NEWTOWN UNION HEALTH SERVICE

Annual Report 2020 - 2021

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SECTION ONE

Newtown Union Health Service Policy Board and Staff

Policy Board:

Chairperson	Grant Brookes
Treasurer	Julie Lamb
Secretary	Fiona Osten
Kaumatua	Te Urikore (Julius) Waenga
Staff (clinical) Representatives	Dianne Theobald Jonathan Kennedy
Māori Rōpu	Fiona Da Vanzo
Union Representative	Sam Gribben (until May 2021) Fran Renton (Co-opted August 2021)
Community Representatives	Julie Lamb Roger Shaw Barbara Lambourn Amy Palmer Tim Rochford

Staff Administration Team:

Fiona Osten (Manager), Tunisia Pohatu (Reception Team Leader), Sunita Govind (Senior Administrator – until March 2021), Vanessa Gray (Executive Assistant), Giordano Rigutto (Finance Administrator), Freya Osten (Clinical Administrator – seconded to PHO May 2021), Mahany Sos (from February 2021)

Allied Health: Philippa Thompson (Social Worker – Maternity Leave Nov 2020 – Feb 2022) Sonia Smith, Nima Baniowda (covering Maternity Leave Nov 2020 – Feb 2022), Flora Toma (Interpreter), Jo Moon (PCPA), Linda Bryant (Clinical Advisory Pharmacist)

GP Team: Vivienne Coppell (Team Leader), Jonathan Kennedy, Tin Maung Maung, Katrina Harper, Nikki Turner, Philip Dashfield, Derek Ngieng, Louise Poynton (until March 2021), Angharad Dunn, John Robson, Heather Johnston (until June 2021), Sophie Sharpe (Registrar January 2021), Howard Livingston (Locum) Massey

Nurse Team: Dianne Theobald (Team Leader), Serena Moran (Nurse Practitioner) Maureen McKillop, Fou Etuale, Louise French, Rosie Wilson-Burke, Joanna Cuncannon, Cathy O'Callaghan, Marcia Gawith, Victoria Lambert, Alasdair Muir, Mario Merlo (from January 2021), Trish Hancox, Fiona Da Vanzo, Bryony Hales (Locum)

Reception Team: Josie Bain, Ella Checkley, Jasmine Bishop (until May 2021), Abeer Dawod, Kelsi Green (until November 2020), Kathy McGlue (from November 2020), Debbie McGill, Judith McCann, Waty Arief-Macher (from April 2021) Krys Keenan (Locum)

SECTION TWO

Chairperson's Report

Grant Brookes, Chairperson NUHS Policy Board

"He waka eke noa"

"We are all in this together". One year ago, in the 2019/20 Annual Report, I observed that the arrival of Covid-19 in Aotearoa had strongly shaped the year for NUHS, just as it had for the country as a whole. As we continue to play our part in the "Team of Five Million", the pandemic has influenced our Service for another year. This influence has been felt in many ways – from driving practice innovations like a shift to virtual consultations, to opening up new funding streams or reducing international student numbers and patient enrolments at our Massey University clinic.

Patient enrolments at Massey at the end of 2020/21 were 1,524, down from 2,074 when NUHS took over the Massey clinic in May 2018. Income meanwhile was up, due to dedicated funding for Covid-related activity. This increase is the primary reason for the end of year surplus of $240,508. Excluding Covid-related activity, the end of year result would have been a deficit of $38,455. As some of these dedicated funding streams come to an end, the Board is planning for a deficit budget in 2021/22, but the Service remains in a strong financial position thanks to surpluses in each of the past five years.

The other major environmental influence occupying the minds of the NUHS Board this year has been the Health and Disability System Review. In April, the Government released its long-awaited response to the Review report. While some information about the new health system has been published by the Transition Unit, particularly about the replacement of District Health Boards by Health NZ and about the creation of the Māori Health Authority, less is known about the future of Primary and Community Care. The Board has been working with other union health services and with Tū Ora PHO to gather intelligence and strategise around how best to meet the needs of our community in the new environment.

For our physical fixed assets, the Board was pleased this year to be able to secure the future of the premises at 14 Hall Avenue. The lease for the site has been renegotiated for another 20 years, with a right of renewal for five more years beyond that. This certainty enabled the Board to move ahead with a capital works programme. At the close of 2020/21, $328,752 had been spent on a new roof and other external remediation for the ageing NUHS building. This remediation work is expected to be completed in 2021/22, within the budget of $725,000, and should extend the life of the building until at least the end of the lease. Thinking will now turn to the future of the Broadway Clinic.

Last year, the Board reviewed and adopted the new *NUHS Strategic Plan 2020-25* and completed the update of the NUHS Constitution. This year, the focus at the governance level has been on implementing the new Constitution and revising the organisation's governance policies.

A major change to membership criteria means that membership of the NUHS incorporated society is no longer automatic for, or limited to, enrolled patients. Under the new Constitution, membership is entirely voluntary and membership applications will be considered from supporters of the service who are not enrolled patients. This year, the Board created a membership register and an application process to manage membership applications. Under a sunset clause, current enrolled patients who

have not applied to join the NUHS incorporated society will cease to be members on 28 August 2022.

