



# Whanganui Regional Health Network

Annual Report 2024





Thank you to the dedicated staff of the Whanganui Regional Health Network and its subsidiaries.  
Content edited by Karen Veldhoen, Document design by Matt Metcalfe, Feather graphic designed by Omelapics / Freepik

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# Chairperson's Report

Tēnā koutou katoa

It is with pleasure that I am presenting the Whanganui Regional Health Network (WRHN) Annual Report for 2023-24.

The 2024 year has been challenging for the health sector, claiming a considerable amount of coverage in national news media. Our environment continues to change and evolve. Regionally, members are working with colleagues in other areas, sharing knowledge and planning in different spheres. The Te Whatu Ora (TWO) changes have affected us, with the major workforce restructuring having a knock-on effect across the sector and the pressure on secondary care impacting on primary care.

More locally WRHN continues to work on initiatives, with the Manaaki Hauora being developed across several practices in the area. This is supported by Dr Emma Davey and her team, which is an exciting area of development and we look forward to seeing the health benefits for our people arising from

this. We also continue to work with our Iwi Māori Partnership Board and highly value this relationship.

The WRHN subsidiary clinics are all continuing to perform at a high level. Whanganui Accident and Medical clinic continues to be a valued support for our community – for the enrolled and non-enrolled population.

Gonville Health has undergone some

changes over the year and they continue to strive to provide high level services for their diverse community, in the most appropriate way.

At Ruapehu Health the team have continued to work hard, with the pressures of limited full-time medical staff the team function at the top of scope. When you also incorporate the social stressors of the closure of major employers in the area, it cannot be





underestimated and we wish team members who have had to leave all the best. The investment of TWO in the redevelopment of the Waimarino Health Centre and enhancement of the services is eagerly awaited.

The Taihape Health team work exceptionally with Mokai Patea Services and we await with some anticipation TWO support of the move to the old Rural Health Centre building. The pace of change is frustrating.

We were sorry to lose two of our valued practices from the WRHN team, when their owners, Green Cross, moved all their practices to another Primary Health Organisation. However, this does not prevent us working with these practices in a collegial fashion. We thank them for their involvement to date and our team continues to support their practice populations.

I would like to thank our hard-working senior management team, led by Jude MacDonald. Along with Janine Rider and Emma Davey, they have had the most challenging time but continue with their high level of

enthusiasm and commitment to the population of the Whanganui rohe.

I thank the Board for their considered input and work over the past year, and acknowledge and commend Dr Deon Hazelhurst, who stood down from the Board in June. The future is unclear; however, it seems certain that the next year will be equally challenging.

"What's dangerous is not to evolve" –  
Jeff Bezos

Ngā mihi

Ken Young  
Chair, Whanganui Regional Health  
Network

# Chief Executive's Report

Aio ki te nuku, Aio ki te rangi, ko te kawa ora, ko te kawa ora, mauri ora ki a tātou.

Ki ngā mate tārūrū nui kua riro atu ki te pō haere, haere whakangaro atu rā.

Andre kōrua ko Sandy, ngā pou tuarā o tēnei ratonga hauora, hoki wairua atu rā ki a rātou kua wheturangitia. Ki ngā whānau pani e noho i raro i te kapua pōuri, ānei mātou o Whanganui Regional Health Network e tuku aroha ki a koutou.

Ki a tatou te hunga ora Tihei Mauri Ora.

The sadness we experienced as a whānau, was the loss of two respected team members within months of each other. Andre Mason, our Kaitiaki Tangata, passed away suddenly on the 1st March 2024. We were a rudderless ship without his guidance for quite some time and felt we were just recovering when we lost another whānau member, Sandy Taylor, a Long Term Conditions Registered Nurse within our team who died suddenly on 19th June 2024.

Whanganui Regional Health Network (WRHN) leaders and team have experienced a year of challenge, opportunity, sadness and joy. As is accustomed behaviour, we saw the team exhibit resilience and resolve, and when required, coming together as one to show aroha and manaakitanga to each other and others.

The leadership team underwent a rebuild in 2023/24, following the departure of the Operations Manager in September 2023. We used this as an opportunity to rethink the design and 'fit' of our organisation. We focused on being 'fit for purpose,' given the significant change signalled by the incoming government and departure of two of our practices, following their alignment with Green Cross from 1st July 2024. Always keen for nimble decision making and transparency, we were supportive of a flatter structure and a leadership team that represented the diverse skill set of our entire workforce. I wish to acknowledge the leaders (Janine R, Emma, Tai, Gerard, Jess and Matt), who for some is their first leadership role. The weaving of

people together, to have the ability to manage responsibility, to exercise authority and lead by example, has been a highlight of my year and I look forward to watching them realise their potential now and into the future.

Partnerships and relationships have been a key feature of this last year. Relationships can take years to nurture, and Whanganui is fortunate that for many of us in leadership roles across mainstream and Iwi provider organisations, we have chosen to remain within our local communities to support whānau and the growth and development of strategy, to achieve equity and quality health and wellbeing. WRHN has a number of change projects that we are co-leading with our partners:

- ▶ Taihape Development: Mokai Patea Services / Taihape Health Trust
- ▶ Stewart Street Surgery general practice: Nga Wairiki Ngati Apa and their provider arm Te Kotuku Hauora
- ▶ Waimarino Development: Waimarino Community Development Governance Group, Ngati Rangī and Ngati Uenuku
- ▶ Comprehensive Primary Care Teams (Manaaki Hauora): Aramoho



Health Centre, Bulls Medical Centre, Gonville Health, Ruapehu Health, Stewart Street Surgery, Taihape Health, Te Oranganui, Te Waipuna Health, and Wicksteed Medical Centre  
► Te Hononga (Locality Group): Te Oranganui, Tupoho, Nga Wairiki Ngati Apa, Mokai Patea, Ngati Rangī

The formation of the Iwi Māori Partnership Board, Te Matuku is another relationship that is developing. WRHN are committed to building a meaningful relationship to ensure the aspirations of Māori and our communities are progressed as partners.

The report details much of the activity that has been undertaken by our team and practice members. Every effort is taken to ensure that we are improving access to health care and that the teams are working with our Iwi partners to progress wrap-around holistic care. While it is a challenging environment to work in and resources are tight, our teams do their best to ensure our people access the right care at the right time. WRHN is fortunate to be enabled by their subsidiary companies; Whanganui Accident and Medical (WAM), Gonville Health Ltd, Taihape Health Ltd, and Ruapehu Health Ltd. All these subsidiary companies work

for the good of their communities and I salute the workforce employed at these units; as like general practice businesses, it has been an incredibly challenging year with workforce recruitment and patient need, which at times overwhelms the available workforce.

WRHN has been in existence for just over twenty-one years. We have experienced many challenges; however, our focus has always been

to remain clinically relevant and an organisation willing to share our strengths with our community and Iwi partners to create greater good. We will continue to do this under the stewardship and support of our WRHN Board and the Directors of Taihape Health Ltd and Ruapehu Health Ltd. Thank you to our governors for all the guidance and support you have offered me over the year and in particular Ken, our Chair who has tolerated me over many years!

