



# 2016 *Annual Report*

 **WellSouth**  
*Primary Health Network*  
Hauora Matua Ki Te Tonga

# Chair and Chief Executive Report - *Kia ora koutou*

We take pleasure in presenting the Annual Report and Financial Statements for WellSouth Primary Health Network (WellSouth) for the year ended 30 June 2016.

WellSouth is a not-for-profit charitable Trust. WellSouth is governed by a board of 10 Trustees representing the partnership between Iwi, community, primary health providers and the Southern District Health Board.

This is the sixth year of our operations. WellSouth is responsible for ensuring that primary health care services are provided effectively to the 293,114 patients enrolled (as at 1 July 2016) with the 84 general practices in the district, all of whom are contracted to WellSouth to deliver these first level health services.

WellSouth's funding of approximately \$68 million is provided under the Primary Health Organisation Services Agreement between WellSouth and the Southern District Health Board. Of this, just over \$44 million (65%) is paid to general practices as PHO capitation for first level health services – patients attending their general practice. WellSouth's other income is used for specified services and programmes, including CarePlus, Services to Improve Access, Primary Mental Health Brief Intervention Services, Health Promotion, management services and Very Low Cost Access practices.

Our financial result for the year ended 30 June 2016 was a surplus of \$395,168. The Trust's Equity (Net Assets) at financial year end was a satisfactory \$997,165.

## Primary Health Care

Good primary care is acknowledged as the key to delivering effective health care. In our Southern district there were 980,000 visits by enrolled patients to general practices in 2015-16, an average of 3.4 visits per patient. General practice is the health care home for patients and WellSouth's core focus. We are pleased to record the continued commitment by WellSouth's team to strongly supporting our general practices, so they may restore people's health when they are unwell, and promote and maintain good health.

## New Zealand Health Strategy

In mid-April 2016, the Minister of Health released the 'New Zealand Health Strategy - Future Direction,' following comprehensive consultation throughout New Zealand. The Strategy has a 10-year outlook. The Five Strategic Themes are:

### 1. People-Powered

At the heart of the updated Strategy are health care users, their families/whānau, and their networks of carers and supporters. This means all New Zealanders having the information and support they need to manage their own health and wellbeing. It requires the health system to truly understand the people it serves and involve them in service design, including more joined up data and analysis within the health system and across social services and improved health literacy for all.

### 2. Closer To Home

Health care services are to be delivered closer to where people live, work and play and for health and social services to be better integrated. The emphasis is on investing early in life, maintaining wellness through preventing illness and providing early interventions, and ensuring high quality care for people at the end of their lives.

### 3. Value And High Performance

So that people are always the central focus of our health system, we need to ensure best value use of our workforce, financial investments and other resources. This is about aligning performance measures and incentives with people-centred results and making every dollar count.

### 4. One Team

To achieve the aims and objectives of the updated Strategy, all stakeholders will need to work better together to ensure our health system and the wider social sector work towards a common purpose. It means creating and maintaining a well-equipped and agile workforce that is supported by strong leaders at all levels.

## 5. Smart System

There will be a focus on a smart system that utilises existing and emerging technologies to deliver better results for everyone. In addition to ensuring health professionals and health care users have accurate, accessible and reliable information, it requires adopting technology, innovations and ideas to revolutionise the ways we work and experience health care.

Importantly, the refreshed New Zealand Health Strategy pervaded WellSouth's decisions on key initiatives and provided a focus for addressing the year's challenges. While public funding for primary health services remained under pressure, within this constraint we achieved a great deal. Our significant initiatives, programmes and outcomes are highlighted within this report, in particular those that made a positive difference and benefited our patients, their general practice and primary health care providers.

### Commissioner

The Minister of Health appointed Mrs Kathy Grant as Commissioner of Southern District Health Board in June 2015. WellSouth worked closely and supportively with Kathy and Deputy Commissioners Graham Crombie, Richard Thompson and Dr Angela Pitchford to ensure primary and community health issues were given due prominence in 'Owning Our Future' and associated initiatives.

### Alliance South

Alliance South is the leadership team established in partnership by WellSouth and SDHB. We worked strongly within the Alliance, focusing on how Southern health services can be designed best for a 'whole of system' integrated approach to improve service delivery for patients. Alliance South's Work Plan progressed very well under the various Networks: Rural Health, Long Term Conditions, Mental Health and Addictions, Urgent Care, Health of Older People, Pharmaceuticals, Child and Youth Health and Health Pathways, and we were pleased to note the positive moves towards implementation of recommendations from a number of the Networks.

### Zero fees for Under 13s

On 1 July 2016 the Zero fees for Under 13s scheme commenced. This was an extension of the 'Zero Fees' scheme already in place for children aged under 6. All WellSouth general practices joined the scheme and the expected increased utilisation rate for the first six months was observed. This initial extra utilisation demand at practices peaked at over 22% on average and then settled at an increase of 18% for this 7-13 age group, thus providing improved access to healthcare for primary and intermediate school children.

