



Whanganui Regional Health Network

Annual Report 2021-2022

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Chairperson's Report

Tena koutou and welcome.

This annual report takes a look over the past challenging year, as we continue to live and work in changing times. We can celebrate the opportunities that present to us, as being one of the localities selected to develop change to the health system, under the national leadership of Te Whatu Ora – Health New Zealand and Te Aka Whai Ora – Māori Health Authority.

The past year has seen us live with the COVID-19 pandemic in New Zealand and our community has continued to be ably served during this time. Whanganui Regional Health Network (WRHN) provided strong leadership within the community hubs, working alongside our partners in the respective Iwi organisations. This collaborative leadership in looking after the social needs of the population was outstanding, maintaining our people at home and being very well supported.

I thank all those involved in this major effort, which served the population in the wider district well. At the time of writing this there is again an increase in cases, with some having their second or third infection. The healthcare teams continue to manage these people, while slotting it into their normal routine of primary health care work.

WRHN has continued to work hard on developing the future locality plans, in conjunction with our partners, with the ongoing evolution of the Gonville Health Centre and Whanganui Accident and Medical consuming significant time and energy. In the rural areas, Taihape and Raetihi developments continue.



During the year we had the retirement of Julie Nitschke from her role as Clinical Director and I thank her on the Board's behalf for her long service and hard work. We also said farewell to Teresa Hague, after many years as Business Manager and wish her well.

Thanks goes to David Robertson for his long service on the Gonville Board and their Chair, Darren Hull, following the dissolution of the standalone Gonville Board; with its role being taken on by the WRHN Board, until there is some more clarity in the localities process. Darren continues as a valued WRHN Board member.

The Board would also like to congratulate Soraya Peke-Mason on her call to Wellington as a list MP, where a passionate voice for health in the Whanganui area is welcome.

The team at WRHN have had another demanding year and have risen to meet the challenges. Our senior managers have again gone beyond expectations to lead healthcare in partnership with the population. Thanks also goes to our practice teams for their continued hard work in challenging times.

Finally, I would like to thank the Board for their work and support throughout the year. There is a strong focus on equity of outcome for our population and we are committed to this as we go forward.

Dr Ken Young
Chair, Whanganui Regional Health Network

Chief Executive's Report

The period from 1 July 2021 through to 30 June 2022, could never be described as dull or uneventful. COVID-19 descended its presence across our district, commencing with alarming force in Marton and Bulls and initially focusing on the workforce of two local businesses; but with a level of haste it extended further to northern Rangitikei, Ruapehu and Whanganui city. The 'Iwi led community driven strategy' which was applied through partners working together (WRHN and its subsidiary clinical leaders and Iwi health providers) was highly effective in focusing our energy and efforts on our communities and their wellness, in the broadest sense. This was possible through existing respectful and effective relationships, not only with each other, but with the broader sector partners, such as District Councils, Whanganui DHB, Ministry of Social Development, Ministry of Education, Police, Civil Defence, Non-Government Organisations and others.

Collective impact is a mantra that signals the approach that we as a Locality have driven, in being an early adopter of the Locality focused health and wellness strategy. COVID-19 enabled us as leaders to test and apply this approach and to learn, review the outcomes and measure if this approach works. The pleasing evidence is that through early intervention wrap around care, delivered by a range of partners all working together and focused on listening to what our community and Iwi partners needs were, resulted in less hospital admissions with COVID-19 for our District.

A movement of health and welfare leads across our communities, who deeply care about our people and were comfortable to make courageous and meaningful decisions every day, made the difference. Having our Iwi partners leading conversations with their whānau, hapu and Iwi was critical. This enabled us to create targeted care packages to those who needed it most.

The report details many of the strategies Whanganui Regional Health Network (WRHN) and partners adopted to ensure people were assessed, supported, had all that they needed, and that we as a system operated as one; making connected decisions that had our people in the centre. It included some innovative virtual clinical assessment for COVID-19 patients, drive-in access to Mauri Ora COVID clinical services, and connection to welfare and accommodation.

