

CHIEF EXECUTIVE'S REPORT

Who would have predicted that 2020 was going to create such profound change for us as individuals, for our organisation, for our community and for our nation? The impact was unprecedented and unexpected. As a team and as a network we were required to scramble together quickly and show compassion, professionalism and effectiveness. This attitude and behaviour was demonstrated tenfold across the primary care system and it created some of the proudest moments of my career.

The health and wellbeing of the frontline workforce is essential to the quality of care provided. General practice and Whanganui Regional Health Network (WRHN) teams showed collective cohesion, agility in changing how they operate and a willingness to step up and meet their patient's needs. WRHN and subsidiary practice teams – Taihape Health, Ruapehu Health, Gonville Health, Whanganui Accident & Medical; together with Te Oranganui, quickly established Community Based Assessment Centres (CBACs), in addition to meeting the other needs of their patients. Working collaboratively with their colleagues from Public Health, dental services and other clinicians willing to help, was seamless and effective. General practice ensured both rural and urban access was available, and I wish to acknowledge those private practices that also made themselves available to swab for COVID-19.

Leadership capability emerged from people not necessarily in leadership roles, but willing to do their bit with courage and commitment. I had the unique experience of being a member of the Emergency Operations Centre (EOC), as Operations Lead for the period of the first wave. Being able to lever off existing relationships with Iwi, Iwi providers, community, Whanganui District Council, Whanganui DHB and others, was essential to being responsive.

I wish to thank every person in our system who contributed to our local response. We kept COVID-19 out of our hospital and we contained hotspot infection to a household, minimizing community spread. This achievement is not to be understated, particularly when we consider the global impact. We can be justifiably proud as a nation.

Despite the disruption that COVID-19 created, it was also an enabler to greater collaboration and strategy between Iwi providers, general practice, WRHN and Public Health, that resulted in an outstanding result for Māori over 65s flu vaccination. Alongside general practice efforts, CBAC/Iwi provider 'pop-ups' also offered flu vaccination in urban and rural communities. The outcome of this effort is Whanganui was one of three DHBs to achieve top of country results. Our result was 85% Māori over 65 were vaccinated; which compares favourably to the national average of 59%. The vaccination target for non-Māori was met with a result of 77.4%.

Another highlight positively addressing inequalities for Māori, was the performance of the WRHN B4 School Check team. This team lost considerable time over the COVID-19 shutdown period, so had a steep 'catch-up' programme to deliver and they did achieve, being one of only four DHB regions to meet target. This was a demonstration of an agile operating model, with the team exhibiting the right mindset and behaviour, and being singularly focused on the outcome.

WRHN at every level of the organisation structure has demonstrated considerable courage and tenacity in stepping up, and taking their place as a partner in the health and social system, to keep our communities safe when exposed to potential risk. The ability to operate autonomously, move fast and use initiative, showed evidence of the level of empowerment our team members have to do the right thing at the right time.

Leadership from the WRHN Board and Directors of our subsidiary clinics is critical to achieving the best outcomes. Their belief in our ability and their 'hands off' approach to monitoring without interference, has fostered a strong culture and a passionate commitment to 'just getting things done'. The operational team wish to sincerely thank you all for your strong guidance and endorsement.

COVID-19 strengthened our operational leadership structure, with the emergence of a new Operations Manager, Juanita Murphy. The disseminated leadership structure proved its worth, as we were forced to rethink how we operate. The obligations to EOC, the necessity for some to work from home, the isolation of our subsidiary clinics to get on with it, helping our partners with PPE distribution and supporting a virtual working model for general practice, had us scrambling and a little dislocated from each other, but the outcomes were achieved and every person showed courage and grit.

It's often at times of adversity that we deliver our best work and I believe 2019/2020 will go down in history as a period that will be hard to beat. We are strong and capable and will continue to drive the system to be innovative and responsive to our communities, both in the city and across our rural communities.

Ngā mihi nui
Jude MacDonald, Chief Executive

CHAIRPERSON'S REPORT

It is with some pleasure I write this report for 2020. Given the events of the year, I am hoping no new major surprises take place from the time of writing this report until it is published. COVID-19 has had an unprecedented effect on the world and we have been fortunate in New Zealand to have not had a major community infection. This pandemic and subsequent lockdown has not only challenged the health environment, but all of society in various ways.