At the close of the 2020/21 year, the Board was halfway through revising the organisation's governance policies. This includes development of a new process for electing the clinical staff members on the Board, in response to questions raised at the 2020 AGM. The intention is to complete the update of the remaining governance policies, and the finance policies, in the 2021/22 year.

Collaboration with stakeholders continues to bear fruit. Joint work with Whitireia tertiary institute last year resulted in a set of four online learning packages in refugee health. This year, Nurse Practitioner Serena Moran co-presented on these packages at the Flexible Learning Association of NZ Conference.

One of our union stakeholders, E tū, made a request for financial support for union members affected by industrial action at Lifewise. NUHS has a strong association and history with the union movement and was established with funding from trade unions. The interest from this legacy is the basis of an Industrial Action Support Fund. A $2,500 donation was made from this fund to the E Tū members. It is recorded here in the Annual Report, as required by NUHS governance policies.

We have continued our excellent relationship with University of Otago, Wellington, contributing to medical student teaching and research. The Board acknowledges especially Dr Ben Gray, who retired in November after 27 years as a GP at NUHS but continues as an Associate Professor in the university's Primary Health Care and General Practice Department. There he teaches alongside NUHS GP Dr Jonathan Kennedy and Nurse Practitioner Serena Moran.

2020/21 has also been another year of achievements for NUHS and our staff. Our service was a finalist for GENPRO General Practice of the Year at the 2021 Primary Health Care Awards He Tohu Mauri Ora. NUHS staff continue to be sought out for their expertise and advice, particularly around working with refugee background communities in Primary Care.

On the Board itself, composition continues to evolve. Most notably this year, we farewelled community representative Ibrahim Omer after his election as a Member of Parliament in 2020. We congratulate Ibrahim on becoming New Zealand's first African MP. We know he is committed to the health and wellbeing of communities like ours and we wish him all the best in his political career.

At the 2020 AGM, Tim Rochford was elected to fill the community representative vacancy. Then in May 2021, union representative Sam Gribben stepped down, for family reasons. The Council of Trade Unions is nominating Sam's successor.

I acknowledge too the remaining Board members who have worked with us this year – Tāngata Whenua rep Fiona Da Vanzo, community reps Barbara Lambourn and Roger Shaw and Treasurer Julie Lamb. I am also grateful to Board Minute Taker Vanessa Gray and Finance Leader Giordano Rigutto, whose support has underpinned our collective achievements.

Lastly, this will be my final NUHS Chairperson's Report. I have informed the Board that after five years in the role, I will be handing over to a new NUHS Chairperson before the 2022 AGM. The strengths I see in the governance, management and staff of NUHS fill me with confidence in its future.

Nō reira, tēnā koutou, tēnā koutou, tēnā tātou katoa.

Manager's Report

Fiona Osten, Manager

Over this last year NUHS has continued to provide primary care health services to patients living predominantly in the southern and eastern suburbs of Wellington.

The Covid-19 virus has monopolised the whole of the country and created multi-layered challenges for primary care. It has been our life for the last year and survival is by having the ability to be flexible and make change, often at short notice. Strong language but this is the reality and we have been able to flex and change as Covid-19 is managed in the community.

One change introduced as a tool to manage the Covid lockdown levels has been virtual appointments. This may be visual where the software allows the patient and clinician to see each other during the consultation. For those patients who don't have access to the technology then the consultation is by phone. A face-to-face appointment is available should a physical examination be required or where indicated. This is certainly one of the options of the future as we try to provide a safe environment for patients who need to come into the clinics. There are patients who prefer to have a virtual consultation to reduce the risk of being exposed.

There have been several highlights this year. After two years of planning and preparation the remedial work on the building started and is very near completion. The work was noisy and intrusive and often tested the most resilient of us. I'd like to sincerely thank the staff for their understanding and grace, particularly on those days where the grinding of the metal was enough to loosen even the strongest of fillings. With the work came the scaffolding and the difficulty to access several car parks underneath the building. We worked closely with Colliers (who manage the parks for the Trinity Church) to find alternative parking for those affected. I'd like to thank all concerned for their understanding and willingness to work with us while alternative parking was organised.

A key piece of work was changing to a new patient management system (PMS). After more than 20 years of using MedTech we moved to the Valencia system, Indici. The move involved detailed planning, training for all professional groups on how to use the system and then, the Go-Live date of 3 May. Despite the challenges and intricacy of changing systems the final consensus is approval of the new system which will support the future IT opportunities and support of managing patients across the many platforms of health.

In partnership with Whitireia we have developed a suite of Refugee Education Modules with the learner gaining knowledge on how to support refugee and migrants settle in New Zealand. They are a valuable resource available to all NUHS staff and will also be available for the wider sector. A sincere thanks to the Whitireia team, the NUHS team and those community members who were part of creating this inspirational resource.

It has been a year where every week brought a new challenge to be discussed and solved. Resilience of the organisation is essential as is looking out for each other. I have worked at NUHS for 24 years

and for me, this has been the most difficult. I can't see this changing in the foreseeable future while we work through living with Covid-19 in the community. I think it is important we are kind; we don't blame, and we don't judge. This refers to how we provide care for patients and how we look out for each other, these are difficult times.

I would like to acknowledge all NUHS staff, their knowledge and skills, their commitment and lastly for contributing to mahi that makes NUHS great.