It is appropriate and proper to extend my thanks to all the leaders in our system that 'stepped up' to work alongside each other to manage the COVID-19 risk and threat that it presented for many of our whānau. I saw many instances of selfless acts of kindness and a willingness to go the 'extra mile' to do the right thing at the right time.

Whanganui and its rural communities are well placed to do well as the new health structure beds down. Localities are about reshaping the system so ALL our people flourish and have access to a range of services embedded in communities, having less reliance on the hospital long term (unless of course your needs are complex and best treated and managed by our specialist colleagues at the local and regional hospitals).

The demand for health care is outstripping the workforce available to meet people's needs. This has been felt across our region, with evidence of depleted workforce in general practice and the remaining team being stretched and therefore access to their care being delayed, forcing people to present at Whanganui Accident & Medical (WAM) for urgent care or worse still, to the Emergency Department. Our primary care/ community workforce is weary and have had little back-up or time to be relieved for a break during 2021-2022. We hope that the summer months offer us a reprieve through more manageable COVID-19 volumes and that waiting time for planned care reduces.

WRHN is very fortunate to be governed by an effective and passionate Board. I have enjoyed the friendship, support and astute governance tactics applied by our Board and by the Board of Directors at Ruapehu, Gonville and Taihape. We thank you all, but I make special mention to the Chairs of those boards; Ken Young, Honey Winter, Julie Nitschke, Darren Hull and Risk and Audit Chair, Michael Sewell. Your generous support and investment of time to support us through this trying year is very much appreciated.

Along with an astute Board, a Chief Executive needs to have access to a diverse and effective operational team. The operational leadership team has experienced a level of change over this past year, with two of our longstanding senior managers leaving us at various times during the year. Julie Nitschke, Clinical Director Primary Care was farewelled by the Board and operational team after a very long period employed at WRHN. She was followed by Teresa Hague, Business Manager and Manager WAM. Both leaders demonstrated a commitment to WRHN that continues to form the foundation as we move forward. The leadership team has reduced, but remains with a strong work ethic and diverse thinking and strengths. Janine Rider, Juanita Murphy and I have continued the commitment set by our colleagues, and when the right leadership skill set emerges, we will recruit to bolster the team.

We have welcomed Jess Hatfull back to WRHN and she is comfortably settling into her Finance Manager role, and we appreciate her skills and leadership contribution to ensure our organisation and subsidiary companies remain viable and sustainable. The end of year financial position is unexpected. The COVID-19 injection of new unbudgeted revenue has really made a difference to our reserve position and enables us to embark on some ambitious developments in Taihape and Whanganui (watch this space!!).



Finally, but not least, my thanks go to the teams at WRHN, Gonville Health, Ruapehu Health, Taihape Health and Whanganui Accident and Medical. How lucky are we to have such dynamic and amazing staff who work tirelessly to meet the needs of our patients and whānau. We value the contribution you make and wish to acknowledge that we know you go the extra mile for your patients' – its not always seen, but it is noted.

Best wishes to you and your whānau and may you remain well, healthy and happy.

Ngā mihi

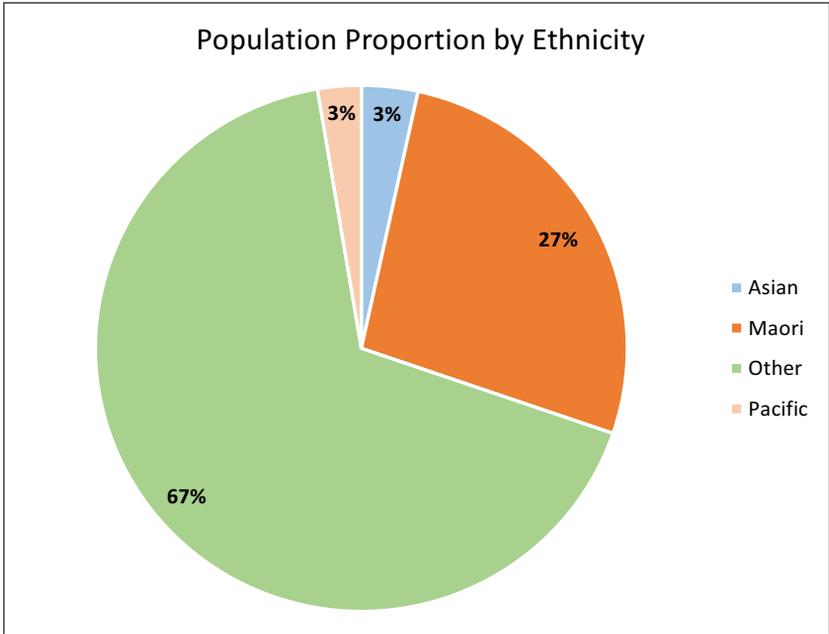
Jude MacDonald
Chief Executive, Whanganui Regional Health Network