### Primary Health Alliance (PHA)

WellSouth is a foundation member of the Primary Health Alliance. This organisation, which has member PHOs representing over 1.1 million enrolled patients, is an association of multi-professional member organisations supporting the delivery of high quality integrated primary care services across New Zealand. Through PHA, WellSouth contributed at the national level to strategic primary health care initiatives and advocacy, including at PHO Services Agreement negotiations. Three significant PHA papers were prepared and presented to the Minister and Ministry of Health:

1. 'Targeting Resources: Strengthening New Zealand's primary care capitation funding formula.'
2. 'A Time to Act: Implementation Solutions' and,
3. 'A Time to Act: 7 Actions which will help sustain the New Zealand health service for future generations.'

### Trustees

At the 2016 Annual General Meeting, Trustee Mr Bernie McKone is retiring. Bernie represented pharmacy and has been on WellSouth's Board since October 2010. Bernie chaired our Clinical Review sub-committee and astutely led their work prioritising WellSouth's programmes' development, approval and review. We thank Bernie for his outstanding contribution to WellSouth's successes over the years and particularly for his experience and advocacy for the multi-disciplinary team approach to providing primary health care.

We are pleased to welcome Mr Paul Larson to our Board as the pharmacy representative Trustee, following his successful election by our region's pharmacists.

At our 2016 Annual General Meeting, Mr Norman Elder will be reappointed as a community representative Trustee after nomination by the independent Advisory Group, following their consideration of applications received after public notification.

### Thanks And Appreciation

We take this opportunity to acknowledge the support and commitment of our partners in primary health, social services, SDHB, and community based organisations as we build and embed collaborative relationships to achieve better integrated health services. We thank our contracted general practice teams for their continued commitment to high quality primary health care.

WellSouth has Trustees, Te Hauora Matua and staff who are dedicated and effective. We appreciate and thank you all for your efforts in improving the quality of primary health care for our population.



**Stuart Heal**  
Chair

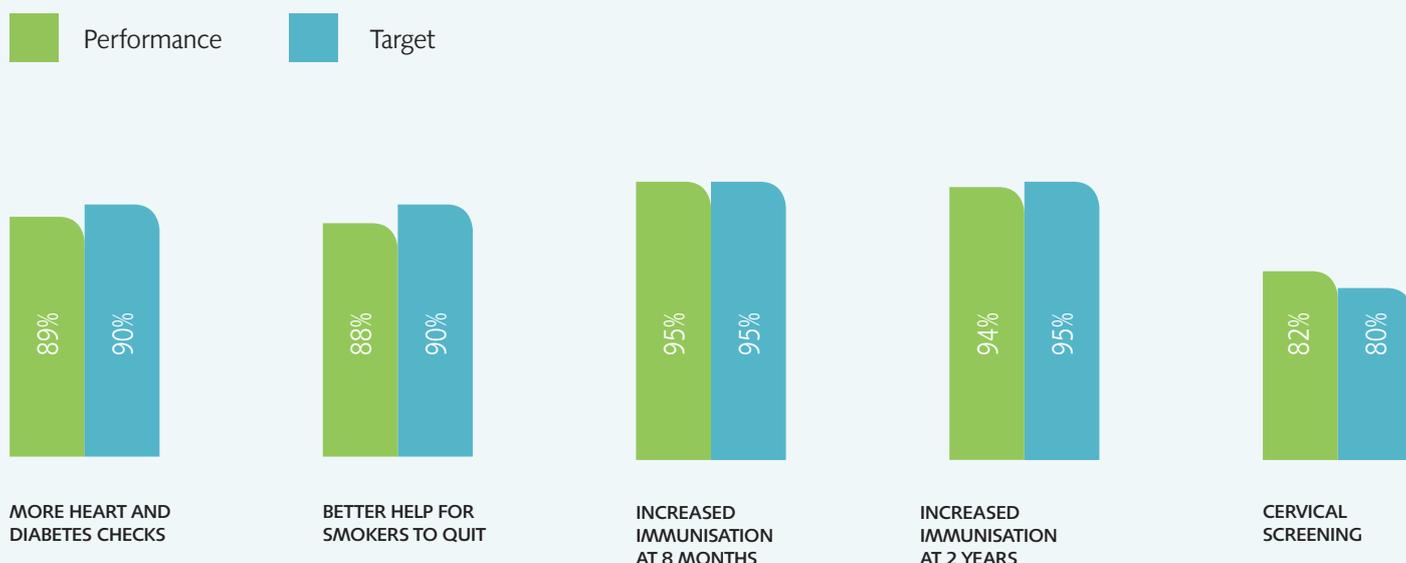


**Ian Macara**  
Chief Executive

## WellSouth Health Target Overview



## Performance Target Summary



## Information Technology

2015-16 saw much change in the health sector and the move to a digital strategy was a priority for all health facilities nationally. WellSouth aligned with national and international trends for delivering a digital strategy in health. We prepared for the shift necessary in digital capability across the sector, which will ultimately deliver health benefits to the enrolled population regionally and nationally.

A summary of our IT initiatives and highlights:

**Innovation** – Over the last year WellSouth connected with multiple data sources to ensure we provided value back to general practice and our analytics program development will provide practitioners up-to-date information on their patients that support better health outcomes.