The response of our Network team, member practices and partner community organisations across the sector swiftly developed and evolved, throughout lockdown and following. The close working relationship between WDHB and WRHN management and operational teams to ensure the population was able to access the required screening and care, was encouraging for the WRHN Board.

Our CE was seconded to the EOC and the deputised senior management team did exceptionally well. I would like to thank all of our team, who had to adapt to significant challenges, with some working from home during lockdown.

Dr Ian Murphy, WDHB Chief Medical Officer, facilitated weekly Zoom updates through Level 4, which were important in keeping clinicians connected with the changes. I appreciate the effort practices made to evolve in response to the needs of their populations and adapt their building environments to suit.

Our subsidiary companies have all responded exceptionally to the events of the year, typified by key WAM staff supporting the central and regional CBACs, with some living on the hospital campus throughout Levels 3 and 4; and with the Ruapehu Health Service Manager staying in Raetihi during lockdown. This level of commitment from our teams is greatly appreciated by the Board.

Despite the focus on COVID-19, the Network has not lost sight of its other requirements and the Board would like to acknowledge the excellent results in flu vaccinations, particularly eliminating the longstanding gap between Māori and non-Māori. This required efforts not confined to WRHN, but Iwi providers, general practice and Public Health. Meeting the target for B4 School Checks in this difficult environment was also a great achievement.

The long awaited Simpson Report was delivered and has proposed some significant changes in the healthcare system. How that will be developed is a question for all of us and will be a challenge for the new Minister of Health.

I wish to express my thanks to our senior management team, who have done a great job in a unique year. I also thank the Board members, who have given of their time and expertise, adapting to Zoom meetings and for their continued support. We look forward to a year with further opportunities to work with our partners, for the health and wellbeing of the community.

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;

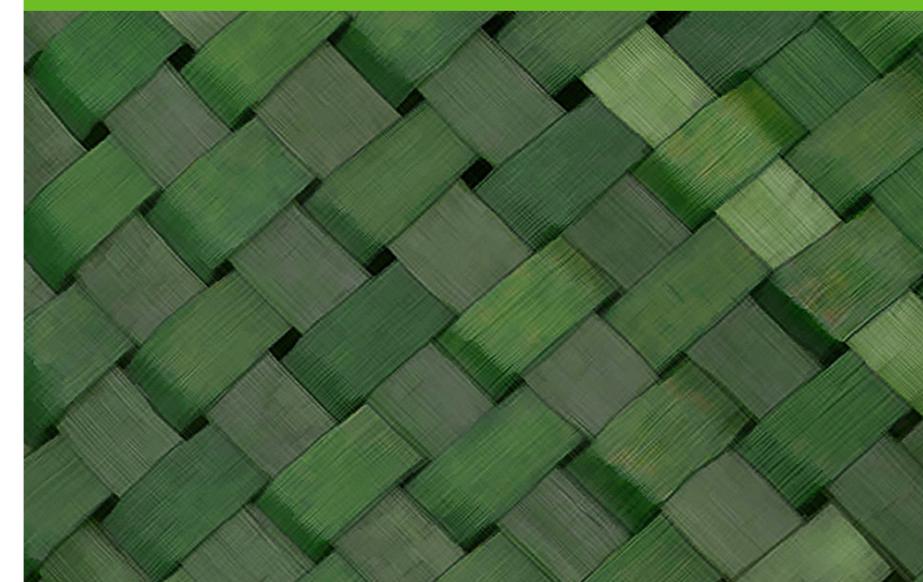
- Total Revenue of \$26,604,101 including: (1) PHO Contract revenue of \$16,697,259; (2) Clinical & Support Facilitation revenue of \$4,868,840; (3) External revenue from subsidiaries companies of \$3,603,748; (4) Other revenue of \$1,434,254.
- Total Expenses of \$26,348,300 including: (1) Delivery of government contracts and provision of community health services (including the operating expenses of the subsidiary companies) of \$16,098,463 (61%); (2) Consolidated wages and other employee costs of \$9,419,515 (36%); (3) Depreciation and occupancy costs of \$830,322 (3%).

The total consolidated net surplus for the year ended 30 June 2020 was \$255,801. At this date the WRHN Group had consolidated assets of \$7,401,087 and liabilities of \$2,444,363. The financial statements were audited by CSK Audit and all entities received unmodified audit opinions. Audit reports for WAM and Ruapehu Health include an Emphasis of Matter paragraph, as both entities require financial support of the parent entity in the next 12 months.

