

2021 ANNUAL REPORT



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Characteristics.

Adaptable & timely	- Meaningful
Evidence based	- Interpretation
Comparable	- Is it possible
Equity focused	- Look at
Flexible	- 1 " +
Impact -	- Forward thinking
Person -	- actions
Understand	- distance - accessible
- Process	- system
	- avoid

REPORTS

CHAIR'S COMMENTS

At Pegasus Health Charitable, we have a clear purpose and role. Our purpose is that “all people living in Canterbury lead healthy lives.” Our role is “together making Canterbury the best place to receive and provide primary care.”

This sets our strategic direction and guides our decision making as a Board. It ensures there is a real focus on doing the things that matter and that make the most difference to our communities, patients and general practices.

It has also enabled us to sharpen our response to the Health and Disability System Review and the coming structural changes to the health system, nationally and in Canterbury.

We have been working hard with General Practice New Zealand (GPNZ) to influence decision makers and advocate for sensible changes that will provide better health outcomes and true equity, and strengthen the role of primary care.

Our influence has also been extended by our work with our colleagues in the N4 (the four largest PHOs which, in addition to Pegasus, include ProCare, Pinnacle and Tu Ora Compass) and directly with the Department of Prime Minister and Cabinet's Transition Unit, which has been tasked with setting up the Māori Health Authority and Health New Zealand.

Additionally, we have stepped up our efforts to develop and enhance regional and district relationships and partnerships.

I am proud of the work that Pegasus does in equity, for Māori and other priority populations. The Health and Disability System Review has signalled a more determined approach to address inequities and we are responding with the establishment of a Māori Health Strategy. True equity and better health outcomes for Māori, must be at the centre of our response to the coming changes.

COVID-19 alert level changes were tough in 2020 but gave us a roadmap for dealing with future outbreaks. Our work during the 2020/21 year on practice sustainability and resilience, through programmes such as Hikitia, is now paying off.

During much of the 2021 calendar year, our CEO Vince Barry has been seconded to the Ministry of Health as a leader in the roll-out of the vaccine programme. This secondment reflects well on the reputation of both Vince and Pegasus Health. I would like to thank him for undertaking this important task and thank our acting CEO Mark Little who has stepped into lead the organisation through what has been a crucial period of change. I would like to conclude by thanking my fellow Board members and the entire Pegasus team for their continuing determination to deliver on our purpose.

Peter Townsend



Pegasus Health Board

Standing left to right: Brett Chambers (advisor), Sharon Ashmore, Nicky Scott, Andrew Rawstron, Vanessa Weenink, Ben Hudson, Ben Kepes.

Seated from left: Simon Wynn Thomas (Deputy Chair), Peter Townsend (Chair), Caroline Christie (Deputy Chair) and Jane Huria.



“ **True equity and better health outcomes for Māori, must be at the centre of our response to the coming changes.** ”

CEO'S COMMENTS

I have enjoyed the many challenges of the acting CEO position, since stepping into the role in March this year.

A key focus for me has been establishing our strategic direction, while responding to the Health and Disability System Review.

With a more determined focus on equity signalled in coming system changes, we have worked to develop better community co-design processes, and have put in place the foundation for a Locality-based model of care.

A Locality will deliver health services based on the needs of a population in a particular geographical location.

We have identified Aranui as the area of highest need in Canterbury and are now looking at how we participate in supporting the implementation of a Locality model of care in partnership with the area's communities.

We have also been looking at the form and function of Pegasus to see what changes need to be made to make us more responsive to the yet to be announced structural changes, and to the future place of primary care in the system.

We have identified changes that will ensure we are ready for the future.

Looking ahead, there is a strong future for primary care and for Pegasus. The changes that take place under the Health and Disability System Review are likely to present more opportunities than obstacles.

Pegasus is well-positioned for the future. Our reputation for innovation, commitment to delivery and passionate staff, have seen us engaged as a partner in the redesign of the system.

The past few months have been challenging as we have adjusted to work at various COVID Alert levels and have managed the incredibly high work load of Respiratory Syncytial Virus (RSV).

I must acknowledge the efforts of our staff in the 24 Hour Surgery which have been heroic, as well as the efforts of our GP practice community, in caring for the community through COVID and RSV.

During the past six months, we have adopted the approach that we are a 'For Purpose' organisation.

I am confident that as long we keep our purpose at our core, we will make the right decisions for the health of the people of Canterbury.

Mark Liddle

“I must acknowledge the efforts of our staff in the 24 Hour Surgery which have been heroic, as well as the efforts of our GP practice community, in caring for the community through COVID and RSV.”



POPULATION HEALTH ADVISORY BOARD REPORT

The Population Health Advisory Board (PHAB) was established in 2018 as the key population health and equity governance body for Pegasus Health services and the general practice network in Canterbury.

As a Primary Health Organisation (PHO), Pegasus has contractual outcomes to achieve for the Canterbury population. These include: supporting Canterbury people to stay well; ensuring that people in Canterbury receive quality, coordinated care delivered by multi-disciplinary teams, that is easy to access and is community based; and supporting all population groups to achieve optimum health outcomes and reduce disparities.


Our focus in 2020/21 has been to:

- Clarify the role of PHAB as an advisory board to Pegasus Health
- Discuss the impacts of the COVID-19 vaccination roll out and Health and Disability System Review on population health
- Act as a conduit for conversations for the three Canterbury Reference groups - Te Kāhui o Papaki Kā Tai, Pacific Reference Group and the Culturally and Linguistically Diverse (CALD) Health Advisory Group.

Sandy Brinsdon

Chair Population Health Advisory Board



 Read the full report at the end of this document

From back left: Sara Epperson, Karaitiana Tickell, Sidney Wong.
Seated left: Daryl Beattie, Sandy Brinsdon (Chair). Absent: Mahlon Saumalu.



*From back left: Lucinda Whitely, Ben Hudson (Chair), Sandy Brindson, Martin Wilson, Gill Currie, Kim Burgess.
Seated from left: Donald Pettitt, Gareth Frew, Matilda Wyn, Sarah Bothamley and Juno Pyun.*

CLINICAL QUALITY ADVISORY BOARD REPORT

The Clinical Quality Advisory Board (CQAB) holds a key leadership and governance role in clinical quality across Pegasus Health, across services delivered direct to patients and to our general practice network in Canterbury. This includes focusing on clinical effectiveness, quality improvement and patient safety, and ensuring an engaged and effective workforce.

CQAB's work is guided by its role in supporting Pegasus Health's purpose – that all people living in Canterbury lead healthy lives – and its role, together making Canterbury the best place to receive and provide primary care.

This year, the CQAB broadened membership and strengthened its role in providing clinical governance to Pegasus Health. The group also facilitated conversations between clinical governance leads from all three Canterbury PHOs and secondary care organisations. Areas of focus have included:

- **Equity (supporting the Pegasus Equity Strategy)**
- **Cervical cancer prevention (screening and HPV immunisation)**
- **Cardiometabolic disease metric identification**
- **COVID-19 vaccine roll-out and equity of coverage.**

Ben Hudson
Chair Clinical Quality Advisory Board

 Read the full report at the end of this document

MEMBERSHIP BOARD CHAIR'S REPORT

Working in general practice can be both satisfying and enjoyable. Through continuity of care, those we care for are more likely to feel satisfied and enabled. Adherence with medical advice increases, and ED visits and hospital admissions decrease. In some studies, continuity of care has been shown to reduce morbidity and mortality, especially in older people. We have good reason to feel proud of what we do.

Yet this year, our GP teams are using the word “burnout” more than ever before. This problem is not unique to Canterbury, nor to general practice – burnout seems to be at an all-time high. With many challenges this past year impacting the care that we give, it is not surprising that we begin to feel burned out.

As individuals, we may feel powerless when we see a gap between what our professional judgement dictates and what health resource permits. It is therefore more important than ever that we work collectively and collaboratively to ensure the best outcomes for all Cantabrians, through a sustainable health workforce that is best supported to give the highest standard of care. In doing so, our focus must remain on equity of access and of health outcomes for our most vulnerable people.

The Health and Disability System Review provides the Canterbury health system with a great opportunity to work together to achieve Pegasus’ vision that all people living in Canterbury lead healthy lives. Canterbury’s track record in innovation, collaboration and a ‘whole of system’ approach positions us well to achieve much. To be successful, we must work meaningfully alongside, and be led by the needs of our communities.

Pegasus has always recognised that one of the best ways to improve the health of our population is by supporting our general practice teams. Our support in this past year has included a variety of programmes and services, such as the Health Care Home and Hikitia programmes, which improve access and help keep general practice sustainable. Pegasus’ member support programme is also well established, through the provision of pastoral support to clinicians.

Advocacy remains central to Pegasus’ activities. Locally and nationally, we continue to advocate both for and with

our communities, as well as for the sustainability of general practice.

I would like to take this opportunity to recognise and thank all those who work so hard to help Pegasus achieve its role, of together making Canterbury the best place to receive and provide primary health care.

Simon Wynn Thomas

GP and Chair of Pegasus Membership Board



From left: Ben Hudson, Andrew Rawstron, Sharon Ashmore.

Seated left: Simon Wynn Thomas (Chair), Vanessa Weenik and Caroline Christie.



Pegasus Health's Equity Leadership Team is working with teams and people leaders across the organisation to contribute to equitable access to primary health care.

From left: Ester Vallero and Lynley Cook.

Seated from left: Maria Pasene, Irihāpeti Mahuika (Director) and Melody Tuliau.

Absent: Tawera Ataria-Ashby.

“**Pegasus is committed to ensuring it threads equity and Te Tiriti o Waitangi through everything.**”

KIA ATAWHAI KI TE TANGATA PEGASUS EQUITY LEADERSHIP TEAM REPORT

Tēnā koutou katoa, Talofa lava, Kia orana, Malo e lelei, Bula Vinaka, Fakaalofa lahi atu, Namaste, Ni hao, Mabuhay, Salam alaikum.

E ngā mana, e reo, e ngā rau rangatira o te rohe o Waitaha, tēnā koutou katoa. He mihi ki te whānau whānui e tautoko ana i tēnei kaupapa whakahirahira, te hauora Māori, te tauritenga hoki o te hauora, mō ngā tāngata, ngā whānau hoki katoa.

We would like to acknowledge all those who are walking alongside us on this journey, our community and whānau champions and our kaimahi (colleagues) who tautoko (support) the mahi (work) we are doing to provide equitable primary health care to the people of Canterbury.

Pegasus is committed to ensuring it threads equity and Te Tiriti o Waitangi through everything. Kia atawhai ki te tangata, the Pegasus Equity Strategy (2020 – 2030) was endorsed in September 2020 and instigated the creation of the Equity Leadership Team. Supported by a steering group, their role is to ensure the Equity Strategy and associated implementation plan are threaded through the fabric of our Pegasus way of being, to prioritise equity within the organisation and across Canterbury.


We collaborate with teams and people leaders across the organisation to ensure that what we do and how we do it are contributing to equitable access to primary health care across the Pegasus network.

Irihāpeti Mahuika
Director of Hauora Māori and Equity

ADVOCATING FOR BETTER HEALTH OUTCOMES

Pegasus Health is a strong advocate for public policy and environments that make the healthy choice the easy choice. We support a 'Health in All Policies' approach - integrating health considerations into policymaking to improve health, whether it be at a local or national policy level. We hold position statements on a variety of health topics, including:

- Equity of Health Care for Māori
- Equally Well (addressing physical health inequity for people experiencing serious mental illness and addiction)
- Tobacco Control
- Healthy Weight
- Alcohol
- Drinking Water Fluoridation.

 Read the full report at the end of this document





Participants of the Better Breathing Pulmonary Rehabilitation Programme.


The programme is run by the Canterbury Clinical Network Community Respiratory team.

CANTERBURY CLINICAL NETWORK

The Canterbury Clinical Network (CCN) is New Zealand's largest district alliance, with 12 Alliance Partners working together to improve the health and wellbeing of our people.

This service is led by people who live and breathe health – doctors, nurses, pharmacists, allied health professionals (for example: dental, optometry, physiotherapy) and health managers – alongside the people who use health services every day.

This year, CCN has made excellent progress in the key areas outlined in its five-year strategic plan, particularly in working towards health equity.