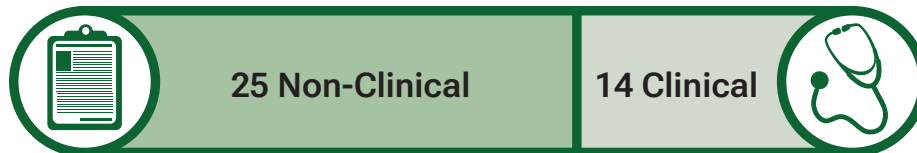
Pani a te pai ki te pai  
If you spread good things with kindness  
Ka puta te hua o te pai  
then you will see the fruits of your work

Ngā Mihi  
Jude MacDonald  
Chief Executive, Whanganui Regional Health Network



## Our Organisation

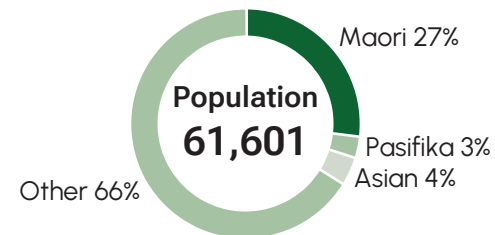
### WRHN Employees



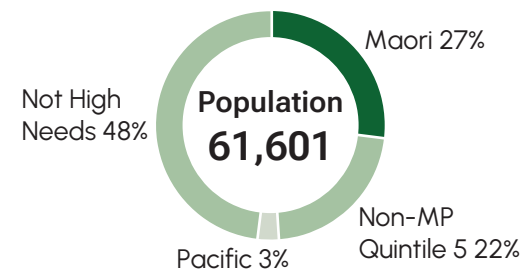
### Our Rohe & Practices



### Population by Ethnicity



### By High Needs Status









# Cultural Focus

## *Māori Focus*

Te Koomiti Mana Taurite was established to address systemic inequities impacting Māori health, ensuring that Māori voices and perspectives are integral to service design, delivery and monitoring. It operates under the principles of Te Tiriti o Waitangi, focusing on partnership, active protection, equity and Tino Rangatiratanga.

The committee's primary functions include:

- ▶ Equity Review: Evaluating contracts from an equity perspective and offering recommendations for improvement to enhance outcomes for Māori and other priority groups
- ▶ Cultural Competency Monitoring: Assessing Whanganui Regional Health Network (WRHN) performance in cultural awareness and literacy to boost Māori engagement in health services
- ▶ Advocacy for Māori Health: Ensuring that resource allocation and service design actively involve

Māori perspectives and needs

- ▶ Training Development: Promoting mana-enhancing activities that foster understanding and connections between WRHN staff and the communities they serve

The WRHN Board is committed to reflecting Māori leadership, with 50% of its members identifying as Māori. This structure underscores a dedication to incorporating Māori perspectives at the highest levels of governance.





Key leadership roles include:

- ▶ **Equity Integration Lead:** This position plays a critical role in ensuring that equity considerations are woven into all levels of WRHN's operations and decision-making processes
- ▶ **Cultural Advisor / Pou Tikanga:** This position brings invaluable expertise in te ao Māori and cultural practices, guiding WRHN in its efforts to create an inclusive and supportive environment for Māori

Together, these leadership roles

alongside Te Koomiti Mana Taurite reinforce WRHN's commitment to achieving equitable health outcomes for Māori and fostering a culturally responsive health system.

### ***Pasifika Focus***

Whanganui Regional Health Network (WRHN) has had a long-standing commitment to work alongside Pasifika community leaders to ensure their voice is heard and equity in access to health services is monitored.

With the appointment of a Pasifika Registered Nurse, well embedded in the community and passionate about the needs of his people, WRHN has been able to resume a partnership approach to care.

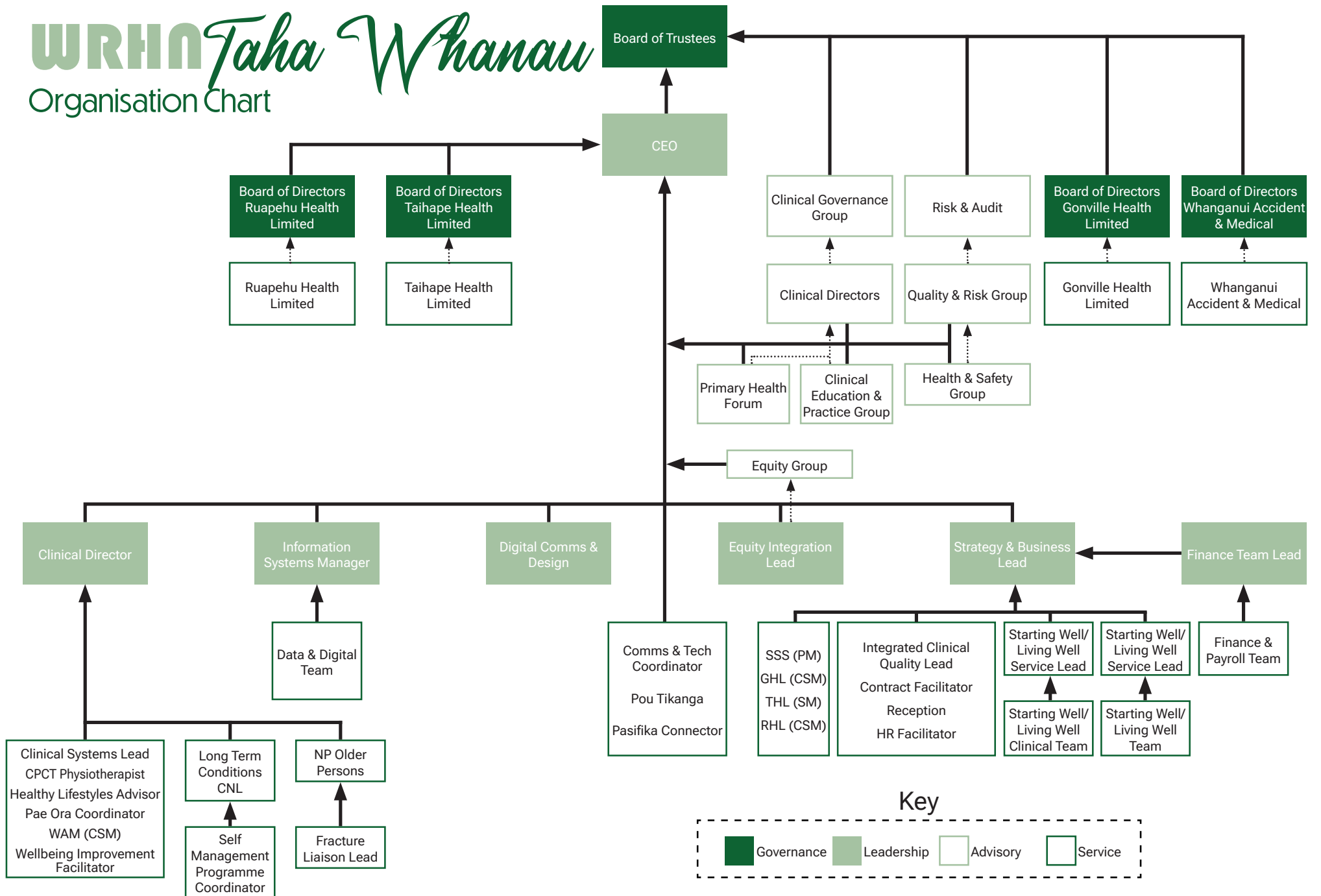
Te Whatu Ora Pasifika Directorate contracted WRHN to improve connection with the unique communities that are residing across the Whanganui District, and more notably Whanganui city and Marton. Some of the actions achieved in 2023/24 were:

- ▶ Establishment of a Pasifika Advisory Group
- ▶ Lever Ministry of Social Development and Health contracts to respond more effectively to Pasifika people with complex need
- ▶ Monitor and support improved immunisation and screening rates for Pasifika
- ▶ Profile the Pasifika resource and lead across providers to create an integrated and cooperative network response.