Whanganui Regional Health Network



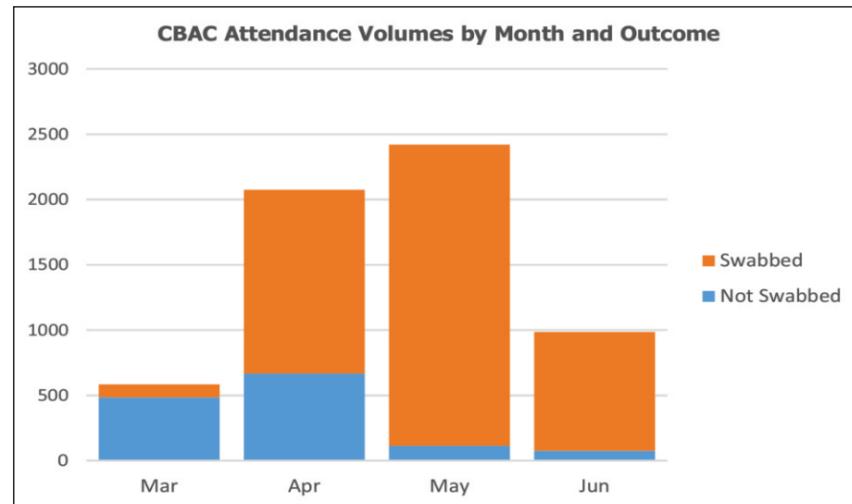
ANNUAL REPORT 2019-2020



Whanganui Regional Health Network

COVID-19 RESPONSE

- WRHN was part of a collective approach in February 2020, with meetings at Whanganui DHB (WDHB) engaging wider stakeholders – the pandemic plan was reviewed and contingency plans developed.
- Following the MoH directive in mid-March, WRHN initially set up the central Community Based Assessment Centre (CBAC) on the hospital grounds; followed by CBACs at Gonville Health, Te Oranganui Medical Centre, Rangitikei Health Centre, Taihape Health and the Raetihi Community Space. CBACs were determined by locality, access and equity.
- CBACs were supported by an integrated workforce, with a collaborative approach; utilising Public Health nurses, Red Cross volunteers, Belverdale Hospital nurses, dental therapists, general practice nurses and Whanganui Accident & Medical clinicians.
- The district wide Emergency Operations Centre seconded the WRHN CE as Operational Lead, with support from WRHN staff and practices – setting up the CBACs and supporting a community flu vaccination programme.
- To increase district wide access, the initial pop-up CBACs took place rurally; in Marton, Waverley, Ratana and along the Whanganui River. This collective community approach included wellness checks and flu vaccinations.
- During lockdown general practices changed their way of operating, to reduce patients presenting at the clinics and the likelihood of infection spreading. Phone and virtual consults were offered, triage and vaccinations took place in a dedicated area or outside of the practice in people's cars.
- WRHN worked collaboratively with WDHB to supply general practices and essential community organisations with adequate personal protective equipment (PPE). By end June, due to the significant demand and workload, organisations were referred to the national distribution centre to access PPE.



MENTAL HEALTH & WELLBEING

WRHN was part of a successful tender to deliver Integrated Primary Mental Health and Addiction (IPMHA) services in Whanganui. The IPMHA model includes the integration of new Health Improvement Practitioners (HIPs) and Health Coaches in general practice teams, to provide seamless and timely access to evidence-based brief interventions to patients experiencing distress. These new roles are available to 29,199 people within Gonville Health, Aramoho Health Centre, Te Waipuna Medical Centre and Ruapehu Health, as part of tranche 1; with the intention to increase access across Whanganui in tranche 2.

LEAD MATERNITY CARERS

In September 2019, WRHN employed the first Lead Maternity Carer (LMC), which has grown to a team of four. The team currently comprises a third of the available LMC resource locally and covers southern Rangitikei and urban Whanganui. To support WDHB, they initially took on the majority of their antenatal clinic clients; enabling the DHB clinic closure by mid-April. Typically, the team's clients are late bookers – 77% live in high deprivation areas and 68% are not of New Zealand/European ethnicity.