 [Read the full report at the end of this document](#)

WHAKARONGORAU AOTEAROA NEW ZEALAND TELEHEALTH SERVICES

A BRAVE VOICE DESERVES A SYMPATHETIC EAR

Whakarongorau Aotearoa // New Zealand Telehealth Services is the new name for Homecare Medical. The name was changed to better reflect work that centres on the connected world of digital care. Whakarongorau is a word to describe the many ways to listen. It is derived from the Māori word 'whakarongorua', meaning 'to listen with great intent and purpose'.

The social enterprise, owned by Pegasus and ProCare, offers the people of New Zealand free, national telehealth services, 24 hours a day, seven days a week, over multiple digital channels. Those services include Healthline, the COVID Healthlines, 1737 – Need to talk?, Gambling Helpline and Quitline.

Whakarongorau Aotearoa also delivers clinical telehealth support through several other services, including Employer Advice Line, Mental Health After Hours, Safe to talk, Puāwaitanga and of course general practice out of hours support.

Its clinical teams work around the clock to provide people with the best quality advice and care, delivered by registered nurses, mental health nurses, psychologists, psychotherapists, psychiatrists, counsellors, doctors, paramedics, poisons officers, health advisors, sexual harm professionals, and emergency triage nurses.

 Read the full report at the end of this document

The health services team answered 397,806* Healthline contacts from
372,272 PEOPLE

The mental health team (1737-Need to Talk?, depression, gambling, alcohol and other drugs services) answered a total of 206,278 contacts

SUPPORTING 105,953 PEOPLE

The poisons team helped
25,454 PEOPLE
with 76% of contacts requiring no further medical treatment or self-care information

The emergency triage nurses triaged
OVER 46,000 INCIDENTS
redirecting 46% of contacts to non-emergency services, which helps keep our hospitals and ambulances available for emergencies

The Quitline team answered over 46,000 contacts supporting more than 27,929 people to start their quit journey, with 23% reporting they were
SMOKEFREE AFTER 4 WEEKS



The emergency mental health response team triaged almost 11,000 contacts from police and ambulance to support
MORE THAN 6,000 PEOPLE
in social and psychological distress.



WHAKARONGORAU AOTEAROA NEW ZEALAND TELEHEALTH SERVICES

End of year performance – for the 12 months ending 30 June 2021
In total, across all services, Whakarongorau Aotearoa responded to 2,552,710 contacts in the twelve months ending 30 June 2020. This is an

**INCREASE
OF 92%**

on the previous year and saw the team connect with over 950,000 individual people* from across Aotearoa.

* For the 12 months ending 30 June 2021



OUR STORIES

IN PARTNERSHIP WITH OUR COMMUNITIES

Pegasus Health wants to get better at listening and responding to the needs of its community to help access and improve equity. Director of Hauora Māori and Equity, Irihāpeti Mahuika, says it starts with putting the voice of the consumer and the concept of partnership at the forefront.

“We can’t respond to the needs of our communities unless we know what they are. We’ve made a commitment that any changes to a service will be based on the voice and needs of our communities.”

We use client data to look at high populations of Māori and Pasifika, high quintile rates (measure for deprivation) and high prevalence of health issues, including smoking, diabetes and cardiovascular risk.

“In the eastern suburbs, there’s a much higher prevalence of health issues. Particularly when you slice it up by ethnicity when you look at Māori and Pasifika – the discrepancies are huge, so that’s telling us that we’ve got our lens in the right place,” says Irihāpeti.

“Key partners and stakeholders, such as He Waka Tapu, Aranui Community Trust, Ngā Maata Waka, Haeata Community Campus, general practice teams, pharmacies, community partnership workers and Whānau Ora Navigators have a richness of data around what it’s like for the whānau they serve. So, we were able to get some key themes from them in terms of barriers to access for primary care.

“Pegasus has had years of asking Māori what we could be doing better - and then the same stuff happening – so we made a real commitment in this case with Aranui not to do that. The real key message for Pegasus is that we are not the solution to everything – in addition to our work we have to create space and empower those who are doing fantastic work for our community, and not create any further barriers.”

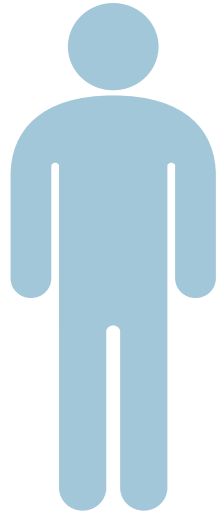
“...when you look at Māori and Pasifika – the discrepancies are huge, so that’s telling us that we’ve got our lens in the right place.”

The Aranui community is being consulted about its health needs. Pegasus Director of Hauora Māori and Equity, Irihāpeti Mahuika (left) and local general practitioner Dr Marie Burke are involved in the project.



HEALTHCARE 24/7

At the 24 Hour Surgery, we make sure our community has access to care when they need it. It is open 24 hours a day, every day, for whānau when their doctor is not available. We value the contribution of general practice teams who provide vital cover after hours as a crucial part of the workforce. Alongside this, the Acute Demand Service provides care to those who can safely be treated in the community with appropriate support, and avoid a hospital admission.

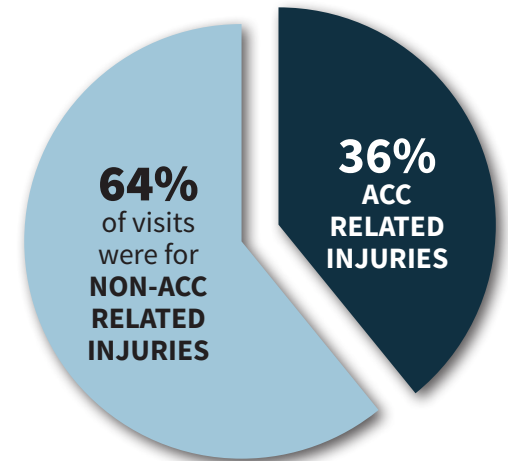


24 HOUR SURGERY

From July 2020 to end of June 2021
76,928 patients came through the doors of the 24HS

20% were under 6 years

12% were 65+ years



From July 2020 to end of June 2021

PATIENT EXPERIENCE

ACUTE DEMAND CARE

Christchurch teacher Maria Lemalie was so impressed with the professionalism, care and cultural sensitivity shown by staff during her care by the Acute Demand Service, she contacted Pegasus Health to say 'thanks'.

Maria was cared for by the Acute Demand Service for a distressing skin inflammation.

"I was anxious but the team I saw was quick to make me feel comfortable. All three people involved in my care were professional and culturally responsive. They had a good working relationship with other medical staff and skills to engage with me and other patients," says Maria.

She found her health carers empathetic, energetic and always professional – at a really busy time at the surgery.

"The three people I had dealings with, I felt, were genuine and intentional in their love of the nursing profession."

“ ... people involved in my care were professional and culturally responsive. ”



In the last
12 months, there
have been over
6,000
visits to the 24HS
fracture clinics



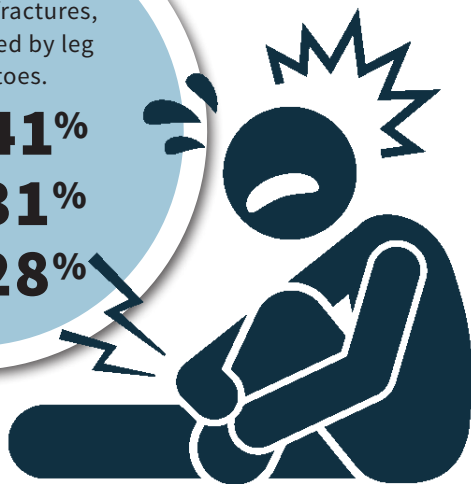
In May 2021,
107
patients hobbled into
the 24HS with a leg
or foot fracture



Most fractures
occurred while playing
**sport, falling or
kicking/banging
into something**

The ankle/foot
saw the most fractures,
closely followed by leg
and then toes.

ankle/foot 41%
leg 31%
toes 28%



FRACTURE CARE AFTER SLIP

A school holiday run around and a slip on wet, muddy ground meant an urgent visit to the Pegasus 24 Hour Surgery for Sophia Ridley and her mum.

Following her fall, Sophia's mum Petra took her straight to the 24 Hour Surgery.

An x-ray confirmed what they suspected – a broken leg – so the team organised a plaster cast for Sophia. Petra says both mother and daughter appreciated the care provided by the doctors and nurses over their three visits.

"After the plaster cast was put on, we went back another

couple of times to make sure the break was healing well, to have the cast removed and replaced with a moon boot, and then to check it had healed as expected," says Petra.

"The whole team was lovely; they explained everything to me and Sophia, so we knew what was happening and what we had to do. Sophia was very happy about being able to choose the colour of her cast and a waterproof cast made life easier for us both."

Sophia's leg has healed and she is again running around and enjoying her exercise.

PATIENT EXPERIENCE



Dr Jan Bone (left) discusses Sophia's fracture with her and Mum, Petra.



HEADING TOWARDS MENTAL WELLNESS

One in five people in New Zealand experience mental illness or significant mental distress each year; as many as three quarters of New Zealanders will experience some degree of mental distress or addiction challenges, or both, at some point in their lives¹.

Pegasus Health's Brief Intervention Mental Health Service was introduced in 2006 as an extension of general practice, and to provide mental health and wellbeing support for its enrolled population.

Over time, the service has been refined to meet the needs of the community but despite this, issues remain around access, equity and engagement. In response, a new national model of care – Integrated Primary Mental Health and Addiction

(IPMHA) – has been introduced into general practice across Canterbury. It is known as Te Tumu Wairoa, meaning 'to head towards wellness'. It's a joint initiative led by the Canterbury Clinical Network in partnership with general practice, PHOs, Canterbury District Health Board and Non-Government Organisations (NGOs).

The model looks at the physical, emotional and social needs of a person, rather than focusing on traditional mental health and addiction models of care. Under the model, Health Improvement Practitioners (HIP) and Health Coaches (HC), are integrated into general practice teams to offer this support.

Support Workers also provide support to the community.

Te Tumu Wairoa is currently working across 31 general practices from Ashburton to North Canterbury, providing immediate support for people experiencing mental distress or addiction issues. The model will be rolled out across practices in Canterbury from now through until 2023.

Shelley McCabe, the Clinical Implementation Lead on this project says "the aim is to make wellbeing and mental health support services more accessible for high priority groups such as Māori, Pasifika, youth, or those people with other equity issues."

www.tetumuwaiora.co.nz

“... make wellbeing and mental health support services more accessible for high priority groups...”



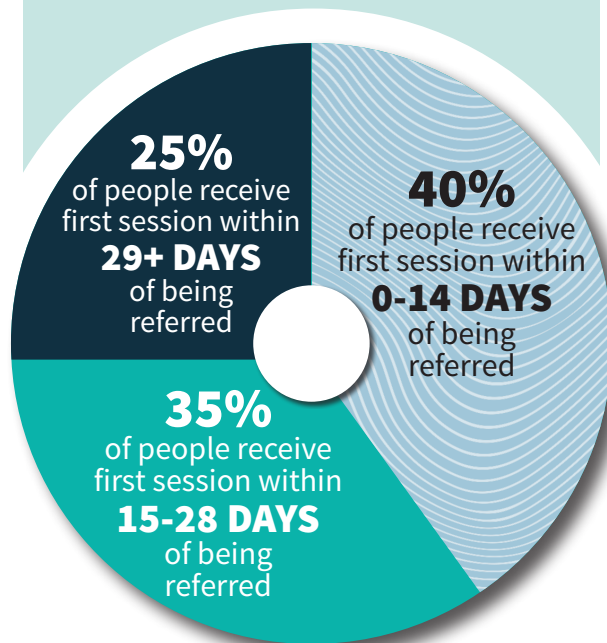
¹ – Te Tumu Wairoa website

BRIEF INTERVENTION REFERRALS (IN THE YEAR TO 15 JULY 2021)



9,336 referrals for general practice
180 REFERRALS ON AVERAGE PER WEEK

2/3 **1/3** PEOPLE REFERRED ARE
2/3 FEMALE
1/3 MALE



SESSIONS

WHAT ARE
PEOPLE
ASKING FOR
HELP WITH?



AROUND
80% are distressed due to anxiety or low mood



16,000 sessions completed in the last year
307 SESSIONS PER WEEK

WHO'S
PROVIDING THE
HELP?