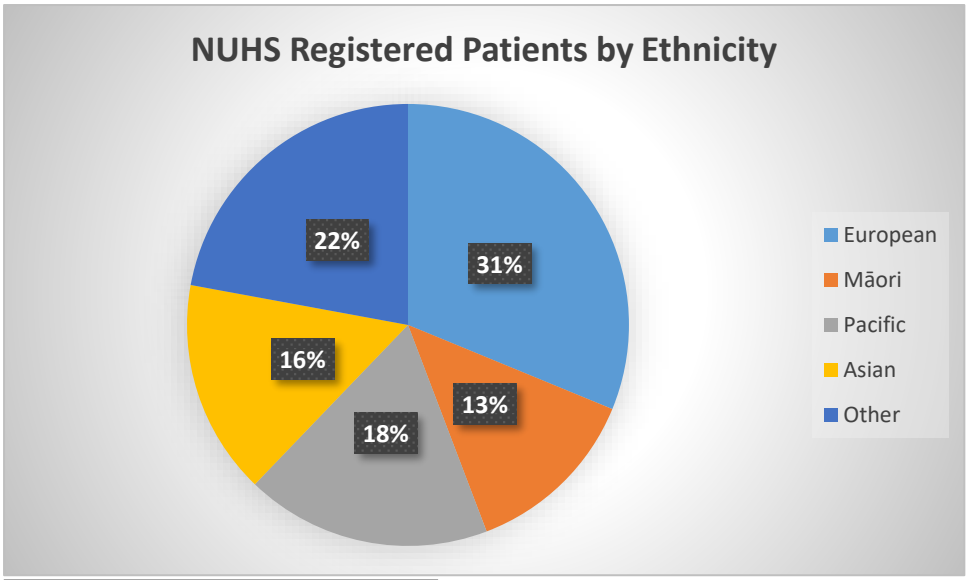
A sincere thank you to our Kaumatua Te Urikore (Julius) Waenga, he is always there for advice and support when needed. Thank you to the NUHS Board for their leadership and guardianship of the service.

Patient Register and Demographics Report

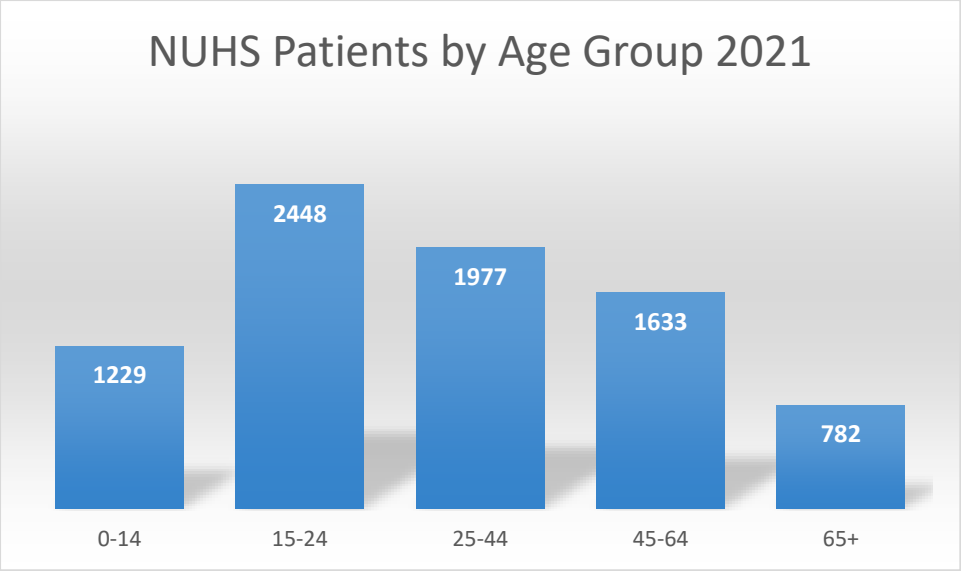
As of 30 June 2021, the number of NUHS funded patients was 8069. This number does not include casual patients who may still be in the process of being enrolled, transferring out or not eligible for NZ Government funding. Patient complexity continues to increase which means register size still does not capture the amount of work involved in providing services to patients. Of the total group of patients, 4280 patients have been identified as having high needs.

This shows a decrease of 332 patients from last year. In part can be attributed to Covid-19 where the restriction on travel has meant a significant reduction of international students at Massey and, in addition, the register has been managed to account for the difficulty in recruiting staff vacancies.

The pie graph below shows the breakdown of registered patients by ethnicity. The European component is 31% which is the same as last year. This year the second- highest group is Other at 22% then Pacific at 18% followed by Asian at 16% and Māori at 13%.