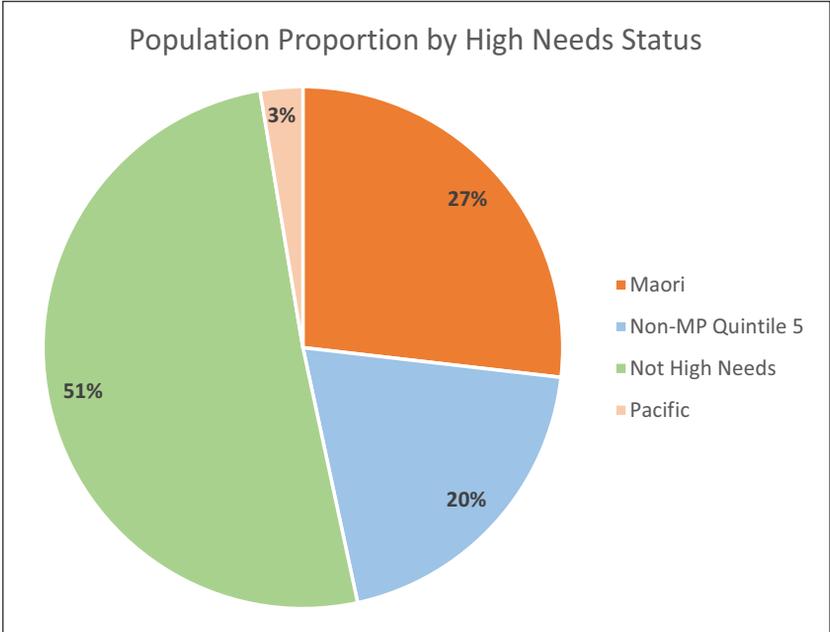


Population Profile

Whanganui Regional Health Network (WRHN) has 11 general practice members in the Whanganui District. Three of these practices and the afterhours accident and medical centre are WRHN subsidiary companies: Gonville Health Ltd, Ruapehu Health Ltd, Taihape Health Ltd, and Whanganui Accident & Medical (WAM).

Total enrolments for the period ending 30 June 2022 are 60,448 and for Māori 16,163 and non-Māori 44,285. Enrolments in the last year have remained quite static, with only a fractional increase. The majority of practices are at capacity, with three practices currently offering enrolment to people new to Whanganui with no existing GP. Enrolment total may not be reflective of actual volume presenting at WAM for non-urgent primary care services.





Whanganui Regional Health Network maintained a positive equity ratio for Māori appointments throughout the 2021-22 period. Māori patients had between 4% and 10% more appointments each month than non-Māori patients.

The data may not necessarily reflect or capture actual need, as we are aware inequalities for Māori are disproportionately worse. Growth in high need complexity is noted and WRHN are working on strategies to improve access, and this involves change in how we operate.



Subsidiary Reports

GONVILLE HEALTH

The 2021-22 period brought with it some challenges that we anticipated when COVID-19 first reared its head. As a service we continued to provide care to our patients and prioritised minimal disruption, while preventing any likelihood of infection spread. Managing an increased workload attached to supporting COVID-19 positive patients in the community, with a workforce that was also impacted by COVID-19, has been challenging.