18 Mental Health Clinicians
(15 Full time equivalent (FTE) positions) provide Talking Therapy

10 Contracted Mental Health Clinicians (3-4 FTE)

Triage Team with 1 Mental Health Clinician,
1 Triage Co-Ordinator and 1 Administrator

1 Clinical Team Lead, 1 Service Lead



Health Improvement Practitioner, Brendan Sillifant is part of the clinical team at Doctors on Riccarton

BRENDAN SILLIFANT HEALTH IMPROVEMENT PRACTITIONER

Brendan was the first Health Improvement Practitioner (HIP) in the South Island and after more than two years in the role has seen how HIPs benefit both patients and general practice staff. He works at Doctors on Riccarton as part of their clinical team.

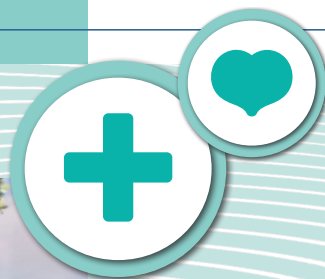
"We work with the doctors, nurses and administration staff. We support doctors if they have a full case load, seeing patients at short notice, right then and there on the day they've come by to see their general practitioner," he says.

"People come along with a wide range of concerns, from immediate serious distress to ongoing challenges. In the last week, I've seen people for high cholesterol levels, others with chronic alcohol abuse, some for panic attacks, and other people for workplace stress and for problems at home."



Health Coach Carley Tremain enjoys being part of a general practice team and being able to address clients' holistic health needs

“
I support people to improve their overall health and wellbeing...”



HEALTH COACHES

Carley Tremain loves empowering people to improve their health and wellbeing, in her role as a Health Coach at Linwood Medical Centre.

“As a Health Coach, I support people to improve their overall health and wellbeing, so I might see people for a variety of long-term conditions such as diabetes, gout, cholesterol, blood pressure, chronic pain. I also support people with things like weight management and I do touch on sleep hygiene, anxiety and low mood.”

Clients leave a session with tips for improving their diet, nutrition, exercise, stress management and taking medications as prescribed. The number of times a patient sees their health coach depends on their needs.

“It’s really nice to be able to offer this service to people on the day, on the spot, and to encourage and empower people to look after their own health, whether it is physical, mental, emotional or spiritual,” says Carley.



In July 2021

**1,240
PEOPLE**

in Pegasus practices had 1,850 appointments with a HIP or Health Coach.

More than
**7,300
PEOPLE**
across Canterbury saw a
HIP or Health Coach
in the first year up to 30 June 2021

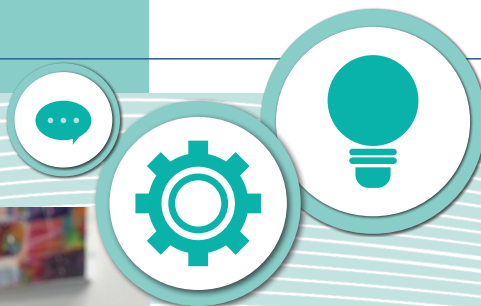
MORE THAN
50%

of people are seen
the same day they
are introduced



The most common issues people discuss with a HIP or Health Coach

- ★ HIP - **anxiety/panic, stress, depression, family/parenting/relationships, and grief**
- ★ Health Coach - **health choices (food, exercise, smoking), long term conditions, anxiety/panic, stress, and depression**



Brief Intervention Talk Therapist, Claire Miller, enjoys connecting with amazing, fabulous people every day.

“
We hear their stories and teach strategies...
”

BRIEF INTERVENTION TALKING THERAPIES

Claire Miller is one of the team of Brief Intervention Talk Therapy (BITT) therapists who see patients referred by their general practitioners.

Claire has been with the team for two and a half years. These trained mental health professionals use the FACT (Focused Acceptance Commitment Therapy) model to deliver talking therapies with patients.

“We see people from a wide variety of backgrounds and circumstances. We hear their stories and teach strategies to help with problems ranging from simple lifestyle issues, through to stress, grief, trauma and really complex life situations,” she says.

“In BITT we use a very practical, behaviour change model. We normalise thoughts and feelings that are often over-medicalised nowadays. A lot of what we do is validating people’s responses and normalising these, given their circumstances or experiences. We then teach skills to manage difficulties and choose behaviours which will improve life.”

Claire says she and her fellow therapists typically see patients over a three-month period. Patients are eligible for up to five free sessions, though Claire says, in her experience, patients typically come to an average of three sessions.

“What I enjoy about the role is connecting with lots of amazing, fabulous people all day, every day. I have lots of admiration for people, for their courage and willingness to try new skills and commit to making changes. I love seeing people take away things to try at home and coming back having made great improvements.”

CONSUMER EXPERIENCE

Beth* says it’s no exaggeration to say Brief Intervention Talking Therapy (BITT) saved her marriage, her life, and helped her get excited about her future.

Struggling with her husband’s continued ill health, work pressures and a long-time feeling of worthlessness, one day Beth ‘broke’.

“After a trip to the doctor for my husband, I lost it. I just burst out in tears and couldn’t stop, which is not like me. I cried and cried, it was like the flood gates had opened.”

Beth’s general practitioner prescribed anti-anxiety medication and referred her to Pegasus Health’s BITT team. She has since had five sessions with a BITT therapist.

“The BITT sessions, in combination with medication, helped me get on top of things and get my head above water. It honestly has saved my marriage, saved my life and opened the door to a new life. I’m so excited,” she says.

The therapist gave her the “tools to cope and take control of my own life.” They also gave her guidance on things she could do when she had finished her sessions to “learn, explore, and continue to figure out what I need”.

“He listened to me and didn’t judge. He was warm and open, I couldn’t say enough good things about the therapy. It was terrific and changed my life.”

*The client’s name has been changed.

“

**...it is their journey,
so we don't compare
our journey with theirs.**”

Maringi Parnell (foreground) loves being out in her hapori (community) connecting with people.



JOURNEY OF DISCOVERY COMES FULL CIRCLE

Partnership Community Workers (PCWs) provide health navigation and linking services specifically to meet the needs of Māori, Pasifika, Culturally and Linguistically Diverse (CALD) and low-income people. They work in collaboration with our general practice teams and their local communities to reduce barriers to healthcare. They focus on people who are not enrolled with a general practice, or who are enrolled but not visiting as often as needed.

In her role as a Partnership Community Worker (PCW) at Te Ora Hou, Maringi Parnell knows all too well that everyone must take their own journey – but she's there to help support whānau when they need her.

Maringi (Waikato-Tainui, Ngāti Whawhakia) says she was “passed around her whānau” for the first 14 years of her life, before her journey led to the South Auckland gang scene, where she stayed until age 22. She left gang life behind and set out on her own with two small children, making ends meet by working odd jobs.

“Growing up, education was never a priority for me – it was about knowing where I was going to live from day to day,” says Maringi.

It wasn't until her first child started school that Maringi began to learn the basics of reading and writing. Through the intervening years, she enrolled in a variety of short courses and went on to attain diplomas in Health and Physical Education and Adult Learning. She feels life has brought her full circle and into the lives of rangatahi who are on similar journeys to her own.

“Sometimes, I think I've been here before and then of course I realise I have! We have that connection in our understanding of each other, but it is their journey, so we don't compare our journey with theirs.”

Maringi has now been at Te Ora Hou for a total of four years, including in a PCW role for the last two years. She saw her move to a PCW role as an opportunity to become more involved in health services.

“I love being out in the hapori (community) connecting with our people, being able to add value and to advocate for them. So many of our whānau are vulnerable and feel whakama (embarrassed). They don't want to upset the doctors and nurses or feel they're wasting their time.

“It's part of my role to lift that stigma, so they feel comfortable and know that they're not a burden,” Maringi says.

The majority of her clients are Māori and come to her by way of referrals from two local medical clinics, two kura kaupapa and a number of alternative education centres, plus a growing number from within the community.

“I really get excited when they discover themselves and I'm there to journey with them to discover who they are. That's a part of the healing for a lot of our Māori whānau – recovering who they are.”

468,953

Enrolled Population as at July 2021



91 PEGASUS
PHO PRACTICES

535 PEGASUS PHO GPS

507 PEGASUS PHO NURSES

FEEDBACK LEADS TO RELATIONSHIP CHANGE

An ongoing focus for Pegasus Health is strengthening the support that we provide to general practice, helping practices deliver quality healthcare to more than 468,000 enrolled patients.

Following on from a general practice member survey, we have developed a new Practice Relationship Team. The team has four practice relationship managers who work directly with specified general practices, two technical consultants and a service coordinator. Relationship Management Team Leader Craig Watson says the team is helping to promote and foster the partnership between Pegasus and its member practices.

“We’re there to guide, support and influence positive business outcomes, by assisting with business models, models of care and process management expertise. Our technical consultants are on hand to help with business analysis and software support,” he said.

Pegasus Health’s new Practice Relationship Team works directly with general practices

From left: Administration Coordinator Karen O’Malley, Team Leader Craig Watson, Relationship managers - Chenoa Walker and Mark Henare, Technical consultants - Steven Tolson, Mike Calley.

Absent from photo – Relationship Manager Lovey Ratima-Rapson, Relationship Manager Donna Gardiner.



HEALTH SUPPORT IN NEW HOME HELPS PROVIDE HOPE

We support former refugees by reducing barriers and providing wraparound primary care packages. As part of the service we meet all medical costs and GP visit fees for the first five years, and provide interpreters at no cost to the patient or the medical centre.

PATIENT EXPERIENCE

“The support from Pegasus and different government agencies - that was really valuable. When you come to a new country, there's a new language and everything is a shock to you at first. Without those supports, maybe things wouldn't have been as great,” says Sofonias Tekele Tesfaye.

Sofonias, with his wife Kisanet and their two daughters Abigail (3) and Rehaboth (2), recently settled in New Zealand after leaving their home country of Ethiopia.

Pegasus Health Refugee Health Nurse, Sahra Ahmed, connects former refugees to primary health care, to make sure it is accessible and affordable.

“I enrol people in a general practice close to their home, so they can walk to see a doctor, and I make sure they have access to interpreters,” she says.

“I also connect them to other health services – B4 School Check, Plunket, Community Dental Service, the National Immunisation Register, cervical screening, all those things that normally happen for the host community; people need to know so they don't miss out.”



Sofonias (right) met Pegasus Health Refugee Health Nurse, Sahra Ahmed (centre) at a Pegasus Health information session for refugees. From left: Abigail, Kisanet, Sahra Ahmed, Sofonias and Rehaboth

“When you come to a new country, there's a new language and everything is a shock to you at first. Without those supports, maybe things wouldn't have been as great.”

COVID-19 RESPONSE BARRINGTON PARTNERSHIP MAKES VACCINATION EASY

Barrington Medical Centre has partnered with Life Pharmacy Barrington in a dedicated COVID-19 vaccination clinic.

Making it easy for Cantabrians to access the COVID-19 vaccination has been a major undertaking, and primary care partnerships have been paving the way.

"We want to help the community and we feel that by organising our Vaccine Hub as a joint venture between the pharmacy and the medical centre, we can provide sufficient scale to be effective," says Graham McGeoch, GP and Barrington Medical Centre Director.

"It's quite a big commitment over and above normal 'business as usual' to give this many vaccinations, but we wanted to make it easier for people to get the immunisation," he says.