**Telehealth** – Telehealth services continued to grow organically in primary health, with established clinics in place by the end of the year. Telehealth initiatives are expected to be “business as usual” in the health sector and clinicians are embracing the shift in the model of care associated with this IT enablement. The continued growth of Telehealth in New Zealand will provide better access to healthcare for both rural and urban communities. We acknowledge the significant investment of \$500,000 from Alliance South to implement Telehealth services in the Southern district.

**Practice Support** – Our commitment to providing local health facilities with ongoing support, involved establishing a dedicated IT service and support structure. IT cloud services became more prevalent in general practice and WellSouth positioned itself to provide the advice and support required to transition to a cloud environment.

WellSouth was a foundation PHO shareholder of our Health IT company Health Systems Solutions Ltd (HSSL), where hosted services are procured and managed through a secure government approved data centre. HSSL successfully transitioned 4 PHOs into this data centre over the last year, demonstrating HSSL’s capability to deliver cloud services for primary care organisations.

**Education** – 40% of the Southern district’s general practices are in rural locations and the delivery of education through digital content will be invaluable. Gore Health delivered education and peer review sessions across the WellSouth video platform and this proved very successful.

**HealthONE** – The successful electronic health record rollout across the Southern region was one of the IT highlights. HealthONE is an important clinical tool that provides up to date clinical information for patients at the time of treatment.

## Health Promotion

The Health Promotion Team's programmes continued to expand and have a positive impact on the health and well-being of the Southern community. Our focus areas included breastfeeding, mental health, obesity and overweight, alcohol harm reduction, and Smokefree. Some highlights of this year's work included:

**GoodYarn:** The GoodYarn Programme was named the joint winner of Best Mental Health Promotion/Mental Illness Prevention at the Australia and New Zealand Mental Health Awards. WellSouth is proud of this fantastic achievement, it was excellent recognition for the innovation and commitment of our Health Promotion team. The programme was rolled out nationally in partnership with DairyNZ, with several large-scale agribusinesses, including Rabobank and Fonterra, investing in the training of suitable staff members to become GoodYarn facilitators and deliver the workshop to their 'farmer-facing' staff nation-wide. This year 66 workshops were delivered nationwide to 965 people and 22 of those workshops were in Otago and Southland.

**Breastfeeding Support Otago & Southland:** Breastfeeding Support Otago and Southland continued to support Southern whānau to achieve their breastfeeding goals, with the programme expanding to Clutha District this year where nine new peer supporters were trained. The effort and commitment of the peer supporters was recognised this year with the programme receiving Runner Up in the Health Service Provider category at the 2016 Minister of Health Volunteer Awards in June. This programme has five Peer Support Programme administrators facilitating the programme across the region.

**FeedSafe:** WellSouth Health Promotion launched the breastfeeding smart phone app 'Feed Safe in New Zealand.' It is a free iOS and Android app which contains information on breastfeeding and alcohol, to help mothers make an informed choice around drinking and breastfeeding.

**Books on Prescription:** Following an extensive evaluation published in the Australian and New Zealand Journal of Public Health, the Books on Prescription programme was revamped to include more health topics such as diabetes, heart disease and lifestyle choices, as well as a collection of creative-fiction books. Additional resources such as smartphone apps and videos were added to the programme and can be accessed via the website. There are now three strands of the programme, incorporating media which is evidence based, professionally reviewed and recommended:

- **Read Yourself Well:** Books are available from all local libraries in Otago and Southland, which can be useful on their own or used in conjunction with other options such as talking therapies and/or medication.
- **Listen Yourself Well:** Audio-books are available to borrow from the libraries and some podcasts and videos are on the Books on Prescription website.
- **T'App Yourself Well:** There are smartphone apps which may be a useful tool to help understand and manage a health problem.

## Clinical Advisor Report

It was another high impact year with WellSouth continuing to demonstrate its commitment at Board level of being clinically led and supporting primary care throughout our region. We are delighted to now have a dedicated team of pharmacists who actively arrange medication reviews for our most vulnerable patients as well as advising on safe prescribing.

We have been working closely with our colleagues in the community, the University of Otago and secondary care. WellSouth has a representative on the Maternity Quality and Safety Programme and the Long Term Conditions Network. This has resulted in care and advice closer to home for many of our poorly controlled patients and a

demonstrable reduction in unscheduled visits to Emergency Departments. Over the last year the Falls Service has gone from strength to strength, including introducing the facility of proactively assessing and referring patients at risk of falls. The focus now includes ensuring health literacy and empowering patients and their families.

Our IT Department is at the forefront of technology advances, in particular telemedicine. The team have been working with the screening service to ensure general practice has reliable clinical data, as well as ensuring practices have robust data for clinical conditions and national targets such as cardiovascular risk and smoking.

WellSouth's Practice Support Team continued to work closely with practices on ensuring every practice in our region has reached the minimum legal professional and regulatory requirement to continue providing contracted first level medical services. In some cases this has included providing practical and administrative support.