The thing that has become evident is what we can do when we really need to and maintain a patient-centered and positive mindset. Continuing to consider innovative ways of working and having a connected culture of teamwork makes all the difference. Our patients who received virtual COVID-19 cares were truly appreciative and the increase in virtual services has assisted us to provide care, when for various reasons in person is not possible. This year will be known as the year we survived the pandemic and came out the other end smiling!

RUAPEHU HEALTH

Due to the vaccine mandates, Ruapehu Health's only permanent GP exited the practice and for several months there was no GP onsite. Ruapehu Health continued to provide safe health care services utilising virtual and telehealth services. The registered nursing team and locum Nurse Practitioner provided a diverse team approach, working to top of scope to ensure patients were triaged and received appropriate timely care. COVID-19 challenges were managed well, with the process of separating routine, possible infection and COVID-19 positive patients; ensuring patient and staff safety.

Iwi and the Ruapehu Health team worked collaboratively to provide COVID-19 care in the community, COVID-19 immunisation and to meet the welfare needs of the community. During this period, practice staff worked from different locations in the area to support the response. Population health targets continued to be achieved during this time, by continuing to offer immunisation and screening on time.

TAIHAPE HEALTH

A successful recruitment programme was undertaken, with a NETP, Kaiāwhina, Health Improvement Practitioner and Health Coach employed during the 2021-22 year. In aligning with a 'grow our own strategy', a primary health nurse has enrolled in a nurse prescribing programme and two Trainee Interns were at Taihape Health for their elective.

The development of a community health and wellbeing hub has been progressed, with community consultation undertaken and initial architect plans and model of care planning commenced. The integration of Taihape Health and Mokai Patea Services (MPS), will occur as part of the community hub development project, as identified in the Locality Plan.

Service development has been evident, with a Community Funded Option Programme contract in place; COVID-19 and flu vaccination clinics held weekly in collaboration with MPS; Taihape Health and MPS being shared leads in the Omicron Community Hub; e-prescribing and telehealth options in place; and processes for managing infectious patients established, e.g. screening, respiratory clinic and isolation room for patients, PPE for staff.

WHANGANUI ACCIDENT & MEDICAL

Whanganui Accident and Medical (WAM) rose to the challenge of COVID-19 in the past year. WAM had a key role in supporting the community, primary care providers and our secondary care health partners, in providing a place for COVID-19 assessments, advice and treatment.

Planning for a sustainable future has seen the team focus on developing capacity to support a range of different services offered via WAM. The workforce has strengthened with planning and education frameworks, to develop competence and proficiency in skill with Registered Nurse, Kaiāwhina and administration functions to support equity. A Nurse Practitioner workforce plan is also in place to support medical officers. This planning is directed at the longer workforce business journey of needing a multiple disciplinary approach, to support the realistic community expectations and the overarching health outcome needs.

WAM leadership and Whanganui Regional Health Network have supported COVID-19 challenges for staff and the community, and the learnings around this have highlighted growth areas; where there is opportunity for development and the need to join with other key stakeholders and Iwi providers to meet similar primary health care goals.



COVID-19 Response

COVID CARE IN THE COMMUNITY

Whanganui Regional Health Network (WRHN) were active partners to protect and support our region's population as the COVID-19 pandemic emerged. A community strategy was undertaken, with two partners delivering an 'Iwi led, community driven response', through clinical leads partnering with Iwi provider leads around our rohe;

- Rangitikei North: Ngawini Martin and Gemma Kennedy / Sarah Collier
- Rangitikei South: Katarina Hina and Dr Ken Young
- Ruapehu: Elija Prujen and Tracy Mitchell
- Whanganui: Wheturangi Walsh-Tapiata and Jude MacDonald

The partnerships encompassed a clinical and welfare response, and were well supported by the Public Health team; who considered Supported Isolation Quarantine solutions for people required to isolate from their whānau and provided national advice, as strategy pivoted to respond to various levels of risk.