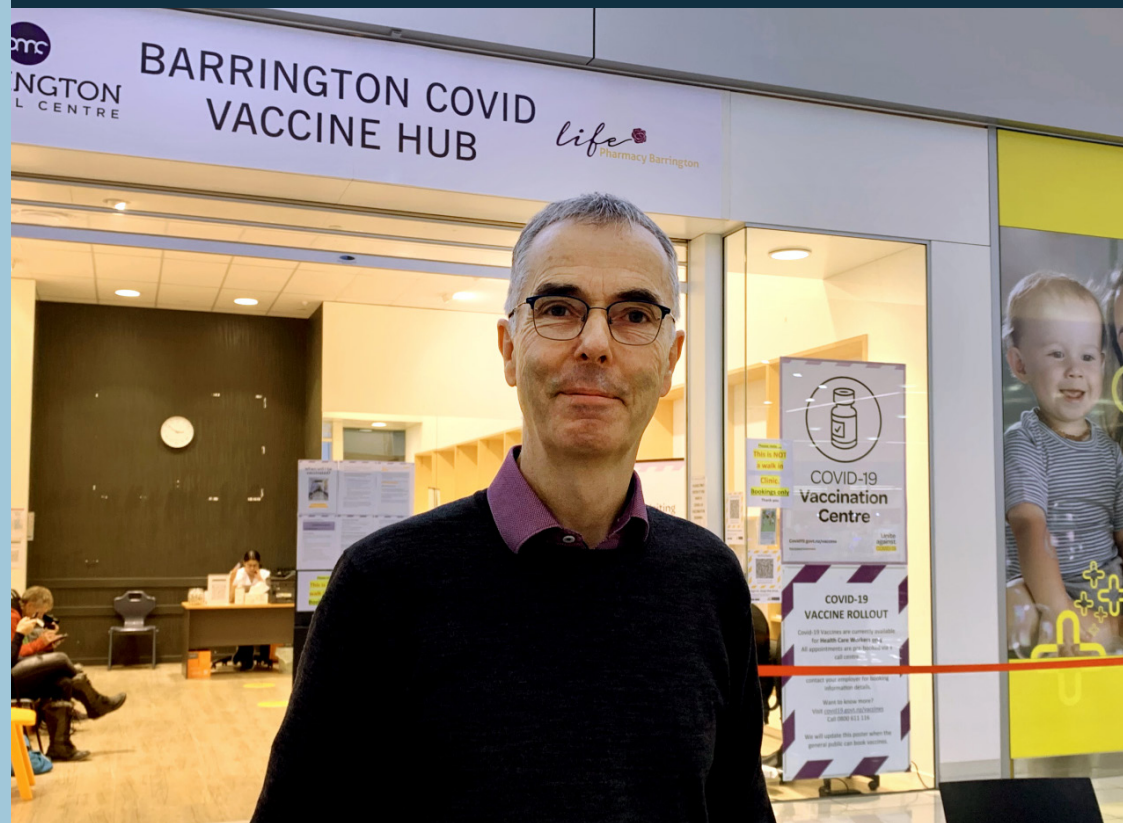
Pharmacy staff draw the vaccinations and teams from both businesses run the clinic and administer injections.

Clinical psychologist Joel Hoo received his COVID-19 vaccination at Barrington Mall clinic because it was conveniently located and offered evening appointments that meant he didn't have to fit the necessary task into his busy workday.

"My vaccination experience was really positive. Staff were friendly and approachable, and communicated information with great clarity. And my wait time was only five minutes! I feel very privileged to be living in Aotearoa, knowing that getting the COVID-19 vaccine isn't an issue," says Joel.

The Barrington hub has since moved to larger premises in Barrington Mall and is now providing almost 3,000 vaccinations every week.

"...we wanted to make it easier for people to get the immunisation."





The Pegasus Child Health Support Service (CHSS) supports families facing parenting challenges with children aged 0-17 years

CHILD HEALTH SUPPORT SERVICE CHANGING OUTCOMES, CHANGING LIVES

The Pegasus Child Health Support Service (CHSS) provides short-term support for families facing parenting challenges with children aged 0-17 years. Help is available for anything from toileting issues and sleep patterns to separation anxiety.

Established in 2008, the service empowers caregivers to parent their children with confidence by giving them fast access to help and support services.

CHSS is free for any family enrolled with Pegasus Health. Three qualified social workers work alongside general practice teams, offering home visits or phone sessions to understand needs, provide information, and link family and caregivers to services and agencies for ongoing support.

Pegasus Health Community Liaison Access Manager, Melissa McCreanor, who has spent seven years with the team, says there have been many “magical moments” along the way.

“Many families struggle to know where to go for help, so once we get a referral from a general practice, we give them the information they need and we make sure they are on the right track,” she says.

“If a family needs to be referred to another service, we can give them an idea of wait times – and tools to help while they wait. Knowing where to go for help is invaluable for families, sometimes, it’s as simple as having someone there so they can talk through the situation.”

Positive feedback from families and general practices involved with CHSS reflects the trust families feel in engaging with the service.

“For us, it’s about providing clarity around the right support and access pathway. Giving parents tools and options so they can make their own choices validates them and allows them to have control over their own decisions. We acknowledge they are the parents, and they are the ones determining the health and wellbeing of their family.”

PROVIDING WRAPAROUND SUPPORT FOR EMPLOYMENT OR STUDY AMBITIONS

Since launching in April 2017, Here Toitū (previously called Step Up) has helped over 550 Cantabrians living with health problems to work towards employment or study ambitions.

Here Toitū is a general practitioner-referred support service. Pegasus Health general practice clients with a current medical certificate and receiving a Work and Income benefit, get assistance from a dedicated Health Navigator and a Ministry of Social Development (MSD) case worker. This team works with whānau to identify their strengths and aspirations, then provides ongoing advice and connections to social services to help them achieve their goals. Where appropriate, people are supported to engage in sustainable and meaningful earning, learning or volunteering.

Here Toitū client feedback highlights the value of having someone who walks alongside them; keeps them on track with their goals and plan; provides knowledge and access to a range of health, social service and work readiness activities; and who believes in their potential when they aren't able to see this themselves.

CONSUMER EXPERIENCE

A combination of anxiety, chronic back pain and hearing problems forced Jasmine* to give up her job in the healthcare industry.

“I felt helpless and didn't know if or when I would be able to get back into the workforce.”

Her general practitioner referred her to Pegasus Health's Here Toitū service. Jasmine says during sessions with a Here Toitū facilitator, she identified her strengths and made plans for her future.

“I was connected with a Health Navigator. I have

found this service to be very helpful and beneficial to my wellbeing. I started to set goals and believe in myself again,” she says.

“I have appreciated the encouragement from my Health Navigator who has always been sensitive to my needs, explaining things to me when I didn't understand. She has been very helpful coming to appointments with me when I needed support.”

Jasmine says thanks to the service she has hope again and will soon begin study for a new career path.

* Client's name has been changed



HERE TOITŪ
Strengthen Weave Empower

SUPPORTING OUR NURSES TO CARE FOR OUR COMMUNITIES

Pegasus has launched a new support suite for nurses, benefiting nurses and their communities.

Pegasus Director of Nursing, Michael McIlhone, says establishing the new forms of support recognises and acknowledges the extraordinary lengths nurses go to in serving the communities and people in their care.

“We wanted to help our nurses do extra things that appeared too hard – attending conferences, registering for courses or developing through post- or pre-graduate education. Nurses have a high requirement for professional development, which is often done in their own time and paid for by themselves,” says Michael.

Funding is available for:

Professional supervision and counselling sessions, particularly for isolated nurses (geographical or small workforces)

Annual scholarships to contribute towards associated costs of graduate or postgraduate courses

Support for conference attendance – registration, accommodation, travel

Support for course attendance for developing leadership and management skills



ADVOCATING FOR PEOPLE

Karen Carpenter has many roles in nursing. She is a Pasifika mobile nurse and attends general practice consultations with Pasifika elders.

She took advantage of the fund to attend a New Zealand Nurses Organisation professional forum – ‘Every nurse is an advocate – Influencing through advocacy’ in February this year.

“Advocacy is all about being a voice for individuals, whānau, and aiga. I wanted to go to the event but had to think twice due to registration costs,” says Karen.

“I’m a voice and advocate to ensure patients’ needs are met. Sometimes people feel reluctant to question their care, as they don’t want to disrupt the status quo,” says Karen.

By working with patients, she can help to turn the situation into a positive learning outcome for all involved.



Karen Carpenter is using knowledge from her funded place at an advocacy forum to support patients to question their care



HELPING TO MANAGE CHANGE

Nurse Prescriber Jeanette Hight has used funding from the service for professional supervision.

She connected with the College of Nurses Aotearoa (NZ) for a series of counselling sessions to help her manage changes at her workplace.

Jeanette says it was helpful to talk with someone not part of her work or personal life but who was qualified in, and understood, the demands of nursing.

“I’ve had to carve out a role for myself as a Nurse Prescriber because there are not many of us in practice. Being able to talk out the changes happening at work and reflect on my professional role has helped me re-focus,” says Jeanette.



Funding provided by Pegasus helped Jeanette Hight re-focus her nursing career



FAMILY HARM IS A HEALTH ISSUE

Family harm prevention is a priority area for Pegasus Health and we are working through our Clinical Quality Education programme to create more awareness among general practice.

Our Clinical Quality Education (CQE) team tackles a variety of health issues through its continuing education programme for general practitioners, practice nurses, nurse practitioners and community pharmacists throughout Canterbury.

Its Small Group sessions present new evidence to health professionals, asking them to compare what they do in relation to their peers, facilitating discussion about challenging issues, and encouraging behaviour change.

In April 2020, family harm prevention became one of Pegasus's priority areas. We take a multi-pronged approach to addressing family harm and risk of family harm through general practice teams, including surveys and peer-led education.

"Primary Care is an ideal setting to support patients experiencing family harm by facilitating disclosure, offering support and referrals, providing medical treatment, follow-up care and documentation of evidence," says CQE Team Leader Louise Kennedy.

She acknowledges the work of Pegasus Clinical Lead, Social Work, Karen Meadows-Taurua, Dr Clare Healy and Dr Marie Burke in the area of family harm prevention.

Karen is project lead of a family harm prevention working group that stretches across Primary Health Organisations (PHOs) in Canterbury. Karen, along with other governance group members, such as Dr Clare Healy, have highlighted the importance of addressing family harm for some time. They are pleased to be working with the CQE team to support general practice teams who witness the results of harm first-hand.

“Family harm is a significant issue in our community,”

"Our aim is to increase and improve routine enquiry about family harm in primary care settings. We want to create appropriate and integrated responses to enhance patient wellbeing in Canterbury, and small group topic is an important step to ensure general practice teams are well equipped," Karen says.

The next steps involve improving ways that IT systems capture and report family harm data, and providing appropriate resources to support general practice teams and by Pegasus staff who work directly with patients.



80%

of violent incidents in the home (that police attended) had

CHILDREN PRESENT**50%**

of homicides are committed by family members

**9**

9 CHILDREN UNDER THE AGE OF 14 killed by a family member annually

33 %**OF WOMEN**

are exposed to physical and/or sexual abuse from a partner in their lifetime



Up to
\$7 billion

was the estimated cost of family violence in Aotearoa NZ (2014)



Every

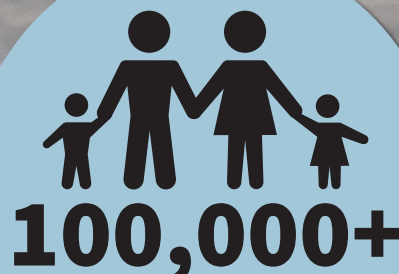
FOUR MINUTES

a family harm incident reported to police

91,950 reports of concern were made to Oranga Tamariki in the 12 months to October 2020

**14%**

of young people report being hit or **PHYSICALLY HARMED** by an adult at home

**100,000+**

family harm incidents are responded to by police every year

87%

of women experience physical or sexual violence and do not report to police





Leon Haiu is studying to become a mental health nurse

“There’s huge need everywhere, in particular in primary health and our Pasifika communities.”

DIVERSITY OF HEALTH WORKFORCE FOCUS FOR SCHOLARSHIPS

Pegasus continues to support diversity in the health workforce through its annual scholarship programme. This year, 16 students received scholarships. They each bring with them a desire to address disparities in health and support their communities.

Hineari Kahu (Ngāi Tahu, Ngāpuhi, Ngāti Tūwharetoa, Ngāti Whakaue) a fifth year Bachelor of Medicine student from Kaikōura is resolute in her plans to return and work in her community as a doctor. Her tāua (grandmother), Miriama Kahu, founded the town’s first and only Māori health provider, Te Tai O Marokura Whānau Health and Social Services, and she wants to follow in those footsteps.


“I decided to be a doctor when I was six years old, and ever since I have been encouraged, inspired and nurtured by my whānau to fulfil that vision. I will specialise in general practice and rural medicine, to return to Kaikōura as the first ever Māori GP. I am proud to add to my taua’s legacy by providing a ‘by Māori, for Māori’ service through Te Tai O Marokura.

“This scholarship not only brings financial relief, but it further supports that dream,” she says.

Leon Haiu’s personal experiences have shaped his desire to work with Pasifika communities. A former youth worker, he has also worked in the community and as a Corrections Officer and never dreamed of being a nurse.