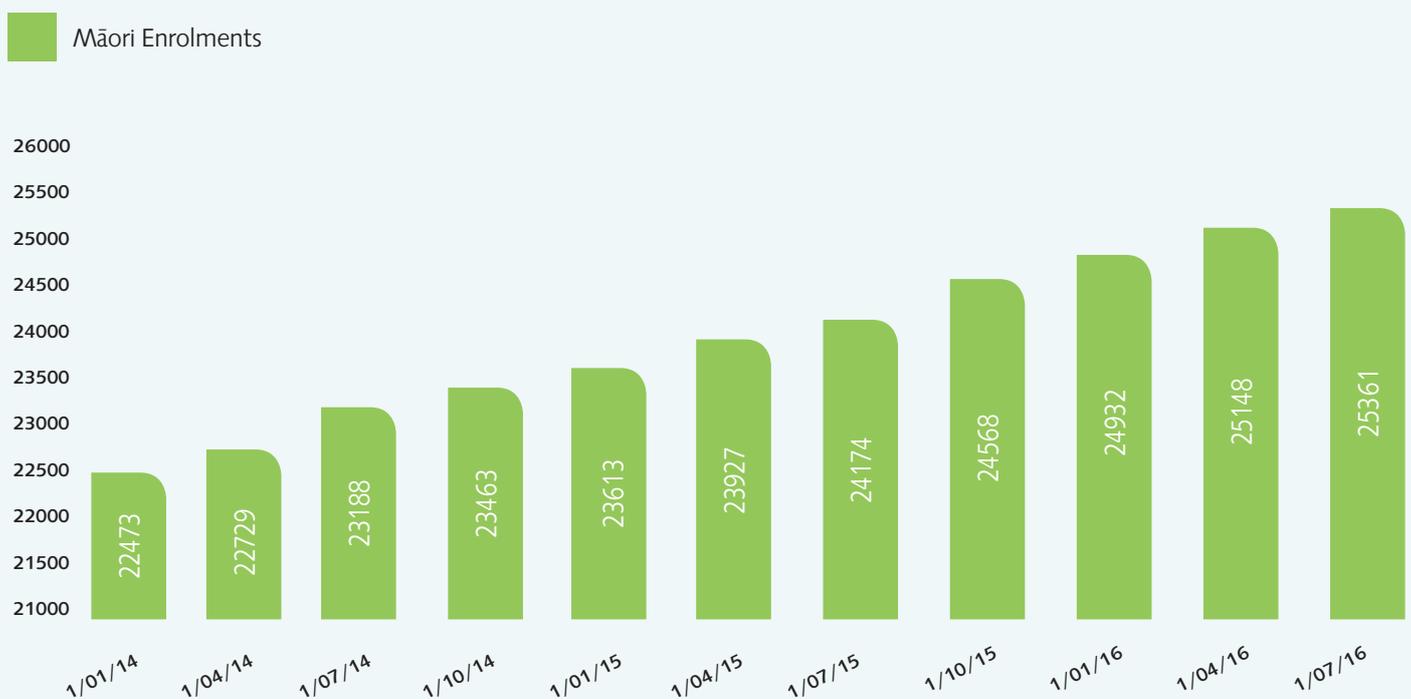
WellSouth continues to fund the text message service which is an invaluable tool allowing the practice team to communicate with patients, advising them of test results, even after hours.

During the year our Clinical Advisor Dr Keith Abbott resigned to commence his general practice in Cromwell. We wish Keith every success for the future and thank him for his outstanding contribution at WellSouth. Dr Kumud Dunn (0.2 fte) became our Clinical Advisor from January 2016.