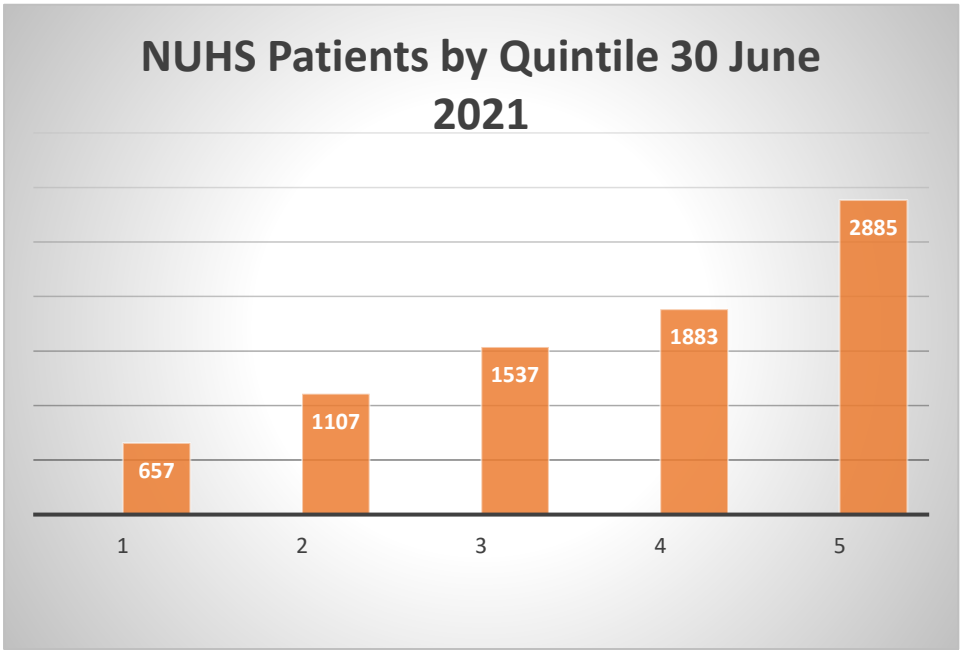
Source: Tū Puna Practice Portal, Tū Ora

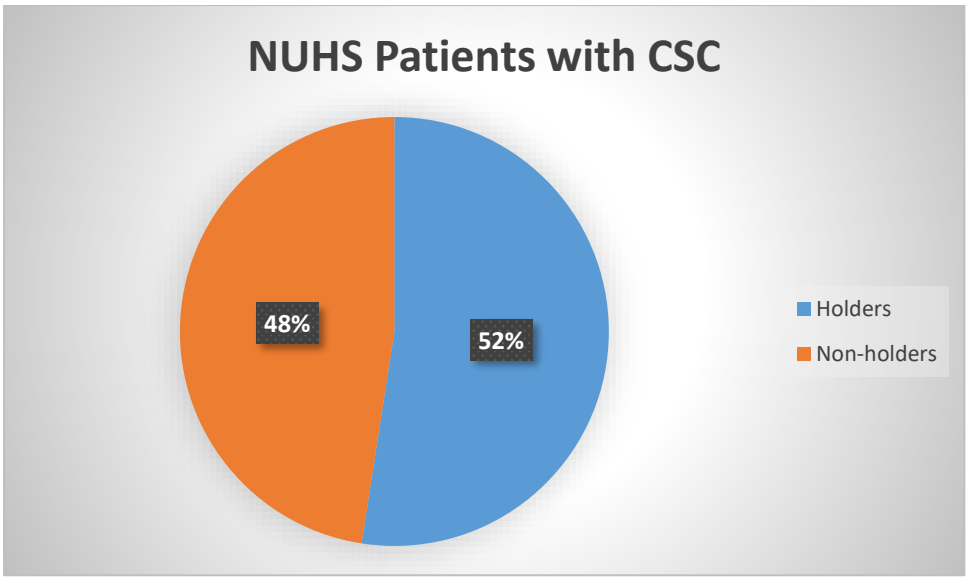


Source: Tū Puna Practice Portal, Tū Ora

The above graph shows the distribution of the population by age group is shown in the graph above. Since the merge with Massey this too has changed the NUHS demographic.
This year most of the registered patients are aged between 15-24 years of age with the second group the 25-44 years old. This reflects the Massey student population which sits mostly within these age bands

The graph below shows the breakdown of the population using the NZ Deprivation Index. Quintile 1 represents people living in areas of less deprivation and Quintiles 4 and 5 those living in areas of greater hardship.





Source: Tū Puna Practice Portal, Tū Ora

This chart above shows the numbers of those patients with and without a Community Services Card (CSC). The service receives additional Government funding for those patients who have a CSC. Since this new funding was introduced this has meant an increase in funding to the service.
There are still patients eligible to receive the CSC though for many the application process is not easy, and they don't apply. The NUHS team offers support to patients where needed.

