and resources redesigned and put onto the WRHN website, and closed Facebook groups created for all classes, to provide ongoing support
- 9 Hapu Māmā classes took place, with several also cancelled over COVID. These are 'one stop' classes, which offer transport, maternal immunisations, car seat fitting, labour and birthing, and a tour of the WDHB birthing rooms.

Our Kaiāwhina shares her wealth of experience and knowledge in raranga wahakura and kaupapa Māori based education, and is redeveloping culturally appropriate childbirth and parenting education, and distribution of wahakura.

Safe Sleep

- 271 safe sleep spaces distributed – 54% to Māori māmā, 55% were wahakura
- Our wahakura raranga and kiako has continued to collaborate with partners Te Oranganui, in facilitating wahakura wananga and in making one-on-one wahakura with hapu māmā and whānau
- Over COVID-19, safe sleep education was virtual or by phone, with contactless drop-off

Healthy Homes

Our team provided support for healthy home environments to over 50 families – 45% Māori, 25% Pasifika, 64% Quintile 5. Outcomes included registration with general practice, referral to health partners and social agencies, medication review referral, arranging fire alarm fitting, CSC application advice, assessment and referral onto Energy Smart for insulation.

Gen2040 – Best Start Kōware

This screening tool was installed in all practices by the end of February 2021. The tool is embedded in Clinical Pathways, referrals and information tabs to support clinicians with the provision of best practice antenatal care.

Before School Checks (B4SC)

COVID-19 was particularly challenging for B4SC. Working with general practice teams, pre-schools and kōhanga reo enabled us to reach 99.6% of our total population and 100.3% of high dep population – 96.9 Māori, 105.1% Pasifika, 102.2% Asian, 101.7% other ethnicities. 89% of obese children were referred for follow up and support.

COMMUNITY FUNDING OPTIONS

Whanganui DHB contracted WRHN in January 2021, to lead the initial test of change until 30 June 2021, for the development and implementation of the local Community Funding Options Programme (CFOP), for a range of acute illnesses.

A phased approach, with the first including IV therapy and access to diagnostics (initially DVT ultrasound). Access to ultrasound was made available through a private provider in Palmerston North for rural practices. IV therapy is inclusive of Cellulitis, DVT, iron infusions, Aclasta infusions, adult and childhood rehydration.

Aramoho Health Centre, Bulls Medical Centre, Ruapehu Health, Stewart Street Surgery, Taihape Health and Whanganui Accident & Medical participated in the initial implementation phase.

226 claims were completed in the initial three month roll-out, with cellulitis treatment being the most common condition. An opportunity was also seen to reduce barriers for parents/caregivers to access treatment in the community for gastroenteritis rehydration in children. Community pharmacies are now able to provide free Pedalyte rehydration solution and provide guidance around this.

WELLBEING PROGRAMME

WRHN implemented the first tranche of the Integration Primary Mental Health and Addiction service roll-out. This meant new Health Improvement Practitioners (HIPs) and Health Coaches (HCs) were available to provide timely, practice-based wellbeing supports for 29,322 enrolled patients across Gonville Health, Aramoho Health Centre, Te Waipuna Health and Ruapehu Health. This will be rolled out to the remaining practices in the 2021/22 year.

Over 7% of the eligible population have benefited from this access, with 6,567 sessions delivered to 2,063 patients during the year. For half of these people, one session was all they needed to get back on track while others could access the HIP and HC team as much as they needed to stay well. The most common reasons were for general emotional wellbeing, stress, anxiety, healthy lifestyle changes and depression. Patients found the sessions helpful and effective.

HIPs and HCs are helpful parts of the enhanced practice team, who also support with some patient care coordination, staff education sessions and staff wellbeing interventions. They make a positive impact on the wellbeing of general practice teams and clinician feedback indicates they have changed the way they practice for the better.

GOUT STOP PROGRAMME

This is a collaborative programme between WRHN, Arthritis New Zealand, Whanganui DHB, National Hauora Coalition, Māori health providers and the community, in targeting inequity through a whole of system approach. Barriers identified to optimal management are multifactorial and include; health system, patient, health literacy, lack of healthcare provider collaboration, and lack of community awareness, bias and stigma towards gout sufferers.

The first year has provided a solid foundation, where systems and structures have improved access, good treatment and management. WRHN practice data in 2021, shows good gout control for 31% of Māori (3% increase on previous year), 42% of European (4% increase), and 39% overall (4% increase).

Our community pharmacies are an integral part of the programme and in the last 12 months there have been 76 patients recorded having been engaged in the programme. More than half (58% or 44) of these are Māori patients.

SYSTEM CHANGES

WRHN invested heavily in technology for the 2020/21 year, which has enabled staff to work remotely and in safety. The IT team has moved most of its systems to the cloud, as this improves accessibility to data, maintains consistency between users; saving time and money by boosting productivity, business insights and collaboration.

Examples of products implemented or software supported by cloud-based systems include Board Management Software, Microsoft Office 365, MYOB IMS human resource management, KARO data management, iLand backup to cloud solution, digital telephone and fax systems, antivirus solution, password manager, and fast internet for WRHN and its subsidiaries.

Given the uncertainty of the COVID-19 environment, information sharing has been strengthened to allow for more flexibility. Employees can work from home, without having to remote into the WRHN network to access their files; as these can now be shared with anyone using Microsoft OneDrive and Microsoft Teams. WRHN practices in Whanganui city have now been moved from copper to fibre, enabling reliable data sharing between entities.