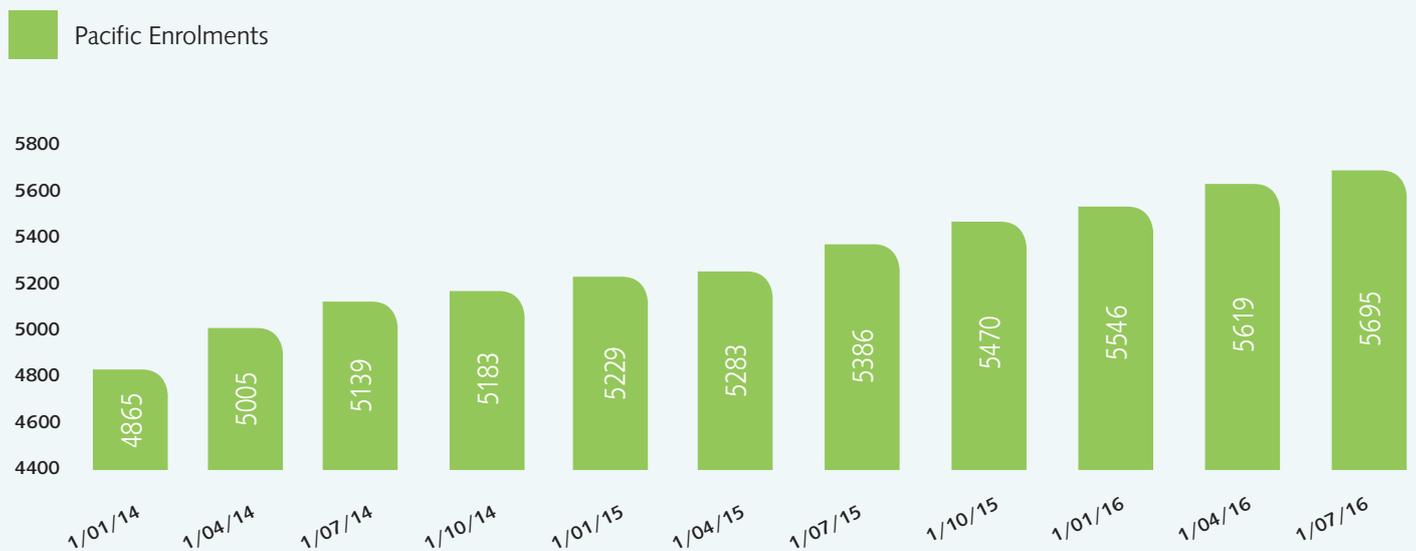
## Māori and Pacific Health

NZ Māori and Pacific enrolments continued to increase significantly throughout the year. NZ Māori enrolments increased by 1,187 and Pacific enrolments increased by 309.

### Increase in Māori Enrolments



## Increase in Pacific Enrolments



WellSouth continued to work toward achievement of the integrated Performance and Incentive Framework (IPIF) targets with improvements shown for both NZ Māori and Pacific populations. NZ Māori immunisation coverage led the way.

### Highlights

- He Puna Waiora, the new Invercargill Very Low Cost Access (VLCA) practice, continued its successful development growing from 1,254 enrolled patients to 2,335 enrolled patients, with 1,044 of the total being NZ Māori.
- WellSouth continued to support the Iwi led development of a new VLCA practice as part of the Te Kaika (village) development on the old College Street School site in South Dunedin.
- Development of an Outreach Nursing Service to support delivery of services to patients not actively engaged with practices.
- Continuing to support a range of programmes to support high needs patients
  - Voucher programme
  - Rheumatic fever
  - CVDRA (cardio-vascular disease risk assessment) and management
  - Kaiarahi (cancer navigators)
  - Sexual health
  - Adult dental care
  - Cervical Screening

### Refugee Support

The arrival of the first two groups of refugees from Syria brought about opportunities for WellSouth to increase its profile as a leader in cultural and linguistically diverse service delivery. In April and June 86 individuals were enrolled in 10 general practices in Dunedin. New groups will arrive every eight weeks for the next three years, with up to a maximum of 180 people per year. This resettlement required WellSouth to support the focus on full integration for these families as soon as practicable. WellSouth worked with Red Cross and SDHB to position primary care practices across Dunedin as the gateway to all other health services, including oral health.

### Outreach

In April the Outreach Team expanded in numbers to better meet the demands for high needs patients who are not well engaged with a general practice. The target priority groups are Māori, Pacific and Quintile 5 patients who have not

accessed their entitlement to screening for Cardiovascular Risk, with a particular focus on Māori men aged 35 to 44, Cervical Smears and Diabetes Annual Review. The work of the Outreach Nurses was challenging but generated very rewarding outcomes for patients.

The Outreach nurses worked with general practices with the highest proportions of high needs patients to support them to meet our Māori Health Plan outcomes and to identify patients the practices had trouble engaging. As part of their approach our Outreach Nurses often made numerous attempts to contact the patient, including home visits. Visits included delivering screening services or taking the patient to an appointment, whilst working with them to re-engage with their practice. Our Outreach service continued to gain valuable insights into barriers to engagement and worked proactively for best patient outcomes.

## **Long Term Conditions (LTC) Team**

### **DESMOND (Diabetes Education and Self-Management for Ongoing and Newly Diagnosed)**

Our programme for people with Type 2 diabetes progressed from strength to strength. Since its introduction, 557 people have attended the 6 hour education programme from across our Southern district. The team also launched the 'Walking Away' module. Walking Away from Diabetes is a structured group education module for people who are at high risk of developing Type 2 Diabetes and Cardiovascular disease. This module is based on the PREPARE (Prediabetes Risk Education and Physical Activity Recommendation and Encouragement) program that was developed by the DESMOND Collaborative. By year end, 5 sessions were held across the district with 26 people attending.

### **Clinical Pharmacists**

This year our Clinical Pharmacist Team increased from 2 FTE (3 pharmacists) to 5.2 FTE (8 pharmacists) across the district. This development was supported by an investment of \$1.7m, for the next three years, by Alliance South. With the expansion of our team, WellSouth was able to work with more general practices and start regularly working with Age Residential Care Facilities which are aligned to our general practices. The focus of these roles is to support general practice patients who have complex comorbidities with increasing problematic polypharmacy, with the aim to reduce adverse drug events, support appropriate prescribing and reduce avoidable hospitalisation.

### **Pacific Island Community Nurse (Dunedin)**

WellSouth was fortunate to work collaboratively with Pacific Island Trust Otago and employ a 0.5 FTE community nurse who provided nursing services to support access to primary health care for the Pacific Island community in Dunedin.

### **LTC Community Nurses and Community Dieticians**

These roles continued to provide general practice teams with support in managing patients with complex long term conditions. They also had a major role in building capacity and capability in the sector.