However, the experience of losing his brother to cancer and the chance to work within Auckland and Middlemore Hospitals’ acute inpatient mental health services opened his eyes to the opportunities nursing can offer.

“There’s huge need everywhere, particularly in primary health and our Pasifika communities,” he says.

 You can find a full list of scholarship recipients at the end of this document.

DIRECT REFERRALS INITIATIVE SAVING TIME, BETTER PATIENT OUTCOMES

Direct GP referrals for Magnetic Resonance Imaging (MRI) scans are having better outcomes for patients.

The Pegasus Health initiative means general practitioners can directly refer patients with non-acute knee or spinal pain for a MRI scan.

Developed in partnership with the Accident Compensation Corporation (ACC) and Pacific Radiology, more than 2,300 Cantabrians have benefited in the past three years.

Clinical lead for the service, Dr Robyn Barnes says general practitioners are provided training by a multi-disciplinary team of physiotherapists, radiologists and orthopaedic surgeons. Almost 300 general practitioners had completed the training programme by July 2021 and are now able to refer patients through the direct pathway.

The initiative is being developed further to include the rehabilitation needs of patients, and now has the go-ahead to roll out across the South Island.



MRI Project Team from left - Dr Akshay Shukla (Project Manager), Dr Robyn Barnes (Clinical Lead), Dr Jeremy Sharr (Director Pacific Radiology), Leigh Aston (ACC) and Lisa Brennan (Acting Chief Operating Officer, Pegasus Health).

PATIENT EXPERIENCE



Rachel Richards waited less than two weeks for an MRI, after rupturing her anterior cruciate ligament (ACL) during a social game of netball. For Rachel, getting the MRI quickly meant she had a confirmed diagnosis and speedy referral to the ACL rehabilitation clinic.

"After the injury, I went to see my doctor and they referred me for an MRI. I had a call within a week and an appointment within the fortnight. This meant I was far less stressed about what was going on because I had the correct diagnosis quickly; a plan in place for rehab; and a referral to a surgeon to discuss the pros and cons of an operation in future.

"If this programme wasn't happening, I would probably still be waiting for an MRI almost two months after the accident to confirm the exact injury and get into the rehab. The certainty and efficiency have been amazing and have taken a lot of pressure off me and my family."

High Tech Imaging patient Rachel Richards was able to get back faster to running around with her daughter, Lily thanks to the pilot programme.



FINANCIALS AND STATISTICS

PEGASUS HEALTH (CHARITABLE) LTD FINANCIAL STATEMENTS COMMENTARY YEAR ENDED 30 JUNE 2021

We present consolidated “Group” financial statements.

The Company consists of Pegasus Health (Charitable) Ltd and its associates.

The “Group” consists of the Company and its subsidiaries, most notably Pegasus Health (LP) Ltd, which holds our 50% investment in Whakarongorau Aotearoa New Zealand Telehealth Services LP and Pegasus Health (HealthOne) Limited which holds a 50% investment in HealthOne (2021) Limited Partnership.

The financial statements for the year ending 30 June 2021 illustrate a positive year financially. The significant financial highlights this year were:

- Pegasus has continued to take a leading role to support COVID-19 testing and the coordination of the COVID-19 vaccination roll out to sustain the COVID-19 pandemic response
- During the year Pegasus Health (Health One) Limited was incorporated to hold Pegasus’ 50% investment in HealthOne (2021) Limited Partnership. The Limited Partnership commenced in May 2021, and positions HealthOne well to play an increasing role enabling better, safer care nationally
- Continued performance from Whakarongorau, resulting in \$3.2M (2020: \$2.3M) income to the Group
- The Company received dividends of \$1.91M during the year from Pegasus Health (LP) Ltd. This allowed Pegasus to fund several initiatives focused on supporting primary care including; ongoing development and sharing of health intelligence data to improve access for general practice; development of an equity strategy that is enabling us to partner and co-design services with communities; and provision of a range of other support activities such as developing the nursing work force

COMPREHENSIVE REVENUE AND EXPENSES (AKA PROFIT AND LOSS ACCOUNT)

The Company’s operating result, a surplus of \$2.1M, was \$2.2M better than budget, and the Group’s operating result was a surplus of \$2.2M.

Revenue, primarily from the delivery of health services, increased by \$2.1M. The largest contribution to the increase in revenue was from the Te Tumu Waiora contract being an increase of \$1.4M. Te Tumu Waiora – Te Reo for ‘to head towards wellness’ – is a new way of delivering wellbeing, mental health and addictions support through general practice. There was also an increase in revenue for GP Subsidised Procedures of \$0.9M, mainly due to timing impacts caused by the COVID-19 pandemic.

Operating expenses increased by \$2.5M. The most significant component of expenses continues to be wages which have grown consistently in line with revenue. There is an increase in GP Subsidised Procedure costs of \$0.9M due to timing impacts caused by the COVID pandemic. Furthermore, the accounting treatment of intangible assets was changed during the year resulting in an increase in operating expense cost of \$0.7M. All other expenses have moved in line with either their respective revenue stream or prior year.

Net finance costs were stable.

The **Limited Partnership and dividend** entries, which strongly contributed to better than budget performance, are covered in the bullet points above and not repeated here.

All the above came together to give a Group total comprehensive income of \$2.2M (2020: \$2.7M) demonstrating a positive year overall.

FINANCIAL POSITION

Due to the performance above, Pegasus enjoys a strong balance sheet which positions it well for the future. At year end Company equity has increased to \$20.8M (2020: \$18.7M), whereas Group equity has increased to \$23.1M (2020: \$20.9M).

Significant asset movements are:

- Cash has decreased, as commented on in cash flows section below
- Property, plant, and equipment has increased
- Intangibles has decreased mainly due to the change in accounting treatment of cloud-based software
- Receivables have increased due to timing of reimbursement of vaccination clinic costs paid out
- Group investments have increased due to this year’s share of limited partnerships’ profit while Company investments have increased due to the investment in HealthOne (2021) Limited Partnership

Liability movements in the Company have reduced by \$0.7M due to a reduction in Payables of \$1.1M, a reduction of \$0.2M in Funds held in trust and an increase in Employee Benefit liability of \$0.7M. The Group liabilities have decreased by a similar amount.

CASH FLOWS

Cash was well managed to ensure Pegasus remained comfortably within its banking covenants throughout the year. At year-end, cash balances had decreased by \$0.8M to \$4.7M for the Company.

Net cash generated from operating activities totalled an outflow of \$0.9M for Group and an inflow of \$1.2M for Company with the main difference being the dividend received of \$1.9M in the Company.

Cash generated from investing activities totalled an outflow of \$0.1M for Group whilst the Company had an investing cash outflow of \$1.8M due to an investment in Pegasus Health (Health One) Ltd and payments made for plant, property, equipment and intangible assets.

PRIMARY HEALTH ORGANISATION (PHO) FUNCTION SPECIAL PURPOSE FINANCIAL STATEMENTS

These separate special purpose financial statements are produced to meet PHO reporting requirements. They are an extract from the full financials commented on above. The significant financial highlights bullet-pointed in the first section of this commentary do not involve PHO Function funds.

Our PHO Function had a stable twelve months of operations. This culminated in an operating deficit of \$0.2M for the year. The cash position increased slightly to \$2.6M at year end, with over \$100M of funds distributed to service providers, the most significant being capitation payments to general practices.

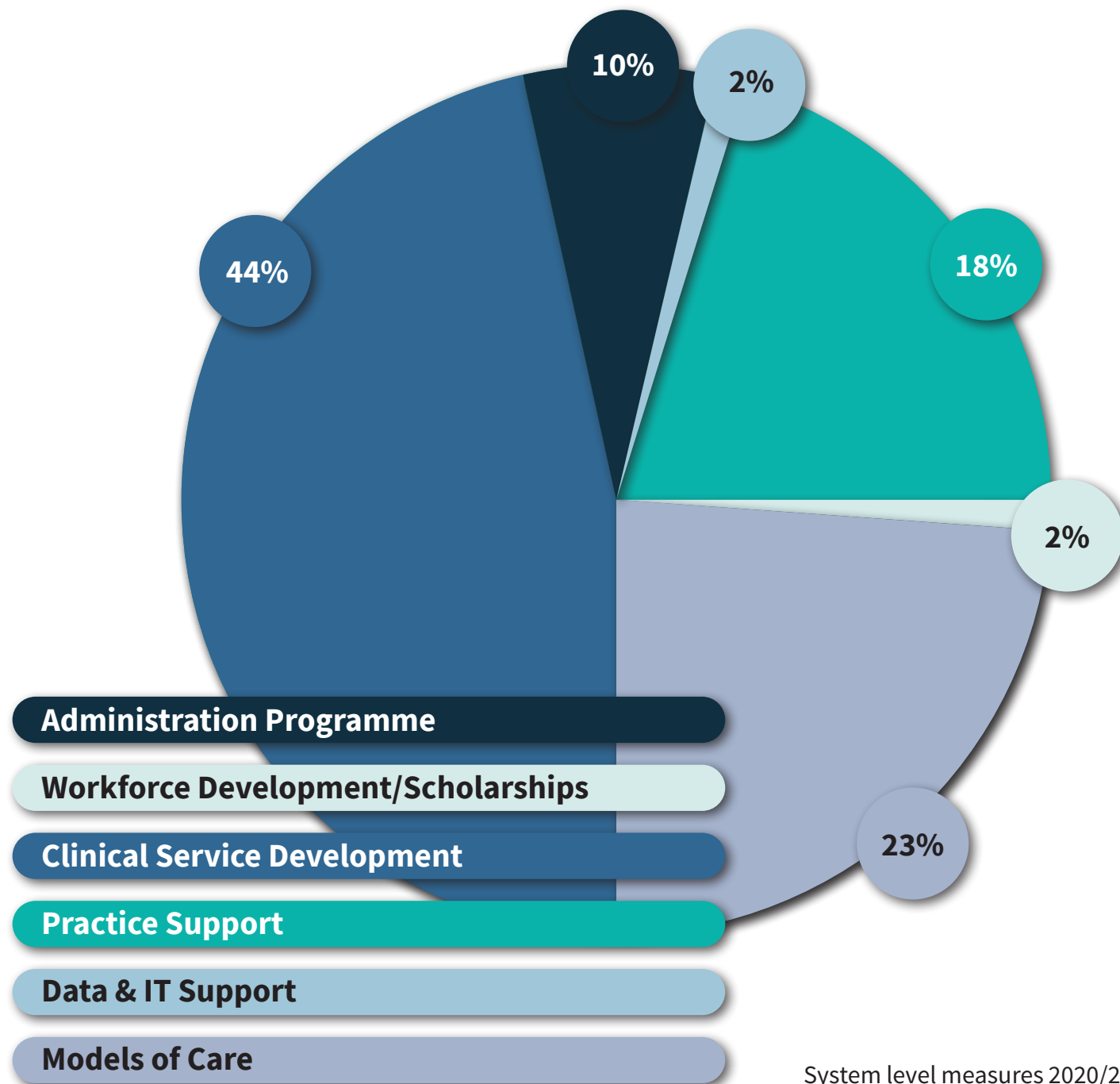
SUMMARY

Pegasus remains in a sound financial position. Prudent and deliberate governance and management practices continue to be demonstrated, and a measured approach maintained.

Cash position and Reserves remain strong. This financial year's initiatives continue to position Pegasus well to support primary care through the challenges and opportunities ahead, enabling Canterbury people to be well and healthy in their own homes and communities.

This commentary assists your understanding when reading both sets of financial statements.

- [Pegasus Health Charitable Ltd Annual Financial Statements 2021](#)
- [PHO Functions Special Purpose Annual Financial Statements 2021](#)



System level measures 2020/21

SYSTEM LEVEL MEASURES

Pegasus Health, along with other Primary Health Organisations (PHOs), receives a portion of Canterbury's health funding to build capacity and achieve quality improvements across the Canterbury health system.