SECTION THREE

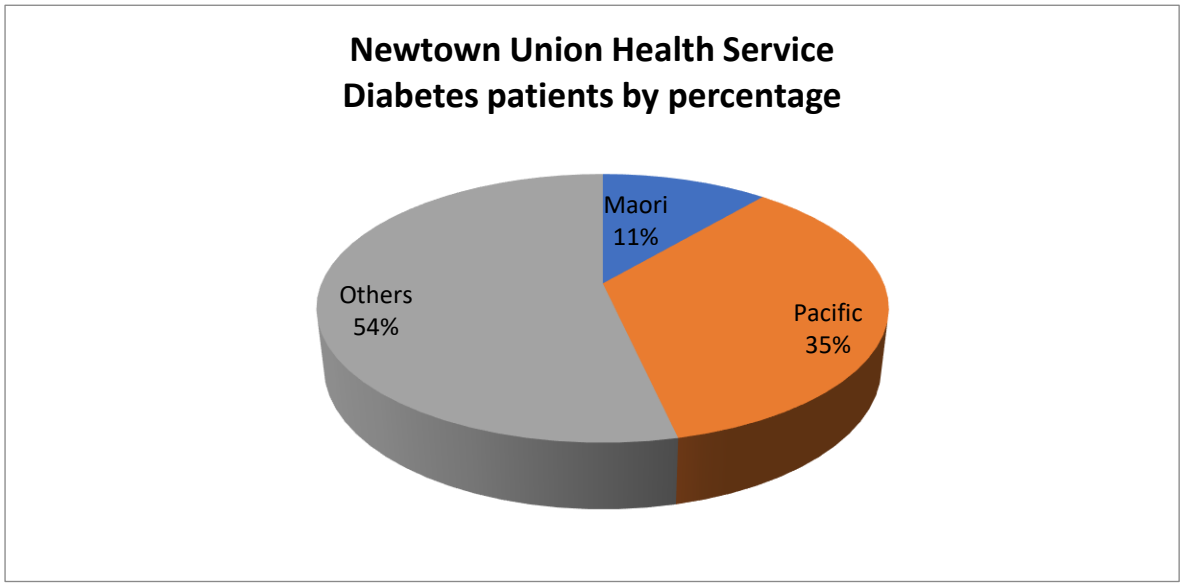
The reports in this section give more detailed information about the health care services provided and the work done with these groups.

Diabetes Report

The Diabetes Team

Newtown Union Health Service (NUHS) provides a comprehensive Diabetes screening, assessment and treatment service to an approved Diabetes Management Plan (DMP). We have a team of health professionals and allied health workers who provide the oversight of diabetes services at NUHS. The team members are Dr Tin Maung Maung, Dr Derek Ngieng, Nurses Dianne Theobald and Fou Etuale and Clinical Pharmacist Linda Bryant.

There are 667 registered patients who have a diagnosis of diabetes, 554 with pre-diabetes, and 49 with gestational diabetes. Of these groups 633 have Type 2 diabetes and 34 have Type 1 diabetes.



NUHS has a Diabetes Education Programme that covers all aspects of diabetes care, including initial assessment and education and ongoing screening. The programme is delivered on an individual basis at regular scheduled appointments with the patients' allocated nurse or their GP. Regular appointments provide the opportunity to monitor and manage the patient's condition and set future goals. All clinicians work with their patients to set and review goals with the aim of reducing the long-term negative impact of diabetes as well as improving overall wellbeing.

We currently offer a funded annual review with either their GP or nurse. Patients starting on insulin are supported by funded appointments to establish their insulin regime and ensure that they can manage their treatment in a safe way. The Clinical pharmacist also offers appointments to review Diabetes medications and is available to initiate insulin if required.

We regularly screen patients who may be at risk of developing diabetes and provide diet and lifestyle education to people who have been identified as having Pre-Diabetes. These people are monitored regularly to ensure early detection of any progression of their condition.

Outreach nursing services are available to people with Diabetes where we have identified barriers to them attending appointments. The Pacific Navigation Service provides support for Pacific patients to access NUHS.

Māori patients with diabetes are referred to and encouraged to attend Te Puna Waiora which is a group providing education and support for people living with diabetes and other long-term conditions.

Regular Diabetes related activities include:

- Three monthly Diabetes Specialist consultation clinic with Dr Jeremy Krebs for patients with HbA1c >64 and higher level of complexity.
- Education to update staff on best practice management for people with diabetes.
- Interdisciplinary consultations involving nurses, dietitian and clinical pharmacist.
- One on one mentoring of nurses by staff Diabetes Nurse Educators.
- Outreach nursing service.
- Fortnightly community Dietitian clinics.
- Liaison with community Podiatrists to ensure collaborative approach to managing patients with Diabetes.
- Liaison with local Optometrists to ensure people have access to retinal screening services.
- Two nurses are members of the Diabetes Nurse Practice Partnership Team which is collaboration between primary and secondary care and works to promote quality and consistency of diabetes services across the region.
- One nurse is a member of the Wellington Regional Diabetes Clinical Network which has oversight of Diabetes Services in the greater Wellington region.

The Future…

There is an ever-increasing number of people being diagnosed with Pre-Diabetes and Diabetes, including more people from younger age groups being diagnosed with Type 2 Diabetes. This is in part due to the increasing incidence of obesity and more sedentary lifestyles. There will be wider ramifications as this group are more likely to be impacted by long term complications of Diabetes.

This increase in numbers of younger people with Diabetes will present an even greater challenge to all health providers, to ensure that appropriate health services are available to them.

Mental Health Report

The Mental Health Team

The Newtown Union Health Service (NUHS) Mental Health Team currently consists of RN Alasdair Muir and Dr Emily Oughton.
As of 30 June 2020 NUHS, has 385 patients enrolled on the mental health programme. This is 5-6% of the total NUHS population and does not include patients enrolled at Massey Student Health and Counselling Service. The service has been utilized 984 times within the last 6 months.
Activities of the team include:

- Bi-monthly 30-minute meetings with Opioid Treatment Service Primary Care Liaison This was converted to video conference during covid-19 alert levels 2-4.
- Fortnightly 60-minute meeting with Dr Paul French followed by a 2-hour clinic for patient reviews by Dr French. This was on hold during covid-19 alert level 4, provided virtually during level 3 and has resumed at level 2.
- Due to a difficulty with having the clinic at NUHS, the clinics were extended in October and September to four hours, this is a short-term measure.
- Regular liaison with Te Waka Whaiora, TACT, WCMHT, Health Pacifika and Te Whare Marie have been implemented.