### **Falls and Fragility Fracture Liaison Programme**

This year we achieved the successful, district-wide roll out of the first fully primary care based Falls and Fracture Liaison Service in New Zealand. A key component in this was the development of the WellSouth falls and fracture risk assessment portal, the result of extensive consultation with stakeholders and review of best practice. The portal was made available to all general practices and WellSouth appointed two full-time coordinators who provided a focused approach to identify people at risk of secondary fractures and to support primary care providers through education on the management of osteoporosis, falls and fracture prevention.

### **HPV Team**

Due to a high amount of negative publicity nationally, this year we experienced a drop in our coverage rates from 79% in 2015 to 70% in 2016. Our HPV team are excited about the changes to the Immunisation Schedule for 2017, which will provide HPV vaccination for Year 8 boys, in addition to girls. Considerable planning and communication with schools occurred to ensure that we have the best possible coverage for 2017.

### **Brief Intervention Mental Health Team**

Referrals to our service remained consistently high with a noticeable increase in the complexity of issues that people are experiencing. The focus of the team was on how to model and adapt the service to manage the increasing demand of referrals. The Brief Intervention team is a well embedded and respected service which is available to general practice teams to support their patients who experience mental health difficulties.

### **Practice Support**

WellSouth's most important day-to-day relationships are with our general practices. Our dedicated team supported practices to help navigate the multiple funding lines, health targets and clinical support that are the responsibility of primary care. Over the past year, practices in the Southern district:

- Achieved the 90% target for patients who smoked, getting brief advice to quit smoking in the past 15 months
- Ensured that 88% of the eligible population, received a cardio-vascular disease risk assessment within the past 5 years (target is 90%)
- Ensured that 95% of babies aged 8 months, received all their required immunisations (the target is 95%)
- Ensured that 94% of children aged 2 years, received all their required immunisations (the target is 95%)

WellSouth provided tools to practices for them to better assist their care for patients:

- The WellSouth Patient Dashboard enabled practices to identify patients in need of screening tests when they arrived in the practice
- The WellSouth Portal allowed practices to claim for funded services more quickly and easily
- The DrInfo audit tool helped practices identify patients in need of recalls for screening or other health assessments

After being with WellSouth since its establishment in 2010, Primary Health Services Manager Kaylene Holland resigned in June 2016. Kaylene was responsible for building the practice support team at WellSouth to its current state and we are very grateful for her contribution.



# Summary Financial Statements

## Financial Highlights - WellSouth Primary Health Network

A full copy of the audited financial report for the WellSouth Primary Health Network for the year ended 30 June, 2016 is available from the office at Level 1, 333 Princes Street, Dunedin.

### Statement of Comprehensive Revenue and Expense For the year ended 30 June, 2016

	2016 \$	2015 \$
<b>Operating Activities</b>		
Income from Operating Activities	62,918,673	59,353,349
Contract Payments	(54,263,220)	(52,139,824)
	<hr/>	<hr/>
Surplus from Operating Activities	8,655,453	7,213,525
<b>Financing Activities</b>		
Interest income	49,394	142,951
Interest on Borrowings	(4,059)	(4)
	<hr/>	<hr/>
Net Financing Costs	45,335	142,947
<b>Operating Expenditure</b>		
Depreciation, Amortisation and Impairment Expenses	(117,865)	(79,513)
Other Overheads, Staff and Administrative Expenses	(8,187,755)	(7,928,828)
	<hr/>	<hr/>
Total Operating Expenditure	(8,305,620)	(8,008,341)
	<hr/>	<hr/>
Surplus (Deficit) for the Year	395,168	(651,869)
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Other Comprehensive Revenue and (Expense)	-	-
	<hr/>	<hr/>
Total Comprehensive Revenue and (Expense) for the Year	395,168	(651,869)
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### Statement of Financial Position As At 30 June, 2016

Current Assets	4,196,156	4,694,732
Non-Current Assets	365,196	294,746
	<hr/>	<hr/>
	4,561,352	4,989,478
Current Liabilities	(3,552,562)	(4,507,481)
Non-Current Liabilities	(31,625)	-
	<hr/>	<hr/>
Net Assets (Trust Funds)	977,165	481,997
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**Statement of Cash Flows**  
**For the year ended 30 June, 2016**

	<b>2016</b>	<b>2015</b>
	\$	\$
Net cash flows from/(used) in operating activities	(695,826)	(562,883)
Net cash flows from/(used in) investing activities	(253,272)	(162,607)
Net cash flows from/(used in) financing activities	64,959	(64,959)
	<hr/>	<hr/>
<b>Net increase/(decrease) in cash and cash equivalents</b>	<b>(884,139)</b>	<b>(790,449)</b>
Cash and cash equivalents at the beginning of the year	3,173,162	3,963,611
	<hr/>	<hr/>
<b>Cash and cash equivalents at the end of the year</b>	<b>2,289,023</b>	<b>3,173,162</b>

**Statement of Changes in Net Assets**

Trust Funds at the Beginning of the Year	481,997	1,133,866
Changes in Accounting Policy	100,000	-
	<hr/>	<hr/>
	581,997	1,133,866
Net Surplus	395,168	(651,869)
Other Comprehensive Income	-	-
	<hr/>	<hr/>
Trust Funds at the End of the Year	977,165	481,997

**Notes to the Summary Financial Statements for the year ended 30 June, 2016**

**1. Basis of Preparation**

The results presented in the summary financial report have been extracted from the full financial report for the year ended 30 June, 2016, authorised for issue by the Chairman, Mr S Heal, on 28 September, 2016.