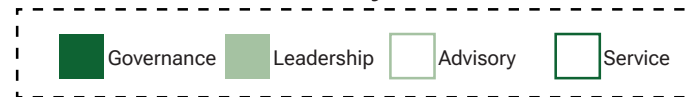


# WRHA *Taha Whanau*

## Organisation Chart

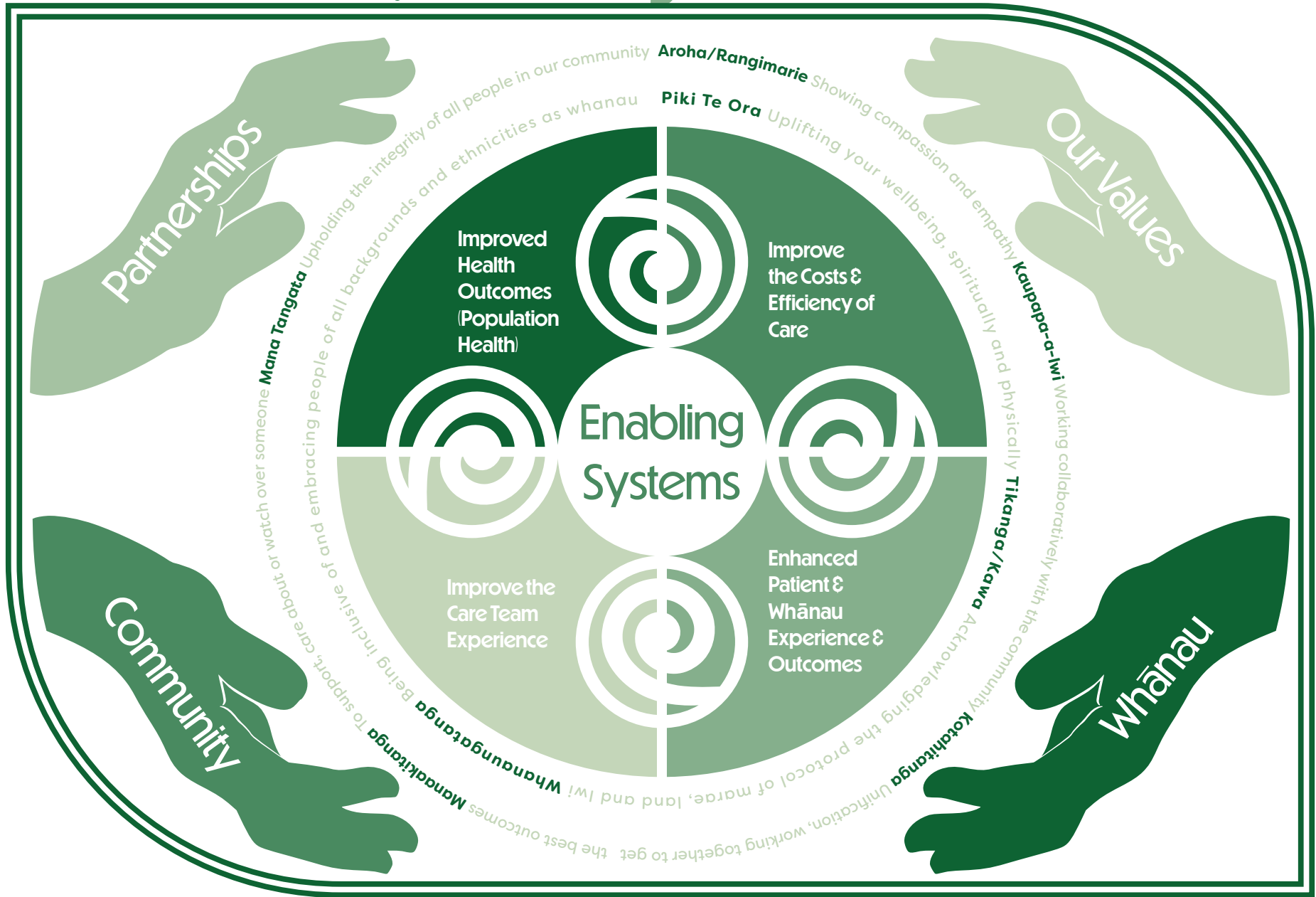


### Key





# WRHI Te Kōunga Quality



# Comprehensive Primary Care Teams

Te Oranganui Trust (TOT) and Whanganui Regional Health Network (WRHN) were active partners within Te Hononga (Whanganui Localities Prototype) space. The establishment of the Comprehensive Primary Care Teams (CPCT) contract was generated by Te Whatu Ora (TWO) and Te Aka Whai Ora (TAWO). Initial approaches around the contract occurred with TOT, who also held the contract for Te Hononga. TOT agreed to take contract responsibility for Kaiāwhina and recommended WRHN (as the clinical network) take responsibility for the clinical contract stream, with intent that WRHN would weave clinical and kaupapa aspirations within our local model, which was renamed Manaaki Hauora. The Chief Executives from TOT and WRHN led out the socialisation of the Manaaki Hauora with Iwi providers across our rural communities, general practice teams, community pharmacy and community physiotherapists.

The starting point was prescribed nationally, with the eight practices

selected by TWO. All four rural practices were included and four practices from provincial Whanganui city-based clinic populations, with long term conditions and high needs, coming from an equity perspective. The national framework describes a process that leverages off Te Pae Tata Early Actions, with the expectation that “services will develop flexible, local and responsive supports

to enable individuals and whānau to access primary and community care with a focus on increasing equity, improving health outcomes, and avoiding hospitalisation whenever appropriate.” (CPCT Operating Framework, Te Whatu Ora)

WRHN and TOT already had a strong collaborative partnership relationship, which enabled this process to







progress relatively smoothly. The shared vision was agreed with practice members, Iwi provider leads and partners, and covered off the following key expected outcomes:

- ▶ Agreement that equity outcomes for Māori, Pasifika, rural and disabilities are the priority, and will guarantee to be improved through CPCT design, monitoring and measurement
- ▶ Agreement that system change will support those whānau at greater risk of poor health outcomes, inequities and those who are most under-served
- ▶ A willingness from all selected general practices to actively participate in the design process and explore with partners new ways of operating
- ▶ Leadership design incorporating Iwi provider voice at all levels
- ▶ Levering off a high trust leadership relationship that exists between the Iwi provider and Primary Health Organisation, at both a governance and operational lead level
- ▶ Acknowledging and committing to hearing and responding to whānau voice and what matters to them
- ▶ Existing relationships are operating as a lever to achieve change at pace
- ▶ Recognising that 'progress over perfection' is key to the rollout

- ▶ There is universal support for building collaborative partnerships for implementing comprehensive primary and community care teams
- ▶ Agreeing to the roles prescribed in the contract in the first instance, with the view of expanding to other roles in the next iteration
- ▶ Agreeing that Whānau Ora and a strengths-based approach, as well a clear understanding of the partnership at all levels is applied.

Although funding for CPCT was only released in February 2024, by end June 2024 a co-design working group hui with each Manaaki Hauora site indicated their 'state of readiness' and were progressing – albeit in differing stages. This was reflected by the increasing recruitment of Care Coordinators and Kaiāwhina linking with the Physiotherapist and Pharmacist across practices. Interdisciplinary team hui were being scheduled as teams were recruited to that act as a key function for a team-based approach, skill sharing, and communication. The challenge for Manaaki Hauora implementation and maintenance continues to be workforce capacity, particularly for the additional Care Coordinator positions, where instead of employing to new FTE, practices have needed to pivot, find workaround and backfill

existing positions to enable progress. Physiotherapy and Pharmacist capacity is also lacking, and the innovation of the current employees to these positions to support Manaaki Hauora teams across multiple practices has been inspiring.

Hearing whānau and kaimahi voice was a critical process to designing the Manaaki Hauora service. Early in the design a commitment was made to continue to collect whānau voice throughout implementation, to identify areas of importance to support access to healthcare, to focus

on whānau wellness and wellbeing, and to inform the iterative nature of this design process. Waiora Whānau (Healthy Families) at Te Oranganui are leading the collection of whānau voice for this kaupapa. Secondment of the Pae Ora co-ordinator (employed by WRHN) up until June 2025 – supported and trained by the team at Waiora Whānau – will scope and design how whānau and kaimahi voice can be gathered across several clinics, and by working closely alongside the Kaiāwhina and Care Coordinators.

The early impacts have been co-design and navigating change within all the Manaaki Hauora practices. There was a desire to work in different ways and an acknowledgement that models of care needed to change in general practice. It has given an opportunity to come together and discuss inequities within our healthcare systems, our obligations to Pae Ora and Ti Tiriti O Waitangi and an opportunity to work together towards meaningful outcomes for our people.