Other activities:
With the transition to Indici the MH register has been reviewed with new enrolment forms and care plan templates.

The Indici care plan module has also been explored as a method of streamlining long term care.
Ongoing input into metabolic monitoring recalls and medication monitoring for patients.

Outreach:
3 Monthly GP clinic at a support living facility, run by Emerge Aotearoa, with liaison and support provided as needed between scheduled outreach clinics.

MH Programme:
The MH program at NUHS continues to focus on providing integrated physical and mental health care for those with severe and enduring mental illness. We recognise the increased incidence of cardiovascular disease and other illness in this population and the importance of a proactive approach in providing this care. The mental health team also supports the full primary care team in delivering care to those with mild to moderate mental illness in the primary care setting.

The Health Improvement Practitioner who was linked into the NUHS team (position now vacant) will be missed. Both the HIP position and Te Waka Whaiora (Community Support Worker services), are provided via the Access and Choice Wellbeing support initiative.

Community services in primary mental health and addictions are all reporting significantly increased referrals in context of the Covid-19 situation. This has created challenges in accessing counselling services for many patients. In particular the long-term pressure and uncertainty with Lockdowns has added complexity for both patients and staff.

Clinical Advisory Pharmacist Report

Dr Linda Bryant, Clinical Advisory Pharmacist

The Clinical Advisory Pharmacist (CAP) works 2.5 days at NUHS, 1.5 days funded by Tū Ora Compass and 1.0 days funded by NUHS. The service is provided primarily from the Newtown Clinic, with half a day at Broadway clinic.

Pharmacist facilitation has continued to be a combination of clinics for patient appointments to optimise medicines, repeat prescribing to identify potential medicines issues, opportunistic patient consultations and medicines information / recommendations. The continual focus is optimising medicine therapy to reduce drug-related morbidity and mortality and reduce inequity in our population with high unmet need. Contact with patients may be in clinic, telephone or, since May 2021, though My Indici.

This year was notable with the funding of two medicines that reduce the renal and cardiac complications of diabetes. This is very significant for the NUHS population, and particularly Māori and Pacific people who are disproportionately impacted by these complications. Initially there was only one medicine available, empagliflozin, which is especially effective in reducing the progression to end stage renal disease. There are criteria (high risk) that needs to be identified before PHARMAC fund the medicine but a concerted focus on prescribing to all our eligible meant that overall, 19% of NUHS patients with diabetes were started on this medicine, with 26% of Māori with diabetes started and 29% of Pacific people with diabetes. These are excellent results when considering the eligibility criteria. The second medicine became available in September 2021, and so there is a similar focus on introducing this medicine.

Medicine's information enquiries are constant, often requiring an immediate answer as a clinical decision is required. Being readily accessible is important for these enquiries. The response to enquiries is often shared with all clinicians to aid further learning. Similarly bulletins regarding clinical updates are provided. A large amount of work was undertaken investigating the use of Vitamin D in our population. This has resulted in an increased use of Vitamin D supplementation in NUHS groups of people at high risk of Vitamin D deficiency.

The CAP has attended and presented at the general practitioner peer group, discussing medicine updates, medicinal cannabis, vitamin D and the new medicine for people with diabetes.

Outreach Immunisation Report

The Outreach Immunisation Team

Newtown Union Health provides Outreach Immunisation Services Health for Capital and Coast DHB. The service covers the Wellington region from Island Bay in the South through to Churton Park in the North, including Makara and Ohariu Valley.
The team consists of 2 experienced registered nurses working part-time, and an administration support person.
Over the past year the service received a total of 486 referrals.
130 children were given vaccinations during the reporting year.

Most of the immunisations were given in the child's home, some in a clinic setting. Immunisations were also given at motels, which are being used as emergency accommodation for several families.

A number of different communication methods are used to follow-up referrals through telephone calls, text messages, email and home visits made by the Outreach nurses. This reflects the diverse and flexible model required to action referrals. Multiple attempts are made to contact families, reflecting the significant effort and challenges that the nurses encounter to provide the service.

During this past year, 256 home visits were made by the nurses.

The OIS nurses have had several referrals for children from refugee and migrant backgrounds. These families have English as a second or third language, and the nurses have navigated this during their visits with the help of family members, translation services (via google on mobile phone), and interpreters.

Many referrals to the OIS were for children/families who have moved into the Wellington region and have been unable to register with a GP. The OIS nurses have encouraged them to follow up with this and have provided local GP contact information. Several referrals were for children who were being supported by Oranga Tamariki.

37 referrals received from GP practices were for children who had relocated overseas, or unable to return to New Zealand due to limited MIQ availability. The nurses utilised email to ascertain if they were still in New Zealand. Most families quickly responded, and the nurses were able to pass this information to practices.

During Covid-19 levels 3 and 4, the OIS nurses did not undertake home visits though the nurses worked from home. IT connections allowed the nurses to continue to monitor referrals, send emails to families and other stakeholders, make phone calls and sent txt messages.