As such, this summary report does not include all the disclosures provided in the full financial statements and cannot be expected to provide as complete an understanding as provided by the full financial statements.

The entity's full financial statements dated 28 September 2016 have been prepared in accordance with New Zealand Generally Accepted Accounting Practice (NZ GAAP) and they comply with Not for Profit Benefit Entity Accounting Standards (PBE Standards (NFP)). The 2016 year was the entity's first year of presenting IPSAS financial statements. The accounting policies adopted are consistent with previous years except for instances where the accounting or reporting requirements differ under PBE standards (NFP) compared to NZ IFRS (PBE).

The summary financial statements have been prepared using the principles of PBE FRS 43 and comply with NZ GAAP as it relates to summary financial statements for Tier 1 PBE Standards (NFP).

The presentation currency is in New Zealand Dollars.

**2. Nature of Audit Opinion**

The full financial statements of WellSouth Primary Health Network Trust for the year ended 30 June, 2016 and for the year ended 30 June 2015, have been audited with an unqualified audit opinion.



# Report of the Independent Auditor on the Summary Financial Statements

## To the Trustees of WellSouth Primary Health Network Trust

The accompanying summary financial statements, which comprise of the summary statement of financial position as at 30 June 2016, the summary statement of comprehensive revenue and expense, the summary statement of changes in net assets and the summary of cash flows for the year ended, and related notes, are derived from the full audited financial statements of WellSouth Primary Health Network Trust for the year ended 30 June 2016. We expressed an unmodified audit opinion on those financial statements in our report dated 28 September 2016.

The summary financial statements do not contain all the disclosures required for full financial statements under Public Benefit Entity Standards. Reading the summary financial statements, therefore, is not a substitute for reading the full audited financial statements of WellSouth Primary Health Network Trust.

### *Trustees Responsibility for the Summary Financial Statements*

The trustees are responsible for the preparation of a summary of the audited statements in accordance with PBE FRS-43: *Summary Financial Statements*.

### *Auditors Responsibility*

Our responsibility is to express an opinion on the summary financial statements based on our audit procedures, which were conducted in accordance with International Standard on Auditing (New Zealand) (ISA (NZ)) 810: *Engagements to Report on Summary Financial Statements*.

Other than in our capacity as auditor we have no relationship with, or interests in, WellSouth Primary Health Network Trust.

### *Opinion*

In our opinion, the summary financial statements derived from the audited full financial statements of WellSouth Primary Health Network Trust for the year ended 30 June 2016 are consistent, in all material aspects, with those financial statements, in accordance with PBE FRS-43: *Summary Financial Statements*.

Crowe Horwath New Zealand Audit Partnership  
CHARTERED ACCOUNTANTS  
28 September 2016

### **Crowe Horwath New Zealand Audit Partnership**

Member Crowe Horwath International

44 York Place  
Dunedin 9016 New Zealand

PO Box 188  
Dunedin 9054 New Zealand

Tel +64 3 477 5790  
Fax +64 3 474 1564

[www.crowehorwath.co.nz](http://www.crowehorwath.co.nz)

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# The Year Ahead

## New Zealand Health Strategy

The section of the New Zealand Health Strategy "Turning Strategy into action" states that "making the Strategy happen will require effort from everyone who works in the system and contributes to health in New Zealand." This is a real challenge and opportunity for WellSouth and our partners. The 'whole-of-system' focus to improve health and well-being for New Zealanders will require a multi-agency and multi-sector collaboration. The government has indicated this approach to social investment and social policy changes, and WellSouth will be focussing on these opportunities.

## Alliance South

The Alliance South partnership between SDHB, WellSouth and our providers has commenced a Work Plan that aligns to our Commissioner's 'Owning our Future' strategy and will support the changes required within the health system, as signalled in the New Zealand Health Strategy. As further detail emerges from the Ministry of Health, SDHB's Annual Plan and Alliance South Work Plans, this will be reviewed by WellSouth, including outcomes to be achieved, and incorporated into our service plans. Alliance South's initiatives will be strongly supported. WellSouth's role will be critical for the service changes and improvements signalled including:

- Long Term Conditions (Do The Right Thing),
- Stepped Care Model – Mental Health and Addictions;
- Urgent Care (POAC - Primary Options for Acute Care),
- Health of the Older Person (Community Based Wrap-around Service);
- Child and Youth (Childhood Obesity) and,
- Directions from Alliance South Workshops: Communications, Capacity Development, Standardisation (*Risk Stratification Model, including Health Pathways*), and Care Closer to Home (*including integrated locality primary health hubs with clinical support networks that enable equity of access across our Southern district*).