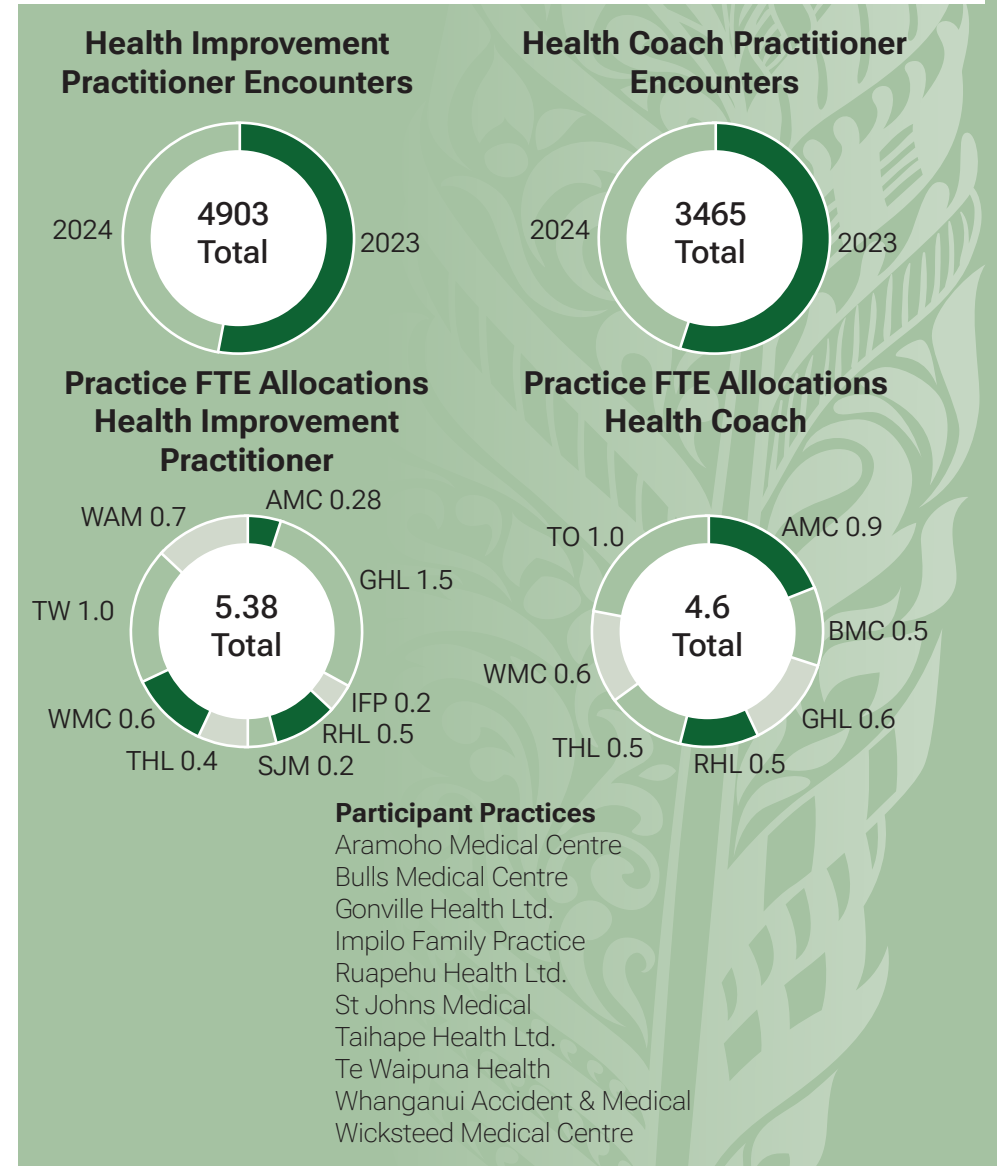


# Integrated Primary Mental Health & Addiction Services

This year, Integrated Primary Mental Health has continued its operations as usual, with the majority of our practices successfully employing Health Improvement Practitioners (HIPs) and Health Coaches.

Feedback for the Wellbeing Services has been overwhelmingly positive, with all respondents rating their experience and likelihood of recommending the service as 10/10. The comments highlight strong satisfaction with the professionalism, empathy, and support demonstrated by the HIPs and HCs.

- Feedback:
- "Very helpful getting me on the right form of meds"
  - "I have seen many counsellors, but this service is by far the best"
  - "I liked it so much, I am 10 years old"
  - "Very grateful to the team at Aramoho for their help and kindness"
  - "HIP was kind and understanding. She was very easy to talk to and provided good insights and a plan that's helpful and supportive"
  - "The breathing techniques should be taught in EVERY school"
  - "Amazing positive sessions"



# Whanganui Accident & Medical

The Whanganui Accident & Medical (WAM) doctors supported the development of the nursing workforce by providing clinical support and supervision. There was a focus on increasing nurse consultations via increased standing orders, with the medical support and training. This assisted WAM's progression from a largely medical model of care to a nurse led model of care. It proved very effective, however had limitations, as nurse time

often was caught up in complex tasks and triage, and nurse recruitment was challenging at that time.

Winter Respiratory Virtual Clinic was launched in June 2023 and ran through the winter. This was a nurse led service that provided both tele-virtual and in person respiratory assessments. In person assessments were mainly managed by nurses utilising standing orders that were particularly developed for this clinic.

This service had a keen drive to meet a Pae Ora model of care, with processes in place to support a more holistic assessment when required and linkage to appropriate connecting partners. A contract variation was modified to make available a virtual Nurse Navigator to provide an ongoing response to Covid-19 and other respiratory conditions, focusing on vulnerable and priority groups. This offered a free 0800 number to 'call before presenting,' which in most instances allowed for virtual triage with resolution or an appointment time to be made when required. This allowed for greater infection control and reduced waiting room congestion.

There was a key focus on Kaiāwhina role development, which included monitoring the waiting room for patients who appeared uncomfortable or frustrated. Kaiāwhina would assist them through their journey, including prioritising the care of the more emotionally stressed patients, particularly Māori, Pacific peoples, and the vulnerable. The Kaiāwhina staff also began training in other skills, such as the taking of an





# Whānau Voice

ECG, adult vitals, urine testing, RAT testing. This freed up the nurses to apply their skills elsewhere.

A Health Improvement Practitioner (HIP) was recruited. This model integration was a new concept for urgent care clinics in New Zealand, and WAM patients and whānau began accessing this service. The access to the HIP was a slow progression, however, began to gain momentum.

WAM continued its commitment to the need for a clinician first model at the front door. WAM and Whanganui Regional Health Network gained positive momentum with Te Whatu Ora for improvements of the front door space. The key objective was to improve patient safety by reducing delay for clinician review of presenting problem and improve the overall patient experience.

The Whānau Voice initiative gathered critical feedback on Whanganui Accident & Medical (WAM) virtual services and respiratory clinics. This response reflects the diverse experiences and needs of whānau, who valued the convenience, speed and accessibility of virtual care options. The ability to access same-day virtual consultations, especially during peak times when GP appointments were unavailable, was widely appreciated. Many whānau members reported that virtual services helped them avoid crowded waiting rooms and provided a more comfortable, efficient way to receive care when unwell.

Despite these positives, several challenges were highlighted. A consistent theme was the desire for face-to-face consultations for more complex or urgent issues. One whānau member noted, "Virtual care is great when you need something quick, but it doesn't always feel adequate for more serious concerns." Another member expressed concerns over financial stress, noting that unexpected expenses for medications or referrals added to the burden of managing health issues.

Whānau also emphasised the importance of respectful, empathetic, and effective communication from healthcare providers. They expressed a strong desire to be listened to and taken seriously, which was particularly critical during virtual appointments. Additionally, whānau emphasised the need for culturally safe spaces, noting that recognising Te Reo Māori and fostering a welcoming environment were essential aspects of their healthcare experience. One participant shared, "Feeling safe and respected in our culture makes a huge difference. It's not just about medical care, it's about being treated with dignity."

The feedback gathered through this process offers valuable insights to further refine WAM's virtual services, ensuring they not only meet clinical needs but also align with the cultural, emotional, and practical expectations of the whānau they serve.