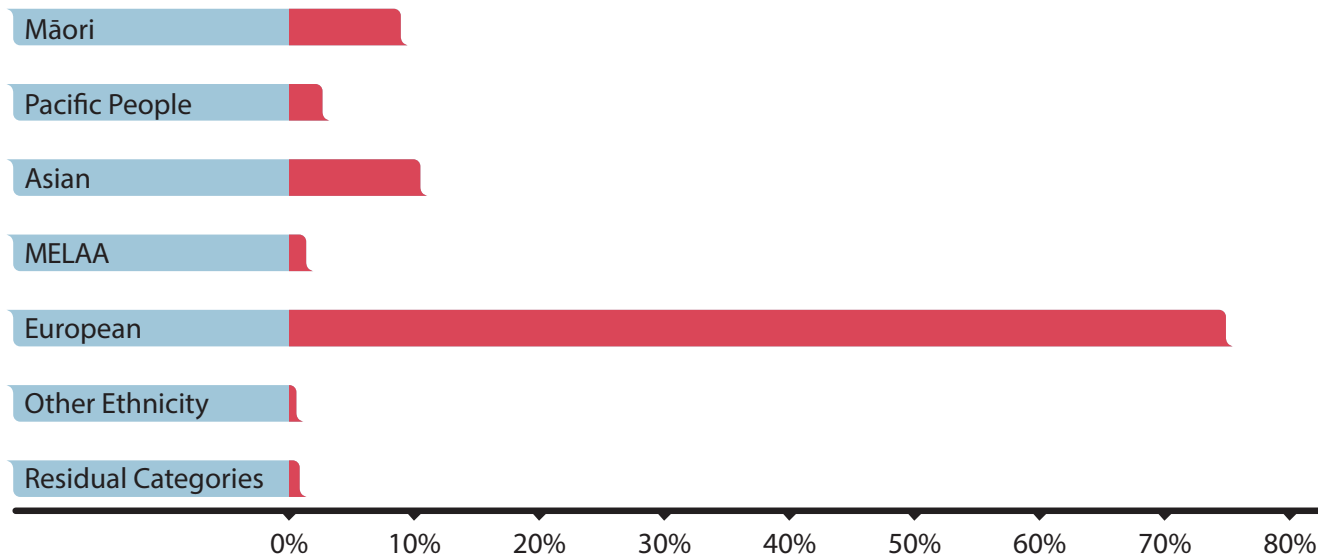
The pie chart (left) shows that we use most of our funding to support quality improvement at practitioner and practice level, through education and training, and innovative new ways of working.

Specific examples include the support and development of practice nursing and administration workforce, Foundation Standard programme and assessment, GPVu, Hikitia, N4 Mask FIT testing, vaccination fridge maintenance and the summer students we host each year.

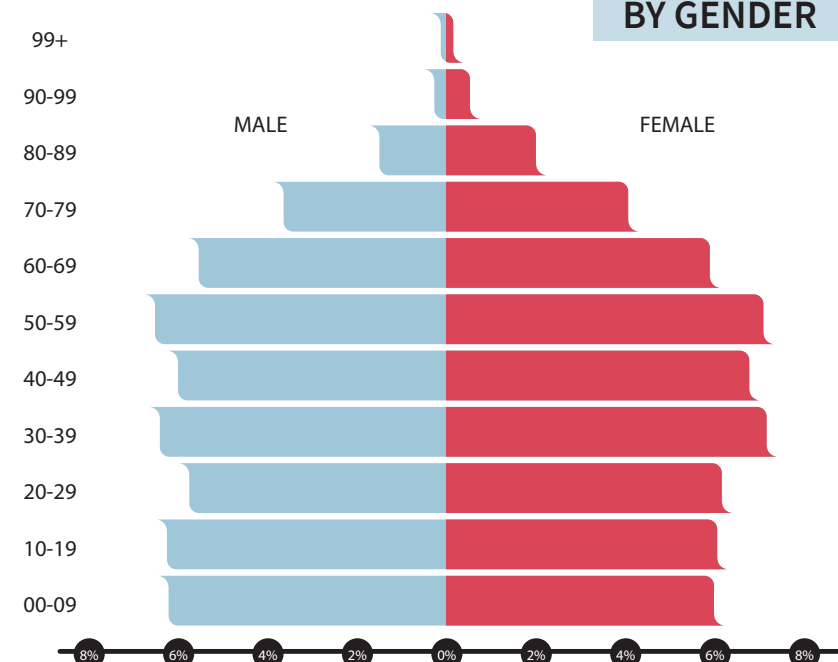
The framework has measures that look at integration across the system, rather than individual activity at general practice level, such as Ambulatory Sensitive Hospitalisation (ASH) rates.

ENROLLED POPULATION

BY ETHNICITY



BY GENDER



FACTS AND FIGURES



BETTER HELP FOR SMOKERS TO QUIT

31,277 RECEIVED ADVICE & SUPPORT

31,277 smokers received smoking cessation advice and support from general practice in the 2020/21 year; that's approximately:

76.2% of all regular smokers in Canterbury.

Overall, while coverage improved on the 70.5% at the end of the 2019/20 year, it has still not returned to the target 90% attained in previous years due to the residual impact of COVID-19 in 2020.



HEART CHECKS AND DIABETES CHECKS

61,723 HAD HEART CHECKS

61,723 or 38% of the enrolled population had heart and diabetes checks (combined under cardiovascular risk).

Note: Target population has been changed by the MOH and expanded to a higher eligible number.

When we recalculate 2019/20 based on the new eligible population, the coverage was 43%, a decline of 5% from last year.



CERVICAL SCREENING

1.8% INCREASE IN CHECKS

68.5% which is a 1.8% increase from last year (66.7%)



B4 SCHOOL CHECK

99% CHECKED

Total of 5,718 Pegasus enrolled tamariki had a B4 School Check in the 2020/21 year, which equates to 99% coverage. Our B4 School Check mobile outreach team completed 390 of these checks.

Overall, 93% of Māori tamariki and 96% of Pasifika received their B4 School Check.

A total of 483 dental referrals, 519 vision referrals, 298 hearing referrals were made as an outcome of the checks, and 440 tamariki were referred to a health professional due to concerns about growth/weight.

Note: 277 declined a referral.



IMMUNISATION RATES (EXCLUDING COVID-19)

92.9% FULLY VACCINATED

Fully vaccinated from 01/02/2020 – 30/06/2021
All ethnicities 92.9%

Māori*	87.4%
NZ European	93.6%
Pasifika	91.9%
Asian	96.5%
Other	90.7%

76.2% for the overall result.

*Māori data includes Whanau Ora

POPULATION HEALTH ADVISORY BOARD REPORT 2021

PHAB BACKGROUND

Population Health Advisory Board (PHAB) was established in 2018 and is the key population health and equity governance body for Pegasus Health services and the General Practice Network in Canterbury.

As a PHO, Pegasus has contractual outcomes that it is to achieve for the Canterbury population, including: to support Canterbury people to stay well; ensure that people in Canterbury receive quality, coordinated care delivered by multi-disciplinary teams, that is easy to access and is community based; and support all population groups to achieve optimum health outcomes and reduce disparities. PHAB was established, in part, to support the organisation to achieve these contractual outcomes.

PHAB's purpose is to provide advice to the PHCL Board through the CEO's Office on ways that Pegasus can continue to improve equity of health outcomes in the Canterbury population (and on occasion, beyond), with its key roles being to:

- Provide advice on matters that would benefit from advocacy by Pegasus
- Provide a monitoring function of Pegasus population health and equity activity
- Provide a community liaison function on behalf of Pegasus
- Provide advice on emergent population and community health issues, as relevant to Pegasus.

REFLECTIONS FROM THE CHAIR

The Population Health Advisory Board this year farewelled its Chair of three years, Ann Richardson, who was the Inaugural Chair of the current advisory board and brought a real strength in evidenced-based practice and thinking. It has been a year of many changes with also saying farewell to Helen Lockett, who brought a strong voice from the mental health and wellbeing

space. Our youth member, Tayla Reece, also left during this year and we thank her for her contribution. This has meant a number of changes around the table, and we are pleased to welcome three new members each who bring a strong equity focus as well as the perspective from their own communities of interest: Daryl Beattie, Mahlon Saumalu and Sidney Wong. I am also pleased to have taken on the role of Chair from April this year. However, I am not new to the advisory board space at Pegasus, having sat on different iterations of its community/population health-focused board since 2016, but am really enjoying facilitating the group as Chair and being part of its robust discussions and advice. I feel I am able to bring a number of strengths to the group, as do all of the members, though with my key contributions relevant to this group being: my many years working in the public health sector in government, developing my own business, and time working at Community and Public Health.

There has also been a lot of work done in recent months to clarify the role of PHAB, particularly as an advisory board to Pegasus Health through the CEO. This has led to a strong focus of the group being to monitor and advise on the Pegasus Equity Strategy, bringing a range of new perspectives to these discussions. The other recent change that is increasing the effectiveness of the group is its now working more closely with Pegasus' other advisory board, the Clinical Quality Advisory Board. By looking at topics and identifying where, and when, input is most useful, the discussions become more meaningful and relevant, and the two boards more strategically aligned. We have also identified two topics that are a thread through all meetings due to their potential impact on population health, these are the Health and Disability System Review and the COVID vaccination roll-out across Canterbury.

It is important to note that PHAB has another important role as the conduit for conversations from the three Canterbury Reference Groups: Te Kāhui o Papaki Kā Tai, Pacific Reference Group and the Culturally and Linguistically Diverse (CALD) Health Advisory Group. Having the Chairs of these groups support the work of PHAB is crucial and provides opportunity for PHAB to lend its voice to areas of concerns from the

reference groups.

A final thanks goes to the staff at Pegasus Health that support the work of PHAB and particularly Katie Brown, our key liaison. We meet once a month and to stay well informed and have robust discussions. The input from Pegasus is crucial to answer questions, inform us and provide wider input when required form across the sector.

ACTIVITY HIGHLIGHTS

REALISING THE EQUITY STRATEGY

PHAB has had a key role in supporting Pegasus Health to develop and adopt its equity approach. In September 2020, PHAB endorsed the Pegasus Equity Strategy (2020-2030) / Kia atawhai kite tangata, prior to its adoption by the PHCL Board. In early 2021, PHAB and the Pegasus Equity Steering Group agreed PHAB's role in monitoring the Strategy: determined a monitoring 'dashboard' and established a reporting process. At its August meeting this year, PHAB will for the first time begin receiving routine reporting to monitor Pegasus strategic equity activity.

PHAB also endorsed the Pegasus Review of the Canterbury COVID-19 Response with an Equity Lens, supporting its recommendations on ways Canterbury's response to the pandemic could have better addressed the needs of all communities, though particularly those that experience greater health inequities. PHAB then recommended principles for Pegasus to adopt to enable a more equitable approach to the COVID vaccination roll-out.

Other activity of PHAB to support Pegasus' equity approach included:

- Endorsing the Pegasus System Level Measures Priority Areas Report, prioritising four health areas at Pegasus that contribute to inequitable health outcomes: Family Harm prevention, Oral Health promotion, and Equally Well

Initiative and Cervical Cancer prevention/HPV vaccination

- Bringing a population health lens to clinical decisions, i.e., Cardio-metabolic Disease measures
- Supporting the Culturally and Linguistically Diverse voice to be linked into the Canterbury COVID vaccination approach
- Approving Pegasus' plan to promote oral health

SUPPORTING ADVOCACY

PHAB continued to support Pegasus in its advocacy work, particularly in the areas of fluoridation and tobacco control. Early in the year, PHAB recommended Pegasus develop and put out a press release to promote not only the benefits of fluoridated water for oral health, but that decision-making about water fluoridation belongs at the national level and not with individual DHBs. This Pegasus position on water fluoridation was also shared directly with the Minister of Health by Prof Les Toop, Pegasus (ex vivo) PHAB member.

PHAB also provided advice on the Smokefree Environments and Regulated Products Act and the Smokefree Aotearoa 2025 Action Plan consultation submissions, and endorsed Pegasus' support for 'Project Sunset', a global campaign seeking to convince policy makers to phase out the sale of commercial combustible tobacco products.

PHAB contributed to and was signatory on Pegasus' submission responding to Statistics NZ's consultation on the Sex and Gender Identity Statistical Standards, emphasising the importance of statistical standards and data collection to give visibility to all people and communities, and enable everyone to feel included and that they belong. Both PHAB and the CQAB also endorsed Pegasus becoming a member of the national Health Coalition Aotearoa.

A PHAB member with knowledge and expertise in advocacy also now sits on the Pegasus Advocacy Group to better facilitate PHAB's connection to Pegasus advocacy activity. Looking forward, PHAB plans to support Pegasus to adopt new position

statements on two key priority areas: family harm prevention and gender affirming care.