Covid-19 Level 2 allowed the nurses to resume home visits and giving immunisations in the home setting. Appropriate PPE was worn, and health screening was done prior to and on arrival at the homes. Equipment was cleaned after each visit, and the nurses followed MOH guidelines for healthcare staff undertaking care in the community. Priority was given to referrals for the youngest children needing immunisations and Māori and Pacific children.

The Outreach Immunisation team continue to work collaboratively with local Plunket nurses, practice nurses and the National Immunisation Register team to contact and reach families that have difficulty in engaging with their primary care provider.

The team liaises with a wide network of health professionals, and referrals were made to Ora Toa OIS, local Tamariki Ora and Plunket nurses, and GPs for further health care.

The OIS nurses contacted the Wellington City Council to report a population of rats that were surrounding a house that the nurses visited in December. The family visited had a new-born baby and a toddler. They were unable to use any space outside of leave their door open as the rats were very bold. After discussion with the mother, she agreed to the nurses reporting the health hazard to the City Council.

The Outreach nurses attend regular meetings with the wider immunisation stakeholder's network. Both nurses have attended professional development courses in the areas of child health and immunisation. This provided the team an opportunity to enhance their knowledge and skills as well a chance to network with other immunisation providers.

The OIS service provides a valuable contribution to improving and achieving immunisation targets. The OIS team works alongside families to reconnect them to their primary health providers. A positive interaction with the OIS team in their own homes contributes to this re-engagement.

Newtown Park Flats Clinic and Outreach Report

Newtown Park Flats Clinic and Outreach Team

Newtown Park Flats (NPF) outreach clinic operates weekly on Fridays by a nurse; doctor attends on first Fridays monthly. The clinic is situated at D Block on the ground floor at 320 Mansfield Street Newtown.

The purpose of the clinic is to provide accessible and low-cost health care to those living with a low income and reside at the flats and surrounding areas. Our aim is reducing barriers and health inequalities.

The clinic delivers full medical care including health checks on asthma, diabetes, sexual health, mental health, blood pressure checks, child health checks, immunisation, social support, smoking cessation, elderly support, health education, health promotion etc. Those who need urgent support or treatment are referred to Newtown Union Health Service clinic. Patients needing social support are assessed and referred to the NUHS social worker or appropriate social service providers.

Newtown Park Flat registered population - June 2021

Ethnicity	00 to 04	05 to 14	15 to 24	25 to 44	45 to 64	65 to 74	75 +	Total
AFRI	9	10	8	24	7	1	1	60
ASIA		3	1	6	4	3	1	18
EURO	2		2	6	8	2	1	21
MAORI				2	6	1	1	10
MIEA	2	3	1	12	4	4	4	30
OTH	1	1	1		2			5
PI	4	6	6	5	11	1	3	36
Total	18	23	19	55	42	12	11	180

The current registered population stands at 180. We have conducted two flu clinics at NPF during this period. Majority of attendees at NPF clinic are at deprivation index of 5. Home visits are also a key component of this clinic to provide health care to home-bound patients.

During the majority part of this year, we were affected by the lockdown restrictions of covid 19. The safety of the community is paramount especially the seriousness of the Delta outbreak for everyone and vulnerable population in New Zealand.

NUHS staff enjoy being part of a rich community and value their ongoing support and collaboration to improve health outcomes for the community

Ia Manuia
Fou Etuale and Tin Maung Maung

Refugee Report

The Refugee Team

The Newtown Union Health Service Refugee Team over this reporting period has consisted of Cathy O'Callaghan (Primary Care Nurse), Nima Baniowda (Social Worker) Jonathan Kennedy (General Practitioner) and Philippa Thompson (Social Worker) who went on maternity leave in November 2020. The team is supported by Serena Moran (NUHS Primary Care Nurse Practitioner).

The Covid-19 Pandemic has continued to have a major effect during the reporting period. In particular, Quota Refugee arrivals and Refugee-Like Migrant family reunification arrivals have been greatly reduced. Some Quota Refugees were delayed for long periods at the Mangere refugee Resettlement Centre because of the pandemic alert level changes and disruption to finding appropriate housing. There have also been serious impacts on former refugees already in New Zealand with disrupted settlement processes, and disrupted access to health care and social services, including primary health care. Issues with accessing appointments, variable use of interpreters by health services and major pressure for adequate housing continue to be common themes reported by people with refugee backgrounds to NUHS clinical staff.

Refugee Team and NUHS refugee activities

Refugee Liaison Meetings continued to be held monthly with regular representation from Red Cross Refugee Trauma Recovery, Red Cross (resettlement support), Regional Public Health (public health nurses), and other health professionals working in the refugee sector.

Refugee team members attended the Ministry of Business, Innovation and Employment (MBIE) / Immigration New Zealand Refugee Resettlement Stakeholder Webinar, Wellington Regional Wider Refugee Network and the Former Wellington Regional Action Plan Group.

Refugee team members also participated in the review of the Ministry of Health (MoH) Quota Refugee mental health model.

NUHS refugee team and manager met with the Communication & Engagement lead for Hutt Valley District Health Board and Capital & Coast District Health Board to advise about Covid-19 vaccination rollout communications for Refugee & Migrant populations in the region.

Jonathan Kennedy attended (by video conference) as an expert advisor for the World Health Organization Consultation on Competency Standards for Health Workers Working with Refugees.
Cathy O'Callaghan and Serena Moran presented a session on Refugee Health at the Regional Public Health Refugee Study Day. Serena also presented to the Plunket Nurses Post Graduate Study Course and the Nurse Prescribers and Nurse Practitioners at Victoria University of Wellington.