# Culturally Responsive Health Care

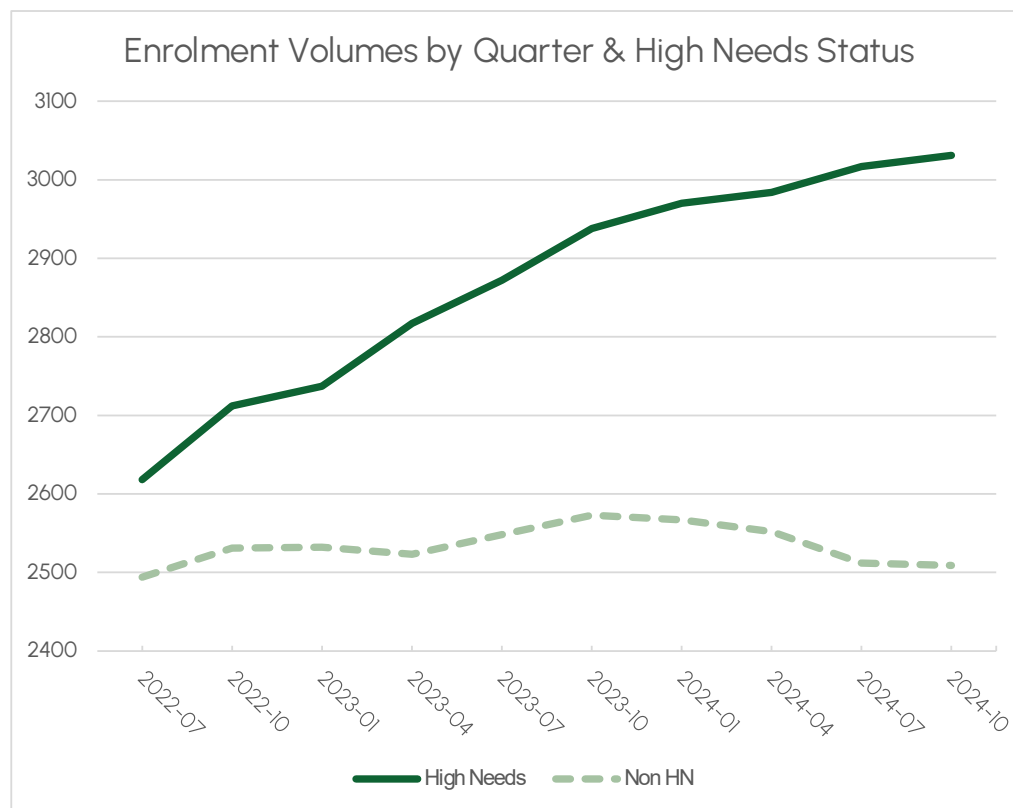
The partnership between Te Rūnanga o Ngā Wairiki Ngāti Apa and Whanganui Regional Health Network (WRHN), formalised through a service-level agreement, has led to transformative achievements in primary care for the community. Since taking ownership of Stewart Street Surgery, Ngā Wairiki Ngāti Apa's Rūnanga has provided governance and strategic oversight, while WRHN has delivered operational leadership to support sustainable, localised and progressive hauora services. This partnership has strengthened access to care, reduced healthcare inequities and improved health outcomes, underscoring a shared commitment to enhancing community wellbeing.

One of the initial steps taken under this partnership was transitioning Stewart Street Surgery to the Very Low-Cost Access (VLCA) funding model, effectively reducing financial barriers for patients. The clinic reopened enrolments, increasing its patient population by 417 and reversing a five-year trend of

declining numbers. While the clinic remains open to all, the service has emphasized health equity by focusing on enrolling high-need populations. As a result, the clinic's Māori patient base grew by 3.4%, with 282 new patients identifying as Māori, underscoring

a commitment to supporting those most in need.

To ensure that clinically and socially vulnerable populations have timely access to care, the clinic has adopted a prioritised clinical approach.





A WRHN-employed Māori Nurse Practitioner was appointed to Stewart Street Surgery, championing culturally and clinically competent care and fostering a health team aligned with the community's values. Today, approximately 44% of the clinic's staff identify as Māori, surpassing local demographic proportions and reinforcing a culturally responsive environment. Team-based care is central to this model, with a diverse group of practitioners, including a Nurse Practitioner, a Registered Nurse on the path to becoming a Nurse Practitioner, a Community Nurse Prescriber, and a designated Nurse Prescriber who will complete certification by year-end.

Stewart Street Surgery has also purposeful partnerships with Te Kōtuku Hauora and the WRHN Outreach Team to enhance population health. This collective approach led to Stewart Street Surgery producing the highest influenza vaccination rates in the district for those over 65 years, as well as for Māori and Pasifika populations. This success reflects a strengths-based, integrated approach to immunisation and screening, with each partner contributing to a shared goal of healthier communities.

The Ratana Clinic initiative has further advanced equitable health outcomes. Rooted in a community with a deep cultural and spiritual heritage, this collaboration between WRHN, Stewart Street Surgery, and Te Kōtuku Hauora offers weekly primary care and hauora clinics to the Ratana community. These services, funded through PHO Services to Improve Access, are provided on-site at no cost, reflecting a commitment to accessibility and equity.

Looking to the future, Nga Wairiki Ngati Apa, in partnership with Te Oranganui Healthy Families, has gathered whānau perspectives to inform service priorities and delivery for 2024/25 and beyond. This community-centred approach will guide the strategic and operational direction, ensuring that services continue to align with the needs and aspirations of the South Rangitikei community. Together, Nga Wairiki Ngati Apa and WRHN remain committed to enhancing the established foundation for sustained, equitable healthcare access and outcomes.

# Supporting General Practice Teams

During 2023/24, an opportunity to expand the current Community Funded Options Programme (CFOP) for general practices and Whanganui Accident & Medical to deliver condition-specific care emerged, in the form of Expanded Primary and Community Care (EPCC). This involved moving to a high-trust, low bureaucracy model that offers funding for flexible packages for acute care, with the intention of preventing Emergency Department attendances by incentivising primary care to deliver options in the general practice or urgent care environment. The implementation mahi for this change was supported by our clinical systems facilitator, through reviewing the current CFOP environments, providing training and education regarding expanding to EPCC packages, and providing support to enable increased service provision for IV infusion procedures within general practice.

# Pasifika Health Navigator

The Pasifika Community Connector role enabled a dive deep into the community to identify and support those in need.

Navigating family/individuals through the health system:

- ▶ Following up referrals
- ▶ Updating family on health statuses
- ▶ Advocating on behalf of families to specialist, external services, NGOs
- ▶ Facilitating communicate between families and services
- ▶ Interpreting within the clinical space.

We have heard many stories of families struggling financially and most times it impacts on the children. The ways we have provided support through discretionary funding has included;

- ▶ Supporting rent payments
- ▶ School essentials for tamariki
- ▶ Emergency accommodation
- ▶ Doctors' appointments and medical supplies, including medication requests
- ▶ Travel assistance
- ▶ Hapu mamas and new mums

needing baby items  
Connecting individuals/families to the support they need/want:

- ▶ Building relationships and knowledge of services around the motu allowed us to know exactly who to contact for support when needed
- ▶ Close relationship with the Police for wrap-around services when visiting homes

The Pasifika Health Navigator built a rapport with the Pasifika community in a short timeframe to identify what the needs were, resulting in rapid response for families. Positive feedback has been received from this community:

- ▶ "It's good to see a Pasifika face in this space"
- ▶ "Speaking the same language has definitely changed our understanding"

Providing health support from a Pasifika clinician has reduced barriers for accessing health care, especially being in the community looking for our vulnerable population with complex conditions, long term conditions, polypharmacy, or our people who

need guidance for their wellbeing. Health promotion in the community has included;

- ▶ Multiple pop-up health clinics for Pasifika
- ▶ Free flu clinics for all Pasifika
- ▶ Blood pressure education to a targeted audience
- ▶ Pasifika Health Expo bringing in over 800 people from around the motu
- ▶ Guest speakers to Pasifika gatherings promoting what our people want to hear
- ▶ Establishment of the Pasifika Health Advisory Group, where 25-30 people attend bi-monthly to voice their concerns in their unique community
- ▶ Letting the community dictate how we should be serving our community







# Clinical Risk Review

The 2023/24 period saw the beginning of workforce shortages at Te Whatu Ora (TWO) Whanganui, with initial impact on the medical physician workforce effecting referrals from primary care to the specialist service. As a collective, through the Whanganui Regional Health Network Clinical Governance Group, Acting Te Whatu Ora CMO, and in partnership with the Health Pathways representatives, several opportunities arose to collectively offer solutions to monitor referral rates from primary care, audit quality of referrals to the service, and offer advice to GPs, instead of referral to clinic waiting lists. Clinical risk was addressed by monitoring any adverse events due to delayed referrals to general medical secondary services and future communication processes between the hospital to primary care services were carefully considered, after some consultation.