DEVELOPING THE BOARD AND ITS MEMBERSHIP

Along with a new Chair was a new approach to develop a stronger connection between Pegasus' two advisory boards through joint monthly PHAB and CQAB agenda-setting meetings, and both board Chairs regularly attending both advisory board meetings. In a relatively short amount of time, this new approach has already enabled better planning and delineation of activity between the two groups, and better understanding of the strengths each group offers. The closer relationship has also provided opportunity for equity consideration of clinical issues/clinical activity.

PHAB also reviewed and revised its Terms of Reference to reflect its new monitoring role of the Pegasus Equity Strategy, and more focused advocacy and community liaison roles. Membership changes were also made to strengthened PHAB's equity focus and perspective.

EMERGENT ISSUES

The Health and Disability System Review, and COVID vaccination roll-out, are both standing items on PHAB's meeting agenda. PHAB receive regular updates on both issues from knowledgeable Pegasus staff members, PHAB members and the Pegasus CEO.

CONCLUDING COMMENTS

Pegasus' commitment to PHAB is demonstrated through its genuine consideration and acceptance of advice received from PHAB, and the resource it provides to enable PHAB to have meaningful discussions about the issues important to Pegasus around equity and population health.

The Acting CEO's active engagement with PHAB is also recognised and appreciated by the PHAB Chair and its members.



CLINICAL QUALITY ADVISORY BOARD REPORT 2021

This is the annual report of the Clinical Quality Advisory Board (CQAB). Its purpose is to report to the CEO on key activities and progress for this past year, and in addition make recommendations for future functioning and direction of CQAB.

CQAB OVERVIEW

The Clinical Quality Advisory Board was established in 2017. It is the key clinical governance body for Pegasus' health services and for the GP network in Canterbury and therefore has a key leadership role in clinical quality across Pegasus Health delivered direct to patient services and the general practice network. As such CQAB has a focus on clinical effectiveness, quality improvement and patient safety and ensuring an engaged and effective workforce.

CQAB's work is guided by its role in supporting Pegasus Health to achieve its purpose that all people living in Canterbury lead healthy lives and our role of making Canterbury the best place to receive and provide primary care.

CQAB FUNCTIONING

Over the last 12 months we have seen some changes in the membership of CQAB. We have welcomed:

- Juno Pyun - early career GP
- Gillian Currie – Nurse Practitioner
- Sarah Bothamley – Rural and Nurse Practitioner
- Sandy Brinsdon – Chair of the Population Health Advisory Board
- Lucinda Whitely – mid-career GP
- Martin Wilson – GP and Chair of Pegasus Digital Advisory Group
- Matilda Wynn

Other members - The full list of members are:

- Ben Hudson, Chair, General Practitioner (GP)
- Kim Burgess, GP
- Gareth Frew
- Donald Pettitt
- Les Toop, GP

Other developments related to CQAB's functioning include:

- When a matter is raised that has relevance for all three Canterbury PHOs, we invite Waitaha PHO and Christchurch PHO clinical governance leads to join us
- Two subcommittees now formally report to CQAB – the Research Committee and Pegasus Digital Advisory Group

This past 12 months have been a busy period for CQAB. The next section of the report outlines some of the major areas that CQAB has been involved in.

ACTIVITY AND PROGRESS REALISING PEGASUS' EQUITY STRATEGY

CQAB has been a strong supporter of Pegasus Health adopting an equity approach and in September 2020 heard from the Pegasus Equity Strategy and endorsed the Strategy prior to its adoption at the Pegasus Health Board level. We support the strategy's four priority outcome areas and we work to incorporate them in the advice that we provide to the CEO:

- HE TIROHANGA WHĀNUI (Strategic focus) embed equity considerations in all aspects of our strategic work
- HEI MAHI (Our way of working) enhance our ways of working to ensure we are embedding equity in all that we do
- KOTAHITANGA (Collaboration) our practices and partners are supported to ensure their service enables equitable access
- HE TANGATA (Our people) develop our capacity across the network



Ways in which this has happened include:

- Advice to the CEO to address the low performance in cervical cancer prevention programmes in Canterbury (HPV vaccination and cervical screening rates remain low particularly in priority group populations). This has resulted in the development of a tool to identify how Pegasus can better contribute to addressing this area, but also be applied to other health priorities. Shortly, the tool will be applied to cervical cancer prevention
- CQAB oversaw the identification of two metrics for cardiometabolic disease (cardiovascular disease, diabetes, stroke) to report in the Statement of Service Performance. Recognising that cardiometabolic disease is the major contributor to morbidity and premature mortality and source of the greatest inequity in health outcomes, CQAB was keen to ensure that Pegasus had metrics relating this issue. The metrics that we identified relate closely to patient outcomes and focus on Māori and Pasifika populations who experience the poorest outcomes. We look forward to being part of the development of an increasingly comprehensive approach to addressing cardiometabolic disease at a population level. This will involve the development of fit for purpose business processes within general practice to ensure data capture
- Another area that CQAB has kept a watching brief on is COVID and equity of coverage

SECONDARY-PRIMARY INTERFACE

There has been increasing pressure on all parts of Canterbury's health services and this has presented a significant challenge to the entire system. One area of serious concern has been how this pressure is managed across primary and secondary care services. We have been alerted by GP teams about several issues including:

- Expectations that responsibility for the delivery of services previously provided in secondary care can be transferred to primary care – for instance managing of sleep studies and the antenatal care of women with comorbidities
- Wait times for colonoscopies has lengthened as the bowel screening programme has started and caused pressures on the capacity to provide this service

Inadequate consultation and poor communication with general practice has been a recurring theme running through these problems. We have been working closely with Canterbury Initiative, CDHB departments and their medical directors, and with the new Chief Medical Officer Helen Skinner to improve the management of these pressures, and to improve engagement and communication with general practice.

CLINICAL RISK

A clinical services risk register has been developed. This is monitored by the Director of Nursing, General Counsel and Operations Manager General Practice and Community teams. It is reviewed monthly and sits separately to the 24HS risk register and the Pegasus risk register. If there is an elevated clinical risk, it is assessed as to whether it becomes part of the overall Pegasus risk register.

Clinical Risk Register for Pegasus Health delivered health services.

WORKFORCE

The wellbeing of our medical and nursing workforce in general practice is supported by the GP support service (previously known as pastoral care) and the suite of nursing support services.

NETWORK CONCERNS

We are pleased to hear from the GP network about concerns they have and problems they have been experiencing. Some examples from the network and issues that could have impact on the network include:

- Health insurance companies offering complimentary consultations with online services – such as Best Doctors. We sought advice from the Medical Council and the Ministry of Health with the result that there is little can be done
- Changing technology usage such as the phasing out of fax as a mode of communications
- Implications of the change of clinical note software in Christchurch Emergency Department

OTHER

Ministry of Health sourced data availability becoming tenuous which could have impact on the Small Group Education Programme. We have actively advocated with the Ministry of Health to resolve these issues.

CONCLUDING COMMENTS

The year has seen CQAB broaden its membership and strengthen its role in providing clinical governance to Pegasus Health. CQAB is well placed to provide advice that is cognisant of clinical and equity concerns, and places both of these in the broader health system context. In addition, on several occasions this year CQAB has facilitated very productive discussions involving clinical governance leads from all three Canterbury PHOs and from secondary care. We look forward to further developing this collaborative role in the coming year.

Authors: Ben Hudson (Chair of CQAB) and Lynley Cook (CQAB Advisor and Facilitator), Michael McIlhorne (Nursing Director).

WHAKARONGORAU AOTEAROA NEW ZEALAND REPORT 2021

Whakarongorau Aotearoa // New Zealand Telehealth Services is the new name for Homecare Medical. The name was changed to better reflect the work it does, centred on the connected world of digital care. It was officially launched by the Prime Minister Jacinda Ardern to coincide with the organisation's move to new premises in April 2021. The event, which began with a mihi whakatau led by Ngāti Whātua o Ōrākei, hosted the Minister of Health Hon Andrew Little, the Associate Minister of Health Hon Ayesha Verrall, the Minister for Social Development and Employment Hon Carmel Sepuloni, the Director-General of Health Dr Ashley Bloomfield, over 130 leaders from government and non-government health organisations and included representation from Pegasus's board and executive. Whakarongorau is a word to describe the many ways to listen. It is derived from the old Māori word whakarongorua (to listen with great intent and purpose).

The social enterprise, owned by Pegasus and ProCare, offers the people of New Zealand free to the public, national telehealth services, 24 hours a day, seven days a week, over multiple digital channels. Those services include Healthline, the COVID Healthlines, 1737 – Need to talk?, Gambling Helpline and Quitline.

Whakarongorau Aotearoa also delivers clinical telehealth support through several other services, including Employer Advice Line, Mental Health After Hours, Safe to talk, Puāwaitanga and of course general practice out of hours support.

Its clinical teams work around the clock to provide people with the best quality advice and care, delivered by registered nurses, mental health nurses, psychologists, psychotherapists, psychiatrists, counsellors, doctors, paramedics, poisons officers, health advisors, sexual harm professionals, and emergency triage nurses.

SUPPORTING THE GOVERNMENT'S COVID-19 RESPONSE

The ongoing impact of the COVID-19 pandemic has highlighted the importance of telehealth services for the people of New Zealand. Whakarongorau Aotearoa continued to rise to this challenge in the last financial year, extending and pivoting its digital models of care, determined to offer everyone equity of access to wellness, at the right time and in the right way.

Whakarongorau Aotearoa works in a central support role, assisting the New Zealand Government's COVID response. Its proven, high

quality Healthline service was expanded to offer a further three lines:

1. The COVID Healthline is supporting people with information and advice about COVID
2. The COVID Welfare team do daily health and well-being checks for people in self-isolation
3. The COVID Vaccination Healthline provides vaccination information, and help for people who are unable to book online

Each of these services is supported by a clinical governance group and has clear clinical triage protocols and processes. In the last year the Healthline teams have needed to respond to a number of significant spikes in demand. They are continuously planning, modelling and forecasting so that they can have the right workforce on at the right times.

In the last year, 794,239 contacts were answered across the three COVID services – COVID Healthline, Welfare and Vaccination. Of these contacts, 97% were answered in 10 minutes.

To support New Zealand's COVID Vaccination rollout, the COVID Vaccination Healthline team employed and trained more than 1,300 kaimahi (staff) from throughout Aotearoa. These staff are supported by the more than 200 paramedics and nurses who work across the Healthline services. With a clear focus on equity of outcomes, the team includes around 35% Māori and Pacific staff.

Partnerships with iwi, travel and other health organisations are integral to the success of COVID Healthline services. These include Te Hau Ora o Ngāpuhi in Northland, South Seas Healthcare in Ōtara, Te Arawa Lakes Trust in Rotorua, Puna Whakamarama in the Hawkes Bay, Orbit and House of Travel, all of whom provide call centre support, responding to COVID related calls.

COVID-19 CLINICAL ADVICE LINE

Whakarongorau Aotearoa continues to offer general practice, pharmacy, nurses, midwives and aged residential care providers clinical advice via a COVID-19 clinical advice line on 0800 177 622 Monday to Saturday 8am - 7pm.

The helpline offers general advice about the management of COVID-19 and is staffed by primary care nurses, pharmacists and

GPs, with at least one GP on every shift. In the last year, the service received 295 calls.

NEW IMAGE UPLOAD TOOL LOWERS PATIENT ADMISSIONS TO ED

When people call Healthline or the GP After-Hours service, they now have the ability to send an image of their 'symptom' (eg. laceration, rash or wound) via their smartphone, if the clinician they are talking with identifies it would be useful in assessing the situation they are dealing with.

This ground-breaking tool strengthens the triage process and has led to 14% fewer patients being referred to urgent and emergency care this year, increasing the potential for patients to continue receiving treatment from their primary health provider.

Since the tool was introduced in October 2020, more than 10,000 images have been received. Of the total number of images received, 22% were from Māori service users and 5% were from Pasifika service users.

Of those who provided an image as part of their triage, 9% received a downgrade in clinical outcome. This is 3% higher than the usual for Healthline calls. For the relevant symptoms, there were 6% more callers with an outcome of self-care, and a further 6% received an outcome of referral to their general practitioner.