To support access to the right clinical assessment at the right time, WRHN established a COVID-19 virtual team, led by Jo Mair, which comprised of a collaborative workforce from WRHN and Whanganui DHB. The COVID-19 virtual team was initially set up in December 2021, with a view that if COVID-19 cases increased over the Christmas period we were ready to start the mahi with a focus on COVID-19 positive patients not registered with a GP. The service extended to support any general practice under pressure, due to workforce or capacity to deliver COVID-19 clinical assessment and treatment services to their enrolled population. Most practices at some stage of the pandemic leaned on the virtual service to ensure their capability was maintained for the duration of the pandemic.

COVID-19 cases fortunately did not start to increase in the Whanganui rohe until March 2022, with further work being done to ensure patients were well supported through their COVID-19 infection.

Services included health assessments, welfare assessment, access to kai, medication and other goods to support their general wellbeing. The virtual team ran seven-days a week during business hours for this period, to enable patients' timely access to support. This collaborative approach was very effective and the team worked well together to support patients and general practice teams.

MAURI ORA COVID CLINIC

Following closure of the Community Based Assessment Centre on the Whanganui Hospital grounds, the Mauri Ora COVID Clinic was set up in the Mauri Ora building from March to July 2022. This free drive-through clinic provided primary assessment and treatment pathways to COVID-19 positive people, or to those with a suspicion of COVID-19 who needed further work-up and care advice.

The aim of the clinic was to support our general practice teams, who were fronting the majority of the clinical COVID Care in the Community response. It also assisted in reducing the exposure to the acute care facilities on the hospital campus – the Emergency Department and Whanganui Accident & Medical (WAM).

The service was evidence of a partnership approach, supported by primary and secondary clinicians and other staff from Whanganui DHB, WAM and Whanganui Regional Health Network.

PASIFIKA RESPONSE

Whanganui Regional Health Network (WRHN) submitted a proposal to the Ministry of Social Development (MSD) to seek funding for a Pasifika Community Connector role for Whanganui and Marton. This was prompted by noting very low volumes of attendances by Pasifika people to the Mauri Ora COVID Clinic. WRHN were successful and this contract commenced April 2022. The contract was supported by discretionary funding, which enabled the Community Connector role.

Community Connector support included one or more of the following:

- Cultural food purchases for families, delivered by the Pasifika Community Connector
- Financial assistance for families that were affected by COVID-19, due to isolating, e.g. leave with no pay, not eligible for COVID-19 scheme pay. Most families were isolating over one week, due to large number of people in one household.
- Referral to external agency for education and employment
- Referral to COVID-19 food hubs

Overall, a total of 109 positive cases recorded in the Pasifika community, approximately ten weeks from the commencement of the Pasifika Community Connector role. Forty-one individuals/families were seeking/needing some assistance from the Connector, during their time of isolation or hardship from COVID-19.

Referrals were from word of mouth and cold calling positive cases that were accessed through the COVID Clinical Care Module (CCCM). Cold calling the community built a rapport, giving hope of support and reassurance during these difficult times.

What went well:

- Face-to-face delivery of food parcels and meeting with people at their homes
- Putting a face to the service provided
- Working closely with our Iwi providers in Whanganui and Marton
- Sharing contacts with multiple organisations to meet patient needs during isolation
- Working alongside other Community Connectors from various organisations

Success Stories

A family of eight (two adults six children) were sleeping in one bedroom, with one heater in the middle of winter. The Community Connector was able to identify the short-term need for this family and fund the purchase of two heaters and six blankets.

Helping a family behind on rent due to more than two weeks in isolation:
“Dear Mr Pati, greetings to you from our family. I hope all is good with you and your family. We would love to take this moment to express our sincere thanks for helping us out with our rent, as per requested and everything you've done for the community. We just finished our property inspection and we've being told that our two weeks arrears has been paid. Thank you so much for reaching out to us and all the Pacific people in time of our need. Have a blessed weekend. Faamanuia Tele Le Atua i lau galuega. Faafetai Tele lava. Ma lo'u fa'aaloalo.”