Next came the shortage of Ultrasonographer workforce within the hospital radiology department, triggering a response from the regional TWO commissioning team to fund ultrasound for those

declined from hospital services due to workforce shortage. This option was offered to priority populations based on ethnicity and those who were vulnerable and unable to privately fund. This acted as a safety net whilst we worked with TWO Hospital Specialist Services to streamline referrals from primary care and awaited the replenishing of workforce. There were no adverse events highlighted with restriction of hospital services and the option of community referred ultrasound options.

Education sessions are planned for primary care providers, along with workshops to develop strategies for managing ongoing service restrictions. Where appropriate, HealthPathways have been updated and referral forms modified to guide current referral options, ensuring GPs have the necessary resources and information to support patients effectively. These initiatives aim to strengthen coordination between primary and secondary services, maintaining a high standard of care despite workforce shortages.





# Clinical Governance Group

The Clinical Governance Group for the Whanganui Regional Health Network includes General Practitioners, Nurse Practitioners and Nurses representing practices across the Whanganui region. The group works together to identify and manage risks related to patient care and service delivery. Risk identification

spans areas such as clinical incidents, patient feedback, safety audits, and performance reviews, ensuring a thorough approach to enhancing healthcare outcomes. The group also reviews research data and proposals for systems development, addressing both primary and secondary care issues. By analysing data and

identifying trends, the group can implement effective strategies for continuous improvement across the network.



# Manaaki Te Whānau Team

The Manaaki Te Whānau outreach team provides essential health services through weekly drop-in clinics and home visits, focusing on childhood immunisations and B4 School Checks. During these clinics we also offer a range of other population health interventions, including verifying GP enrolment, updating cervical screenings, and administering pregnancy immunisations.

Our team provides dedicated pregnancy and parenting courses, giving expectant parents access to vital health information and resources to support a healthy pregnancy and parenting journey. Alongside these courses, clients can receive additional health interventions and assessments tailored to their needs.

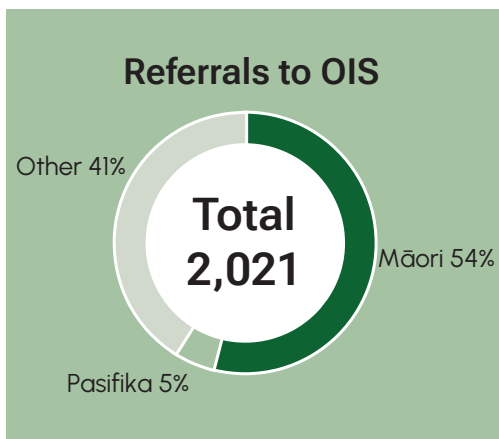
We also focus on safe sleep education, providing safe sleep devices, such as wahakura to families to support the wellbeing of infants. Our team assesses each family's needs to ensure they have access to these resources, helping to create safer sleep environments.

Through partnerships with rural practices and Iwi providers, we

held successful rural clinics twice a month, reaching communities with limited access to healthcare services. Collaborations with Te Whatu Ora Public Health Unit, Te Oranganui, and various NGOs allow our team to participate in community events, enhancing our presence and deepening connections across the community.

## Outreach Immunisations

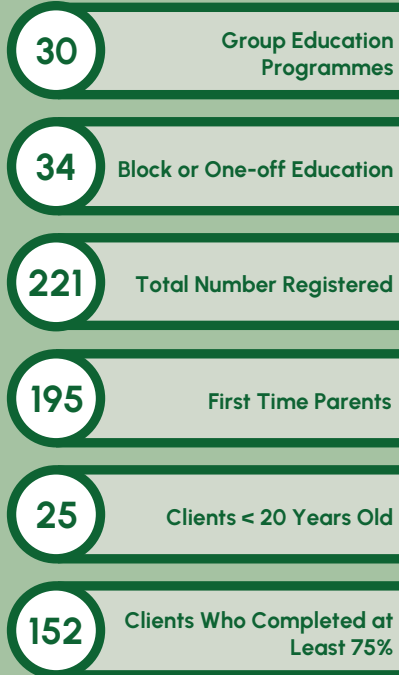
There were 1,420 immunisations actioned during the last four quarters, with 18% being delivered at home, 16% given by their general practice team, and 67% delivered via community Outreach Immunisation Service (OIS) clinics.



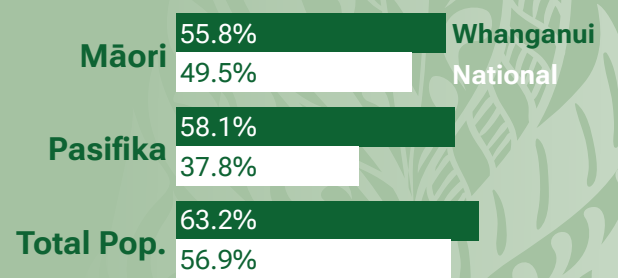




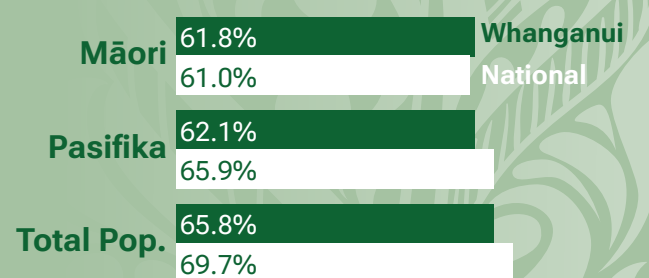
## Pregnancy & Parenting Classes



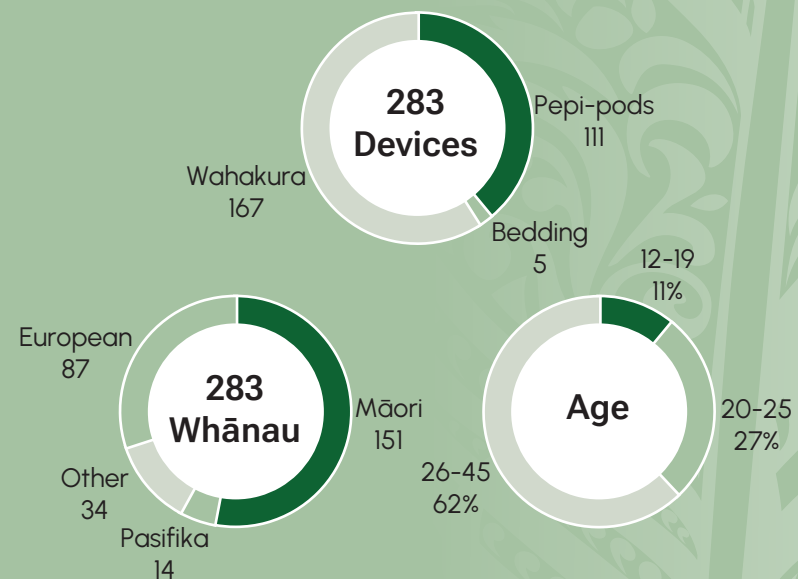
## Bowel Screening



## Cervical Screening



## Safe Sleep





## Te Hononga Investment

Whanganui Regional Health Network (WRHN) were invited to partner with Iwi providers, to prepare for the operational implementation of the Whanganui Locality. A unique position for Te Hononga was that the establishment plan was developed in isolation from the Iwi Māori Partnership Board (IMPB), as they had yet to be established and the timeline for start-up of localities was tight.

The Localities plan was informed by whānau voice and a key priority area was Kaumatua. It was highlighted from the 'Request for Proposal for Dementia / Mate Wareware' that a collaboration of providers, including WRHN, submitted (but were not successful) that there was significant unmet need for carers and people living in our rohē with dementia. WRHN and other providers (Ngati Rangi and Whanganui Alzheimers), considered a strength-based approach. A submission through the Localities plan highlighted a desire to progress outcomes for this group in the community.