Serena Moran and Jonathan Kennedy taught the Refugee & Migrant Health postgraduate paper for University of Otago, Wellington in the second semester of 2020.

Staff at Newtown Union Health Service and Porirua Union and Community Health Service participated in qualitative research which was undertaken by Jonathan Kennedy, Serena Moran, medical student Helen Kim and Associate Professor Eileen McKinlay in collaboration with University of Otago, Wellington.This has resulted in a peer-reviewed publication in the Australian Journal of Primary Health Jonathan Kennedy, Helen Kim, Serena Moran, Eileen McKinlay. *Qualitative Experiences of Primary Health Care and Social Care Professionals with Refugee-Like Migrants and Former Quota Refugees in New Zealand*. Australian Journal of Primary Health 2021.

Serena Moran continues to participate in the Ministry level (MoH / MBIE) Refugee Health Advisory Group for the ongoing quota refugee review, and the Refugee Health Operational Group.

The Refugee team continued to collaborate with Whitireia to develop post graduate nursing eLearning modules. All four Refugee Modules have now been completed and are ready for dissemination to Whitireia and selected primary health care organisations. The Modules were presented by Whitireia and Serena Moran at the Flexible Learning Association New Zealand.

Refugee health sector medical and pharmacological colleagues from Nelson visited NUHS to share knowledge of approaches in different resettlement centres.

The NUHS Covid-19 outreach service, which includes Nurse Practitioner Serena Moran, continued to assist with addressing challenges faced by former refugee families in Wellington and provided a mobile Covid-19 testing service for a PHO wider population.

Video-interpreting continues to be used especially with the NUHS-employed interpreter. Video-consultation capability remains, though has probably been underutilised. Subsequent to this reporting period, New Zealand re-entered higher alert levels resulting in increased use of this important option.

Overall, capability for delivery of our primary health care service remains stable with sufficient staffing to meet usual demands. The ongoing workload for former Quota Refugee and Refugee-Like Migrant patients already enrolled continues, though there could be expected to be additional stresses on these groups because of concern for family members overseas and delays in family reunification that can impact on health and need for primary care services.

Social Workers Report

The Social Worker Team

Nima Baniowda filled the role of the NUHS General Social Worker in November 2020. Nima is covering for Phillipa Thompsons (the previous General Social Worker) until she returns from maternity leave in February 2022. Sonia Smith continues her role as the NUHS Māori Social Worker (NUHS MSW).

The NUHS MSW has noticed a substantial increase in whānau suffering from financial hardship throughout the last year. Many support requests are regarding food sustenance, WINZ entitlements, and finding ways to help whānau get by from one week to the next. Food is a basic necessity of life and without food security there is a negative domino effect that impacts on the whole whānau mentally, physically, and spiritually. Housing is another ongoing issue that has limitations due to the housing crisis, therefore the NUHS MSW has been working with whānau to try and help them adjust to the new norms and make them feel content in their current housing environments until a property becomes available. This is done alongside advocating and facilitating as many different housing support streams as possible for whanau, in order to speed up the allocation process.

For the NUHS General Social Worker, housing is one of the most common issues for her clientele base such as unsuitable size, location, having trouble with neighbours, cold and damp housing, dealing with maintenance issues. It is harder when the clients have a language barrier, so they become dependent on the social worker and other community providers to follow up on their behalf. As an Arabic speaking social worker, it helps to advocate for the needs of clients from the middle eastern community.

The NUHS MSW has noticed a consistency in new referrals coming from the NUHS clinicians, this highlights that the clinicians are consciously aware of the supports available for Māori and are including holistic assessments in their health consults to see if ongoing referrals are needed. These referrals received, are in regard to housing, financial issues, WINZ processes, and health facilitation, and ultimately closes the gap to access that many Māori face. When successful outcomes for Māori whānau are achieved it is always a multiagency approach led by the NUHS MSW. Advocacy and facilitation work is always deemed an essential component in gaining outcomes towards allocating stable housing, alleviating hardship, and improving health access.

With financial hardship issues being one of the main predominant factors in support requests for the last year, the NUHS social workers now attend fortnightly clinics with the MSD service integrated case manager who has been extremely supportive and attentive. This connection provides an immediate response to issues presented by the social workers and eliminates hardship for whānau more efficiently. Other important networks created within MSD is their H&D coordinator and the MSD housing coordinator. The improved networks with MSD save time and allows the social workers to utilise their skills in other challenging areas that whanau face. Other strengthened networks are with Wellington City Council, Kainga Ora, Dwell Housing, EIS, Oranga Tamariki, Rangatahi MH Unit, Birthright, Family Courts, Te Aro Family Law, Paul Eagle Office, Police, Social Worker Peer Group, City Mission Social Supermarket, Salvation Army, Wesley Care, WCLC, NEST Collective, CCDHB Ora Team, Tu Ora PHO, SVDP, Tui Hauora, Taeaomanino Trust, Te Roupu Awhina, Te Haika, Refugee Trauma Recovery, Strengthening Families, Red Cross, Sustainability Trust, Healthy Homes.

SECTION FOUR

Financial Report