## System Integration – Best for Patients

Health sector changes require WellSouth to be flexible and adaptable. We will continue to provide strong support to our contracted primary care providers. This will include implementing the service changes that Alliance South approve to deliver a 'whole of system' integrated model that is 'best for patient, best for system' within the primary sector.

This patient-focussed approach will require collaboration between professionals and strong team work, both within and across organisational boundaries. Collaboration must include the people being cared for and this will be a feature of Alliance South and WellSouth's work. It is anticipated that primary care teams will include a wider range of health professionals. Already WellSouth has clinical pharmacists, dietitians, nurse specialists and nurse practitioners supporting general practice and we will build on these successful initiatives.

## Health Promotion and wellness

We will continue to build on our strong foundation of promoting wellness and maintaining good health, and work in collaboration with the many different groups and people in our communities as a network. Our Health Promotion and Primary Mental Health teams will continue their exemplary achievements in this respect. Supporting 'healthy lifestyle' education and changes at a personal and community level to improve the health status of patients, from birth through life, will be a focus and we will continue to support improved health literacy.

## Clinical Leadership

WellSouth has developed our clinical leadership and operational capability. We will continue to build our infrastructure and systems to improve the way staff work together to provide increased effective support to our contracted providers. WellSouth's Clinical Quality Committee will maintain oversight of this important work. Our Clinical Advisor looks forwards to the progress and advances planned for next year, working to ensure safe, evidence based care for all in our district.

## **Information technology**

As the complexity of people's health needs increases, along with the need for time to fully engage people in managing their care, many consultations will be longer. Models of care and the configuration and expertise of practice teams will need to be developed. Primary and community care staff will therefore need to make greater use of technology to increase access and support for patients. WellSouth has successfully trialed telehealth services already and improved IT and web-based support will continue. This next year will have a continued focus on delivering digital content to general practice and primary health organisations via video.

## **System measures**

For 2016-17, WellSouth will ensure that the rollout of the National Enrolment Service and Foundation Standards are successful, while continuing to focus on achieving health targets and our supportive relationship with practices. Systems Level Measures have replaced the Integrated Performance and Incentive Framework. The funded measures: ASH (ambulatory sensitive hospitalisations) rates for 0-4 year olds, acute bed days per capita, patient experience of care, and the two National Health Targets: Better help for smokers to quit and Increased immunisation for eight-month olds, will be the outcomes to be achieved in the coming year. Our practice support team and clinical expertise will continue to focus on achieving operational and programmes' outcomes.

## **General practice strength**

The sustainability of general practice, especially in our rural areas, remains a priority focus for WellSouth. Through the Primary Health Alliance, we are actively advocating for a funding review of capitation models by the Ministry of Health. In this regard, we also advocated that such funding needs to be targeted more effectively to reduce health inequities, especially for high needs patients, Māori and Pacifica.

## **Workforce development**

Workforce development remains a high priority due to the aging primary care workforce. WellSouth will continue to work collaboratively with key agencies and organisations to attract and retain graduates into the primary health sector.

WellSouth knows that it is people that can make the difference. For patients to receive the best care possible and for our populations health to be improved, we are committed to ongoing support for our front line clinicians, general practitioners, nurses, pharmacists, other health care professionals and providers who know best what is needed to achieve these outcomes. Within available resources, WellSouth will facilitate high quality education and continuing professional development to enable primary care health professionals maintain and develop advanced skills.

## **Improving health outcomes for Māori and Pacific people**

Under our District Māori Health Plan, WellSouth is committed to delivering programmes and service initiatives that will address the inequities and disparity of health outcomes for high needs patients. We are actively engaged in supporting the establishment of the new Very Low Cost Access (VLCA) practice in Te Kaika (the South Dunedin health hub).

## **Primary and community health care**

The planning for the Dunedin Public Hospital rebuild has commenced and it reinforces the need for primary and community healthcare readiness for future service structures that reduce demand on hospital inpatient beds. This feature was also specified in earlier SDHB planning: "Build the system on a foundation of primary and community care." WellSouth will facilitate and fully participate in the User Groups being set up for rebuild planning which, by necessity, will also include an increased investment in Workforce Development to ensure a sustainable general practice workforce. WellSouth will actively support changes to 'models of care,' including better integrated service delivery configurations, to enable primary care to provide sustainable and responsive healthcare services into the future.

Finally, the Trustees and staff maintain a strong sense of responsibility to achieve the operational and services delivery objectives of WellSouth's Strategic Plan. The organisation is evolving and developing to ensure the delivery of real health improvements for our population for "Health and Wellbeing for the Southern Community."

# Our Team

## Our Senior Management



**Ian Macara**  
Chief Executive



**Kyle Forde**  
Chief Information Officer



**Paul Rowe**  
Practice Network Director



**Murray Lawrence**  
Chief Financial Officer



**Wendy Findlay**  
Nurse Director  
Primary Health Care



**Peter Ellison**  
Māori Health Director

## Our Board Members



**Stuart Heal**



**Doug Hill**



**Stephen Graham**



**Amanda McCracken**



**Norman Elder**



**Paul Menzies**



**Sally Wast**



**Tony Hill**



**Bernie McKone**



**Donna Matahaere-Atariki**