WRHN focused on establishing a Cognitive Stimulation Therapy



(CST) programme and creating a connected network of providers, meeting bi-monthly to progress a more connected planning approach for older adults. WRHN were contracted for a fixed period, with contracts ending 31 December 2024 (this contract has since been extended to 30 June 2025).

# Cognitive Stimulation Therapy

Whanganui Regional Health Network (WRHN) confidently led out the Cognitive Stimulation Therapy (CST) programme in Whanganui and Taihape, utilising the resource of a contractor and WRHN Nurse Practitioner Health for Older Adults. Engaging Iwi providers as partners was a strategy utilised to sustain the service going forward.

CST is a group therapy for people living with mild to moderate dementia. CST began in the Whanganui Rohē at the beginning of January 2024. The first quarter of the calendar year focused on developing infrastructure to support and sustain CST in the Whanganui Rohē. There was positive cross sector support to implement CST and acknowledgement there was a need for post diagnosis care for those living with dementia / mate wareware and their whānau.

## Delivery and evaluation of the CST programme in urban Whanganui

At the time of writing there have been 37 appropriate referrals for CST, i.e. people who have a diagnosis of dementia / mate wareware. Of these 10 people (27%) are Māori

and 27 people (73%) are non-Māori. The fourth Whanganui CST group is currently running, and a CST group was recently completed in Taihape, with support from Community Mental Health and Mokai Patea Services.

Positive feedback has been received from all groups. Feedback from participants on what they have enjoyed or found useful about CST included the team work, networking with new people, the variety of activities undertaken, and the "different ideas that got them thinking." CST was viewed as a safe space and they "enjoyed coming to the group and felt very comfortable." One participant wrote, "I have come to be more aware of Dementia problems."

Participants state the group has helped them and their whānau feel more connected to other health services, particularly Alzheimers Whanganui, and to other people in the group. There was also mention of increased connection to whānau through this process. For those living in Taihape, greater connection to Mokai Patea Services was reported.

Whānau noted the enjoyment that their whānau member had with the group. The comradery and variety of games and music therapy, and that they "felt safe and were more talkative, relaxed and confident." Whānau stated participants started conversations about CST at home, and the notebooks sent home helped them join in the discussion. There was increased confidence, motivation and focus, and more open conversation about their dementia.

Stories from whānau included: "Did not want to miss a class so got a taxi, even though has been nervous to do previously. Initially he was a bit reluctant to attend, but after the first session he appeared 'energised'. There was no way he would miss a session. He speaks a lot more openly about his dementia symptoms and appears more accepting."





### Supporting Iwi and rural partners to provide CST

WRHN will continue to liaise with Taihape Health and Mokai Patea Services regarding further CST groups in Taihape. WRHN has offered to work in a supportive role with Mokai Patea Services so that CST can become self-sustaining in rural areas.

Tupoho social services, Te Oranganui and Ngaa Rauru have expressed an interest in the addition of CST to the suite of services they are providing for Kaumatua living with dementia / mate wareware. WRHN continues to participate in conversations and work alongside partner organisations in the development of services,

including CST for people living with mild to moderate dementia / mate wareware.

### Maintaining promotional and education activities

To imbed CST referral into the practice of service providers and normalise CST as a therapy for people living with mild to moderate dementia in the community, WRHN has undertaken promotional activities. These include education sessions to Iwi providers, General Practice, Older Adult Te Whatu Ora Services and NGOs. Information has also been distributed via flyers and social media.

### Service Improvement

Participants are frequently requesting CST continue past the initial seven-week programme. Given the positive response to CST, maintenance CST was implemented in October. There are seven people in the maintenance group.

Most people who completed CST were linked into (if they were not already) Alzheimers Whanganui programmes, including whānau members completing the carer course. Participants and their whānau were also introduced to Mental Health and Wellbeing Support Services.





Eleven people between Whanganui and Taihape declined CST following referral. Reasons include a rapidly progressing neurological condition that made CST inappropriate not long after referral. Not being ready to join a dementia / mate wareware group and transport (though WRHN did offer to assist with transport), not accepting a diagnosis of dementia / mate wareware and moving out of town.

An unexpected consequence was the referral of several people who did not have a known / formal diagnosis of dementia mate wareware. There has been strong discussion regarding the appropriateness of this. The importance of ruling out other causes of cognitive decline as part of the diagnostic process has been reiterated and acknowledging

that with limited health resources it is important that the right treatment is given to the right people. This unexpected consequence has provided the opportunity for education regarding dementia / mate wareware diagnosis and provided a segway for other ageing well education.

Referral numbers for people who are Māori, living with dementia / mate wareware are lower than expected in urban Whanganui. This may be multifactorial, including that the Whanganui rohē has Iwi lead kaumatua groups who have a dementia / mate wareware focus. WRHN will continue to work alongside these groups, so there are options for people living with dementia / mate wareware and their whānau.



# Older Persons Network

Whānau had identified in their feedback that the provider network was not connected, difficult to navigate and people were falling through the gaps. Whanganui Regional Health Network (WRHN) CE led the establishment of a Provider Forum with a focus on Older Persons. This forum enables Iwi, NGO, Hospital Specialist and Primary Care to come together and share information, discuss service models, and share risks and challenges of operating in this sector during fiscally tight times.

WRHN facilitate this forum every two months. Outcomes received to date are:

- ▶ Strong support for Kaumatua remaining well in their community
- ▶ Reduce social isolation is a priority for people to remain active and connected

- ▶ Innovative models showcased (Patea Lounge and Forget Me Not programme – Ngati Rangi)
- ▶ Mana tool for people with dementia was showcased and the network committed for it to be socialised in general practice
- ▶ Education for carers extended to rurals
- ▶ End of Life impact a focus with discussions on Advance Care Planning / Enduring Power of Attorney / connect with Hospice Whanganui
- ▶ Financial disparity in Aged Residential Care compared with other central region localities escalated.

# Taihape Rural Health Centre

October 2021, Whanganui Regional Health Network (WRHN) and Taihape Health Ltd (THL) partnered with Mokai Patea Services and Taihape Trust to progress the coming together of shared space within the Taihape Rural Health Centre. The space will collaboratively accommodate Primary Care and Whānau Ora services and the teams have committed to operate as a cohesive team.

WRHN have funded the services of Blackpine Architects to assess what improvements need to be made

to ensure the facility operates and meets the aspirations of Iwi and addresses the needs of whānau. WRHN and THL made a shared contribution of \$2.6 million, as the largest of the two providers. Mokai Patea Services and Taihape Trust have committed an additional \$850k to the design plans. The community identified a strong connection to the Rural Health Centre facility, and their preference was we incorporated a public space that could be utilised for activities and accessed independently from the provider spaces. This has

been achieved by redesigning the current kitchen and dining room space.

Te Whatu Ora (Health NZ) transformed District Health Boards in July 2022. The transformation has been significant, as well as the government policy changing as a consequence of Labour exiting and National coming in as our new government. In that time institutional knowledge and history has been lost, and the local partners now find themselves in a battle to get the crown to agree to a campus lease, as well as remaining as a partner in the facility and address the outstanding maintenance that requires attention (roof in particular). In the meantime, Te Whatu Ora renovated a new suite for x-ray services and this is located within Taihape Rural Health Centre. THL operate maternity services from this site also, however all other services are operating from two different facilities and locations.

The strength of the collaboration has been the enduring respectful and trustworthy relationship between Iwi and community leaders and





governors. We continue to drive the aspiration of a connected system operating for the people of the district and remain passionate about elevating the challenges to people who are in positions of decision-making authority. We collectively believe that the strategy is right for sustaining services for a small rural community and serving the next generation. We remain hopeful that 2025 will signal progress and resolution of the lease agreement, so that the builders can progress the essential refurbishment and so we can move our teams together as soon as possible.