Supplied a family of six (two adults and four children) with children's activity packs during their two weeks isolation. Parents of this family were very appreciative of these packs, as finding things to do around the house was becoming a challenge.



Community Achievements

WHANGANUI COMMUNITY FRIDGE

The Whanganui Community Fridge was in the planning prior to COVID, but with the first large amount of funding secured in early 2021, the project has subsequently aligned with supporting the escalating need in the community.

A community fridge is a place where the public and businesses can donate their surplus food, and people in need can help themselves to free food. This project aimed to strengthen, empower and support the community, and combat food wastage. WRHN Communications & Technology Coordinator, Karen Veldhoen, project led the setup of the 20ft modified container and its establishment on the grounds of the old Whanganui City College hostel building in St Hill Street; which is now being leased by the Kai Hub – a centralised hub for food rescue and community food redistribution.

The project was a collaboration across local government, health, social and education services, with support from community groups, businesses, churches and the Whanganui Kai Collective; endorsement and support from the Whanganui District Council and COVID-19 Integrated Recovery Team; in collaboration with the Whanganui City College staff and rangatahi; and support from Sustainable Whanganui, Whanganui City Mission and Koha Shed.

Successful funding applications and local project presentations resulted in support from the Ministry of Social Development, NZ Lottery Grants Board, Rotary Club of Wanganui North, Rotary Club of Whanganui, G.O.M.E Enterprises and Whanganui Community Charitable Trust; and after approaching Fisher & Paykel, four new large fridge/freezers were generously donated.

At the end of June 2022, the Community Fridge was handed over to the Kai Hub staff and volunteers to manage, and is currently operating Monday, Wednesday and Friday from 12-2pm, and feeding up to 300 whānau a week.

The project was challenging, but ultimately met the objectives outlined in the plan and more.

Project objectives were to;

- Provide free nutritious food to those in need
- Provide an avenue for individuals and businesses to contribute to their community
- Strengthen and empower rangatahi and community
- Create a sense of belonging
- Support the improvement of health outcomes
- Combat food wastage
- Work collaboratively across sectors and be a part of the larger local kai collective

Project measures of success:

- Sourcing land that meets the criteria for access
- Obtaining funding to enable the purchasing of resources to establish the community fridge
- Wider community involvement and community ownership
- Collaboration across kai networks and initiatives
- Sourcing committed volunteers to ensure sustainability
- Once implemented, by the degree of contribution and level of utilisation
- Other than feedback from those directly involved, community discussion generated

INFLUENZA VACCINATION

For a fifth consecutive year, the Whanganui rohe has achieved the highest influenza vaccination rate within New Zealand for our 65 year and over population. Whanganui exceeded the target of 75% set by Te Whatu Ora New Zealand, with an outstanding result of 79%.

Improving equity for our Māori and Pasifika communities was the main driver of Whanganui's influenza vaccination strategy this year, also resulting in the following achievements:

- 75% of Māori aged 65+ received their flu vaccine (second highest uptake in New Zealand)
- 77.2% of Pasifika people aged 65+ received their flu vaccine (second highest uptake in New Zealand)

Prior to the influenza season, a comprehensive influenza delivery plan was developed with the aspiration to ensure a delivery model that was equitable and wholly collaborative, using Whanganui Regional Health Network (WRHN) values as guiding principles to immerse teams within this mahi.

By utilising a kaupapa ā Iwi approach, established relationships between local Iwi health providers, Whanganui Regional Health Network, general practices, Te Whatu Ora Whanganui, Te Rito Vaccination and Wellness Centre, and community pharmacies, proved crucial to achieving our outstanding results. Combined communication strategies with consistent messaging helped raise the profile of influenza vaccination, as Aotearoa's international borders opened to family and friends post COVID-19 restrictions.