SUPPORTING GENERAL PRACTICE

Over 60% of General Practices throughout New Zealand are supported by Whakarongorau Aotearoa's after-hours, nurse-led triage service (more than 2 million patients). The service helps to reduce unnecessary presentations to emergency departments and strengthens general practice as the front door to primary care. In the last 12-months, it handled more than 93,000 clinical calls from patients calling their medical home; and of those, they managed 84% with primary care and/or selfcare advice; 9% required urgent care; and 7% required emergency services (111 and ED).

From the total number of calls, almost 13,000 were from patients living in the Canterbury DHB region. Of these, 84% were managed with primary and/or self-care advice; 6% required urgent care; and 6% required emergency services.

END OF YEAR PERFORMANCE – FOR THE 12 MONTHS ENDING 30 JUNE 2021

In total, across all services, Whakarongorau Aotearoa responded to **2,552,710 contacts** in the twelve months ending 30 June 2020. This is an increase of **92%** on the previous year and saw the team connect with **over 950,000 individual people^ from across Aotearoa**.

The health services team answered **397,806*** **Healthline contacts** from **372,272 people**.

The mental health team (1737, depression, gambling, alcohol and other drugs services) answered a total of **206,278 contacts** supporting **105,953 people**.

The Quitline team answered over **46,000 contacts** supporting more than **27,929 people to start their quit journey**, with 23% reporting they were smoke free after 4 weeks.

The Poisons team helped **25,454 people**, with **76% of contacts** requiring no further medical treatment or self-care information.

The Emergency Triage nurses triaged over **46,000 incidents**, redirecting **46% of contacts** to non-emergency services, which helps keep our hospitals and ambulances available for emergencies.

The Emergency Mental Health Response team triaged almost **11,000 contacts** from Police and Ambulance to support more than **6,000 people** in social and psychological distress.

*Excludes contacts received through the COVID-19 lines.

^The total number of individual people in the year is the sum of unique service users each month, so may include users who have contacted the service in multiple months.

CANTERBURY CLINICAL NETWORK REPORT 2021

The Canterbury Clinical Network (CCN) is New Zealand's largest district alliance with 12 Alliance Partners working together to improve the health and wellbeing of our people.

Established in 2010, CCN brings people together to design and improve health services to ensure our people get the services they need as close to their homes as possible.

This service transformation is led by people who live and breathe health – doctors, nurses, pharmacists, allied health professionals (for example: dental, optometry, physiotherapy) and health managers – alongside the people who use health services every day.

CCN aims to:

- understand what our population needs using data and listening to what health providers and our community tell us
- plan health services to make the best use of our resources (people, funding, and equipment)
- create models that focus on providing the best services possible within our means

CCN recognises Te Tiriti o Waitangi as the foundation that guides our approach. As such the principles – partnership, protection and participation – are embedded into the strategic focus which guides the work we do every day. This includes:

- Partner with Māori at every level and facilitate full Māori participation

- Identify priority groups that experience inequity through evidence and data
- Proactively engage with our communities, with a focus on those the system doesn't work for

WORKING TOWARDS ACHIEVING EQUITY

CCN continues to ensure equity is prioritised across the work of the alliance to improve access for priority populations, and as well as embedding equity across all areas of work there have been some specific projects to create explicit, immediate impacts.

Early in 2021 we created a new role for CCN – Hauora Māori and Equity Lead. The role, filled by Ngaire Button, was a step in the direction of enhancing the cultural development and responsiveness of CCN's work.

Ngaire has led some key projects including Pae Ora ki Waitaha and Partnership in Design.

PAE ORA KI WAITAHA

Pae Ora ki Waitaha is a project initiated by the Population Health and Access Service Level Alliance to explore how the health system can better support people and their whānau (family) to be healthy and well.

The project team has started the process by hearing from priority community groups including Māori, Pasifika, Culturally and Linguistically Diverse (CALD), youth, older people, Rainbow, rural, people with a lived experience of disability and those with mental

health and addiction issues.

Feedback has been gathered from priority groups through community conversations and a survey asking people what being healthy means to them, and suggestions for how the health system can support this.

A strong theme that's already come through is that people want to be recognised as a whole person in a holistic way, considering traditional and spiritual practices. Another theme is that although there are some excellent health services available, accessing them can be challenging.

The working group is currently going through the information gathered and an interim report will be presented to the Alliance Leadership Team and the Canterbury DHB in August 2021.

PARTNERSHIP IN DESIGN

As part of demonstrating CCN's commitment to Te Tiriti o Waitangi and addressing inequities, we've working with Manawhenua ki Waitaha to revise a co-design approach called 'Partnership in Design'.

The Partnership in Design approach is a principle-based framework that puts people and whānau at the centre of the design of ā tātou (our own) health system and services.

We anticipate that this framework will be implemented across CCN to develop and improve services in the future.

CANTERBURY CLINICAL NETWORK REPORT 2021 - CONTINUED

KAHUKURA KAUMĀTUA PROGRAMME

Members of the Health of Older People Workstream and Community Services Service Level Alliance have worked together to enable a programme, The Kahukura Kaumātua Programme, which helps bring a community together to connect and talk about hauora (health and wellbeing).

Once a month, kaumātua and their whānau from across Banks Peninsula and beyond gather at Te whare Tapere o te mata hapuku – the community centre in Birdlings Flat. Activities are varied, from where-where bingo to a ukulele group performance, as well as information sessions covering hauora (health and wellbeing) topics including medications, COVID-19 and diabetes.

A district nurse from Nurse Maude also attends most sessions to kōrero with kaumātua about their health needs.

The team will hand the programme over to the community, and then look at establishing programmes in other locations.

PROVIDING LONG-TERM BENEFITS FOR TAMARIKI

Launched early in 2018 as part of the Government's plan to wrap support around children living in earthquake affected communities, Mana Ake supports children at school and at home. It provides parents, whānau and teachers with advice, guidance and education about mental health and wellbeing.

A report released by ImpactLab in November 2020, estimated the social value (the social impact in dollar terms for participants over their lifetime) for each Mana Ake participant is \$23,652 – a return of \$13.32 of 'measurable good' to our community for every dollar invested in Mana Ake. Authors noted the real-world impact is likely to be much greater.

IMPROVED OPIOID SUBSTITUTION THERAPY FOR CANTERBURY CLIENTS

Cantabrians receiving Opioid Substitution Therapy (OST) are benefitting from improvements made through a project to strengthen collaboration between community pharmacists and Canterbury Opioid Recovery Service (CORS) to reduce administration, so more time can be spent helping clients.

The main change is a new electronic platform to manage the administration and dispensing of medications to OST clients rather than the paper-based approach which was time-consuming for clinicians.

There are nearly 1,000 people receiving OST in Canterbury, and this new electronic system frees up clinicians' time, so they can spend more time interacting with their clients. The platform also improves communication, as it provides one source of truth and allows pharmacists and CORS to streamline communication.

Some clients, who are already using the new service, have noticed more interaction with their pharmacist about their wellbeing and less time wasted in the pharmacy due to prescription issues.

Pharmacists have noticed they are having more meaningful engagement with the CORS team about shared clients who may need additional support.

The project is being led by the Pharmacy Service Level Alliance (PSLA) with project support provided by the Canterbury Community Pharmacy Group (CCPG).

IMPROVING ACCESS TO GENERAL PRACTICE CARE IN ASHBURTON

A process supporting patients to transfer and enrol with general practices in Ashburton has been created through the Ashburton Service Level Alliance.

This work sees Pegasus and Waitaha working collaboratively with health providers across the Ashburton region and the community, to ensure it's easy for patients to enrol with a new practice or transfer between practices.

This means that when a person contacts a practice to enrol, but the practice is full, they will be helped to find another general practice team that suits their needs.

EQUITY LEADERSHIP TEAM REPORT 2021

Tēnā koutou katoa, Talofa lava, Kia orana, Malo e lelei, Bula Vinaka, Fakaalofa lahi atu, Namaste, Ni hao, Mabuhay, Salam alaikum

E ngā mana, e reo, e ngā rau rangatira o te rohe o Waitaha, tēnā koutou katoa. He mihi ki te whānau whānui e tautoko ana i tēnei kaupapa whakahirahira, te hauora Māori, te tauritētanga hoki o te hauora, mō ngā tāngata, ngā whānau hoki katoa.

We would like to acknowledge all those who are walking along side us on this journey, our community and whānau champions and our kaimahi (colleagues) who tautoko (support) the mahi we are doing to provide equitable primary health care to our people of Canterbury.

Pegasus is committed to ensuring that it threads equity and Te Tiriti o Waitangi through all its activity. The Pegasus Health Equity Strategy, Kia atawhai ki te tangata (2020 – 2030) was endorsed

in September 2020. This was followed by the establishment of the Equity Leadership Team. This team is supported by a steering group who ensure that the Equity Strategy and its implementation plan are being threaded through the fabric of our way of being here at Pegasus and our approach to prioritise equity within the organisation and across Canterbury to achieve health equity.

Our Equity Steering group consists of:

- Irihāpeti Mahuika: Director of Hauora Māori and Equity;
- Melody Tuliau: Hauora Māori Manager;
- Maria Pasene: Pasifika Health Manager;
- Ester Vallero: Culturally and Linguistically Diverse and Rainbow communities Health Manager;

- Tawera Ataria-Ashby: Kairuruku (coordinator);
- Lynley Cook and Katie Brown: Population Health Specialists;
- Gary Allen: Strategic Advisor and Karen Meadows-Taurua: Clinical Lead Social Work.

This broad range of knowledge and skills come together to ensure that we are bringing a wide range of consideration to the mahi we are doing. We are working with teams and people leaders across the organisation to work together towards ensuring what we do and how we do it are contributing the equitable access to primary health care in the Pegasus network.

Irihāpeti Mahuika

Director of Hauora Māori and Equity

FULL LIST OF PEGASUS WORKFORCE DEVELOPMENT SCHOLARSHIP RECIPIENTS 2021

MĀORI RECIPIENTS

Hineari Kahu - Ngāi Tahu, Ngāpuhi, Ngāti Tūwharetoa
5th year Bachelor of Medicine

Jasmyn Williams - Ngāi Tahu, Ngāti Tūwharetoa, Uenuku
4th year Bachelor of Medicine

Kaimana Gallop - Te Rarawa, Ngāpuhi
3rd year Bachelor of Nursing

Iwitea Ataria-Ivannikova - Rongomaiwahine, Ngāti Kahungunu,
Ngāti Tūwharetoa
2nd year Bachelor of Nursing

Alice Williams - Te Ātiawa, Ngāti Maru
2nd year Bachelor of Nursing

Setu Te Hae - Waikato- Tainui, Hauraki, Samoan
2nd year Bachelor of Nursing



From left: Alice Williams, Setu Te Hau, Iwitea Ataria-Ivannikova, Hineari Kahu and Kaimana Gallop

PASIFIKA RECIPIENTS

Akerita Alatimu - Samoan
2nd year Bachelor of Nursing
Master of Health Sciences Professional Practice

Leon Haiu - Uvean
2nd year Bachelor of Nursing

Simione Tagicakibau - Fijian
2nd year Bachelor of Nursing

Maca Vuniwaqa - Fijian
3rd year Bachelor of Social Work

Emily Tagicakibau - Fijian, Tongan
3rd year Bachelor of Social Work



From left, guest speaker Suli Tuitaupe, Akerita Alatimu, Pasifika Health Manager Maria Pasene, Emily Tagicakibau, Maca Vuniwaqa, Leon Haiu, Simione Tagicakibau and guest speaker Fuimaono Karl Pulotu-Endemann.

CALD RECIPIENTS

Arshi Nadeem - Indian
2nd year Master of Nursing Science

Lobna Farouk Sidrak Falestine - Egyptian
1st year Master of Nursing Science

Sia Seol Young Woen - Korean New Zealander
3rd year Bachelor of Nursing

Felisha Joy Thain - Somali New Zealander
1st year Postgraduate Diploma in Clinical Psychology

Samuel Hidray Equbazgi - Eritrean/ African
2nd year Bachelor of Social Work with Honour
2nd year Bachelor of Social Work with Honour



From left: CALD Health Manager Ester Vallero, Refugee Health Nurse Sahra Ahmed, Felisha Joy Thain, Lobna Farouk Sidrak Falestine, Arshi Nadeem, Samuel Hidray Equbazgi, Sia Seol Young Woen, presenter Sade Iposu and presenter Vibhuti Patel.