The LMC team is encouraged to work holistically and address the multiple social and environmental factors. Many clients have underlying mental health, alcohol and addiction, family violence and accommodation issues to be considered, and where possible these are managed or supported along the pregnancy journey. Having easy access to community pharmacists and dietitians, vaccinators for maternal immunisations, and other support services onsite, allows some sharing of knowledge, reduction in risk and adds value to the care they provide.

Over 60 births have been successfully completed, along with multiple referrals to other services, other cities and comprehensive referrals to Well Child services.

The team works to ensure all available resources are accessed, to give hapū mama the best possible perinatal experience and pēpi the best possible start to life; within a whānau who have the ability and commitment to their ongoing care.

PREGNANCY & PARENTING

Thirty-eight urban and 15 rural antenatal classes took place over the year. Six were hapū mama days, with a total of 75 attendees; 60% Māori, 7% Pasifika, but often partners of hapū mama identified as Māori. Participants are offered a one stop service, maternal immunisations, distribution of safe sleep spaces, delivery suite tour, labour & birthing session, and introduced to community organisations. During COVID-19 classes were adapted, with phone support and website tools.

WRHN distributed 303 safe sleep spaces (152 or 50% Māori and 28 or 9% Pasifika mama's) – 42% of were locally woven harakeke wahakura. All spaces come with mattress, linen and merino blanket. Smoking mothers received 39% of the distributed safe sleep spaces, 56% went to deprivation five recipients and rural women received 18%. Hapū mama are supported to register with a LMC, offered antenatal classes, maternal immunisations, healthy homes assessments, supported to enrol with a general practice and referred to quit smoking services. There was an influx of women who moved into the region to be with whānau during their pregnancy, putting stress on services. Pēpi-pods were delivered through COVID-19 by phone and then non-contact drop-offs took place.

INFLUENZA VACCINATION

This is the fourth year in a row that our DHB region is the top of the country for influenza vaccination in over 65 year olds. The Whanganui DHB regional contract has exceeded the national 75% target, with a result of 79% for the total over 65 years and 85% for Māori over 65 years.

During COVID-19 lockdown, there was a huge push by all the teams to vaccinate our population and keep them protected. Clinicians had to work differently and more collaboratively to reach at risk populations. The WRHN clinical team, Public Health, Iwi providers and general practices stepped outside the square; offering car park vaccinations, attending community events alongside the pop-up CBACs, and proactively vaccinating all aged residential care facilities. This ability to be flexible and adapt, is helping shape the future of health care.

B4 SCHOOL CHECKS

- The WDHB B4Sc Check programme exceeded the overall target during the 2019/20 year, which has resulted in a final performance result of 100.4%, against the Ministry of Health (MoH) target of 100%.
- WDHB was one of four DHBs nationally to meet the overall B4Sc target, despite the disruption of COVID-19 and the only North Island DHB to do so.
- While the target for the B4Sc high deprivation (Quintile 5) population was not reached, our 94.7% result exceeded the national average of 73.5%.
- Similarly, for our Māori tamariki, the MoH target was not achieved; however the 95.6% result exceeded the national average of 74.9% of completed B4Sc Checks for this group.
- Pasifika, Asian and other ethnic group results all exceeded the 100% target.
- Timeliness of the B4Sc Check in WDHB continues to meet the MoH target of 90% and exceed the national average of 84%.
- WDHB achieved the 95% 'Raising Healthy Kids' target. Referral decline rates for children requiring ongoing lifestyle management and growth monitoring is currently 11%, which is below the national average of 31%.

Total enrolled population quarterly

July – September 2019:	59,909	October – December 2019:	60,062
January – March 2020:	60,248	April – June 2020:	60,246



EQUITY

The MoH definition is that "different peoples with different levels of advantage require different approaches and resources to get equitable health outcomes." This principle underpins all we do and is reflected in the 100% equity training rate and orientation package for staff, as well as three Board members taking leadership as general practitioners and business owners. During 2019/20, the Board and management hosted an equity workshop by Gabrielle Baker, which was the catalyst for much of the approach taken in the previous period.

An equity menu was developed to support practices through a range of actions, aimed at assisting general practice teams to become a pro-equity organisations. This work has aligned with the RNZCGP accreditation requirements for Cornerstone and the equity module. Equity training provided to primary care teams covers; a definition of equity in primary care, examples of inequity at a macro and micro level, and actions that can be taken to address these. To date, five group sessions have been held with primary care staff.