Offering influenza vaccines to eligible people at the same time as their other vaccinations, such as COVID-19 or whooping cough boosters, using walk-in and pop-up clinics in locations along the Whanganui River, rural communities and urban hotspots, such as the Riverside Markets, helped ease of accessibility this year. Drive-through clinics were also a popular choice for whanau, allowing co-delivery of other 'whole of lifespan' immunisations and hauora checks by local Iwi providers.

WRHN data analysts and National Immunisation Register administration staff are also to be commended for their dedicated work to help clinical teams focus on equitable delivery, as well as monitoring progress against Te Whatu Ora targets, allowing Whanganui vaccination providers to plan and adjust their response as required.

Other strategies that contributed to our success:

- Agile Hauora Iwi vaccination teams engaged with their communities to offer influenza vaccinations to eligible groups via various methods, that were accessible and culturally appropriate.
- Prioritising aged care residents and staff influenza vaccination at the very beginning of the programme, to induce high levels of immunity prior to circulating influenza virus.
- Offering differently-abled persons in residential or independent living situations vaccination at the very beginning of the programme, to induce high levels of immunity prior to circulating virus.
- Workplaces with significant numbers of Māori and Pasifika employees were offered on-site influenza vaccinations, to reduce barriers in accessing clinics.

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- The collective communications group that was established for COVID-19 messaging was utilised to include key influenza messages to priority groups via multiple networks and media streams, including Te Ranga Tupua Iwi collective. Phoning and texting eligible people also worked well.
 - Engagement with Outreach Immunisation Kaiāwhina, Te Whatu Ora Whanganui Haumoana, Health Promotion and Public Health teams to network with key agencies, communities and individuals, to increase awareness and benefits of influenza vaccination to Māori and Pasifika populations.

The commitment and resilience shown by all involved within Whanganui's influenza vaccination programme to help protect our whanau and most vulnerable communities is to be celebrated. The team looks forward to the future and intends on building on this outstanding result next year.

716
B4SC Checks
preparing our
tamariki for a
healthy start to
school

80%
of our affiliated
practices established
Health Improvement
Practitioner (HIP) /
Health Coach roles,
supporting access
and choice



Service Successes

173
hapū māmā
attended antenatal
classes:
95% first time hapū
33% attending
were Māori

74%
of eligible
women 45-69 years
had a breast screen in
Whanganui (NZ 66%)
with WRHN Outreach
providing support
to screening

254
wahakura or
pēpi-pod
distributed and
safe sleep
kōrero

67%
of eligible
women 25-69 years
had a cervical smear in
Whanganui (NZ 67%)
via WRHN Outreach
and General
Practices

114
participated in
the Gout Stop
Programme and 69 were
Māori. Beyond this was a
25% increase in Māori
receiving regular
Allopurinol from
their GP

806
people
received the
Talking Therapy
services

200
individuals /
whānau supported
by the MSD Community
Connectors, with access
to services and/or
funding to meet
immediate need

35%
of WRHN
practice's enrolled
population have a
MMH Patient Portal,
managing their
own health
information

Financials

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

Total Revenue of \$34,687,678 including;

- (1) PHO Contract revenue of \$18,367,465;
- (2) Clinical and Support Facilitation revenue of \$10,951,712;
- (3) External revenue from subsidiaries companies of \$4,292,534;
- (4) Other revenue of \$1,075,967.

Total Expenses of \$31,596,640 including;

- (1) Delivery of Government contracts and provision of community health services (including the operating expenses of the subsidiary companies), of \$16,168,446 (51%);
- (2) Consolidated wages and other employee costs of \$14,555,056 (46%);
- (3) Depreciation and occupancy costs of \$873,138 (3%).

Total consolidated net profit for the year ended 30 June 2022 was \$3,091,038. At this date the WRHN Group had consolidated assets of \$14,592,013 and liabilities of \$4,640,815. The financial statements were audited by CSK Audit and all entities received unmodified audit opinions.

Extraordinary Event – COVID-19

The COVID-19 pandemic generated significant extraordinary income for Whanganui Regional Health Network and its subsidiary companies in the 2021/2022 year. Plans are in place for this additional surplus to be reinvested into wellness developments for each of the respective entities.