Mokai Patea Services, Pou Hauora states, "As a non-clinical service, our Manaaki Hauora Roopu has impacted immensely on the whānau that are registered with us here at Mokai Patea Services and with Taihape Health. Collectively we address health conditions quickly and seamlessly, while implementing plans that support our whānau to manage their conditions. By working alongside our clinicians at Taihape Health, the Whānau Ora Iwi Navigators are also growing their knowledge around health conditions, which helps to quickly identify when clinical support is needed and ultimately prevent hospital admissions. We are also



able to inform our Manaaki Hauora team of the social issues that may be impacting on whānau health, which creates better understanding of the challenges and potential barriers to accessing health care. Working together in a shared space will only strengthen the collaborative mahi."





# Waimarino Rural Health Centre

The Waimarino development has been discussed for a number of years and has seen Iwi, community and provider partners come together to drive reinventing the existing facility (Waimarino Rural Health Centre) to accommodate a rented space that will reside Te Whatu Ora (Health NZ) employees, Te Puke Karanga workforce and Ruapehu Health Ltd. Other organisations, such as Ngati Rangī, will also work with the providers to ensure a whānau centred workforce model is responsive to the needs of the communities of Ohakune and Raetihi.

The project is Te Whatu Ora (Health

NZ) led; however the Waimarino Development group is an Iwi / Community collective of voices which are partnering with Te Whatu Ora (Health NZ) to ensure the refurbishment is fit for purpose and meets the needs of the communities.

Te Whatu Ora (Health NZ) has established a Project Implementation Group, contracted an architect and project community lead, and various planning and discussions with whānau are being progressed. The detail required to deliver an integrated and connected service model that is culturally confident and reflects community priorities is currently

being worked on. Sustainability of the integrated health and social care model is imperative for future generations as working in silos is not sustainable and not viable for isolated rural communities.

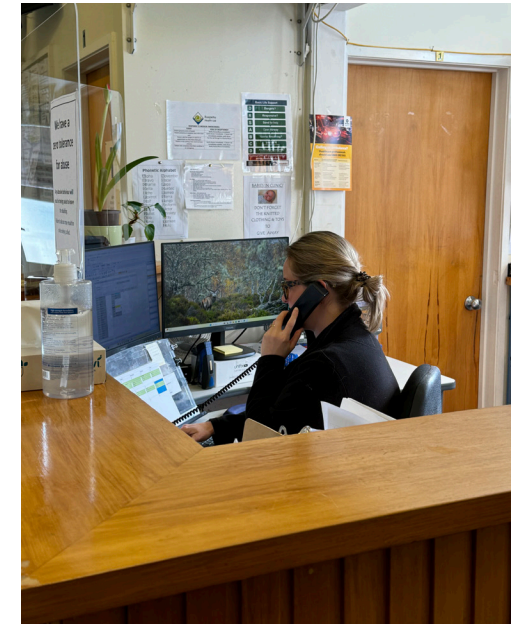
Whanganui Regional Health Network and Ruapehu Health Ltd are committing leadership, both strategically and operationally. Currently the lease agreement requires parameters to ensure that it is affordable for Ruapehu Health Ltd, however our commitment to participate in this collaboration has not wavered.





Waimarino Development Project Lead states, "Navigating the complexities of integrating clinical and social services while elevating whānau voice poses challenges. However, the benefits are significant – a shift in focus from disease to wellness, and whānau at the centre of decision making. Whānau perspectives are actively sought and shape service design, ensuring alignment with their articulated needs rather than provider assumptions. The Waimarino Rural Health Centre is a critical development in our shared vision of improving community wellbeing.

With continued engagement and collaboration, we are creating a culturally respectful, accessible facility, that stands as a testament to the resilience and unity of Waimarino."





# Virtual Healthcare

Location and staff capacity affect service delivery, with general practices now having to rethink the way they operate. As a rural practice, Ruapehu Health Ltd is one example with significantly impacted healthcare delivery who have embraced technological change through the implementation of virtual clinics. This shift has enabled more efficient, accessible and flexible healthcare services for patients, especially those in remote or underserved areas.

By integrating digital tools, such as telehealth platforms, Ruapehu Health Ltd has created a system that reduces barriers to care, allowing patients to connect with healthcare professionals. This technological transformation has not only streamlined the patient experience, but has also enabled the healthcare team to manage time and resources more effectively, expanding the capacity to support a larger number of patients. The adoption of virtual clinics represents a forward-thinking approach, demonstrating Ruapehu Health Ltd's commitment to leveraging technology to meet evolving healthcare needs and

improve overall health outcomes.

Ruapehu Health Ltd, Clinical Services Manager says, "There is a high percentage of people who can be seen by a virtual doctor and don't need to go into the practice." The nurse initially triages the caller and determines the appointment suitability and if virtual is appropriate then that is used. People get what they need and being seen in the comfort of their own home works out better for some; for example, farmers who can't take time away from work, those who are disabled, people lacking transport or who live a distance away. Booking in with the nurse first to have an assessment done supports the process and the patient can subsequently see the virtual doctor without any repetition.

This is a more efficient use of time and using the strength of a whole team approach works a lot better in a rural environment. The GP works alongside the Nurses, Counsellor, Health Coach, and Health Improvement Practitioner, and by also bringing in wider health providers, like the Physio, Social Workers, District

Nurses, and prescribing Pharmacist, the patient is offered a wrap-around service. Digital enablers like shared patient management system access and patient portal, supports the across service approach. Feedback received is that the service is great, people's needs are being met, and the improvement in wait times is appreciated.



# Remote Healthcare

TytoCare is a telehealth company that offers remote medical examination solutions. The app provides step-by-step instructions and a handheld device equipped with various attachments that allow individuals to perform medical exams at home. These exams can include checking heart and lung sounds, examining the throat and ears, assessing skin conditions, and measuring body temperature.

The data collected by the device is transmitted securely to healthcare providers, who can then review the information, diagnose conditions, and offer treatment recommendations remotely. TytoCare's technology enhances virtual healthcare by enabling more comprehensive exams than standard video consultations, making medical care more accessible and convenient. This diagnostic tool is being used by Taihape Health Ltd and Whanganui Accident & Medical.

Taihape Health Ltd clinicians say that for certain patients this system works very well; for example, with someone who has a lot of ear issues (from infections or surgeries) clear images

can be captured and uploaded by the nurse to the virtual doctor to view, or for people with heart and lung issues the chest sounds recorded are magnified. This enables the doctor to manage complex presentations and gives them more assurance when prescribing. Video is also an option, whether it is recording the physical assessment or recording the patient

explaining their experience – it adds a personal touch to the virtual option.

TytoCare gives the choice of going live or pre-recording, but is primarily used with the patient present, making them feel they are being consulted with well – it's just like the doctor is in the room. Taihape Health Ltd use a company based in Auckland and

the same three GPs for their virtual consultations, which allows for the development of a good relationship between the patient and doctor.





## Auditors Report

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 (WAM), and Ruapehu Health Ltd, sit within the criteria for Tier 1 reporting as the group now have total expenses over \$33 million. Figures within the financial reports are now rounded to the nearest thousand and reported as follows;

Total Revenue of \$36,408,000 including: (1) Revenue from Non-Exchange Transactions \$15,765,000; (2) Revenue from Exchange Transactions \$20,086,000; (3) Other revenue of \$558,000.

Total Expenses of \$35,002,000 including: (1) Operating Expenses of \$17,816,000 (51%); (2) Consolidated wages and other employee costs of \$16,180,000 (46%); (3) Depreciation and occupancy costs of \$1,006,000 (3%).

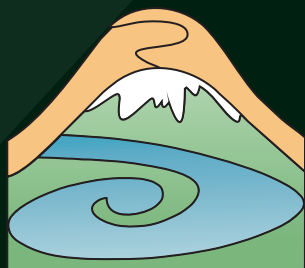
Other Revenue and Expenses of \$121,000 included the revaluation of land and buildings.

Total consolidated net profit for the year ended 30 June 2024 was \$1,527,000. At this date the WRHN Group had consolidated assets of \$19,893,000 and liabilities of \$6,991,000.

The financial statements were audited by BDO Manawatu Ltd. All entities received unqualified audit opinions.







Whanganui Regional  
**Health Network**

Gate 3, 100 Heads Rd, Gonville, Whanganui