Southern District health Board Refugee Resettlement Planning Update – April 2016

What has been happening?

The first cohort of people from a refugee background from Syria have now arrived and this marks the beginning of a shared journey with the Southern District Health Board (SDHB).

Planning

There is a lot of activity underway to meet the needs of people from a refugee background. Good health needs good health care delivered in the community.

Health service planning must consider how to respond immediately but also in the long term to enable new arrivals to become integrated into our community. Planning aims for all people from a refugee background to be integrated into the current models of health care for all community members. In order to assist in planning the SDHB has developed a set of values and objectives for resettlement. These have been developed and informed by guiding documents to ensure that all planning is consistent with overarching national and international principles of resettlement.

Guiding documents

- New Zealand Health and Disability Act 2000
- Code of Health and Disability Services Consumers Rights 1996
- Health Information Privacy Code 1994
- Immigration Act 1997
- New Zealand Refugee Resettlement Strategy

Values and Objectives

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<th>Our Long Term Vision for the Health of our Community</th>
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<td>That all members of our community can enjoy the same good health, through delivery of services responsive to their distinct cultural values.</td>
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<th>Southern District Health Board Vision for Refugee Health</th>
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<td>To support successful integration of a person from a refugee background into Dunedin’s community through delivery of health care that meets the distinct cultural and health needs of the newest members of our community.</td>
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To achieve equitable health outcomes for a person from a refugee background who has arrived in Dunedin through the resettlement programme, and for all members of the Culturally and Linguistically Diverse community of Dunedin.

**Our Values**

**Integration:** The purpose of resettlement is for a refugee to transition from being a refugee to becoming a community member with the same rights, responsibilities and challenges that all our community members have.

**Respecting differences:** While we are all members of the same community, different people have distinct needs and cultural beliefs. Where possible, we will endeavour to work in partnership, respecting and supporting these differences, while still providing the same high quality care that all members of our community can expect.

**Humanity:** Our approach to planning and delivering care will apply the lens of human rights with particular attention to privacy, respect and non-discrimination for all people.

**Person-centred:** We will apply a person-centred lens that enables people to manage their own health while recognising the care and support provided across the whole community.

**Southern District Health Board Resettlement Strategy Overarching Objectives**

1. Plan, evaluate and implement changes that reflect our values and vision.
2. Integrate people from a refugee background into current health models of care and support for all community members.
3. Identify the health needs of people from refugee backgrounds and address those health needs through prevention, early identification and intervention.
4. Take a whole of health sector approach and focus planning around person-centred care.
5. Empower all health services to identify their own needs to improve delivery of culturally responsive care.
6. Identify areas of health services which may require additional resources to provide equitable care to meet the health needs of a person from a refugee background.
7. Be guided by community expertise on identifying barriers and solutions to delivering culturally responsive care.
8. Advocate for issues affecting the health of a person from a refugee background in multi-sectoral planning.
9. Evaluate, progress and modify the action plan according to evaluation findings.
Southern DHB has been working closely with WellSouth and parts of the health sector in the community to ensure that health care can be delivered close to home. SDHB Planning has taken a needs based approach focusing on how the whole health sector can make a valuable contribution to meeting the health needs of former refugees. Planning has initially focused on meeting immediate needs but is now considering the longer term approach to support the health of former refugees. The processes to date have focused on the following series of actions:

1. Review of health needs.
2. Development of SDHB values and vision for resettlement.
3. Assessment of the tools, partners and skills required to meet the needs of people from a refugee background.
4. Improving access to the basic tools and skills required to meet the health needs of former refugees.
5. Development of pathways of care for the immediate needs of former refugees.
6. Collaborating with the wider sector to improve cultural responsiveness for people from a CALD background.

Steps 4 through 6 have commenced but will not be completed without feedback from the sector and the community of new arrivals. It is expected that these steps will continue to evolve over the first 12 months following arrival.

Activities

Planning to date has been based on priority areas. The priority areas in the early phases have focused on foundations; obtaining support, leadership, developing and sharing SDHB values for resettlement planning and working to ensure the whole sector gets access to the preliminary tools it requires to begin more in-depth planning on how it can better meet the needs of former refugees.

Workstreams have been under development to focus on short term priorities at this early stage; coordination of care, evaluation of health needs and planning, provision of interpreter services, advocacy, development of governance structure and reorientation of services to provide culturally responsive care. The following provides a summary of activity in each workstream to date.

1. Coordination of Care for New Arrivals

WellSouth, Public Health Nurses, Red Cross and affected SDHB provider services have been working to develop coordinated approaches for care on arrival within the primary and secondary care setting. When former refugees come to Dunedin they have already had comprehensive health assessments and may have already been referred to a number of health services in
Dunedin prior to their arrival. Care needs to be coordinated across services receiving direct referrals such as mental health and maternity, along with enrolling in General Practices and a range of preventative and screening services. These include services like Community Oral Health, Well Child providers, Vision and Hearing and B4 school checks.

**Nominated Lead**
- Peter Ellison - WellSouth

**Others involved**
Red Cross Manager, Public Health Service - Communicable Disease Team Leader, Public Health Nurses, Team Leader Patient Affairs, SDHB Mental Health and Maternity Services.

**What’s happened so far?**
- Other DHBs nationally have been consulted on their approaches and the needs of former refugees on arrival. Mangere Resettlement Centre Health Services including Refugees as Survivors have also provided information about the health assessments and referral processes.
- Pathways for care and referrals have been drafted but will be refined and evaluated with the arrival of initial cohorts of former refugees as lessons will be learnt along the way.
- Eighteen General Practices have been identified with an interest in enrolling people from a refugee background.
- A CME session for GPs has been provided on the referral process.
- Funding specifications for Primary Care are being developed to acknowledge the additional health needs of former refugees during early resettlement.
- Former refugees have been matched to their most appropriate practice for enrolment.
- Practices have been visited by WellSouth with information provided on the process.
- Information about the health needs and health checks undertaken in Mangere has been shared with GPs.
- A summary of actions to take by health practitioners with each new referral has been summarised.
- Practice staff have been guided to eCALD training resources.
- Interpreting services have been accessed through SDHB and Language Line.

**What’s next?**
- A multidisciplinary review of the processes that occur within the first month of arrival to assess which aspects of coordination require further refinement.
- With lessons learnt, referral pathways will become finalised.
- Monitoring to look for gaps in needs versus services provided to determine where further support is needed.
2. Governance of planning and Community representation

A Health Steering Committee is under development to support the implementation of health service planning and ensure that implementation reflects the values and principles embedded in planning.

A community reference group is to be formed for the duration of early planning and implementation. After 12 months, a summary of implementation is to be reported to the governance groups for consideration of the longer term approach. Membership will be sought to achieve representation of key stakeholders in cultural responsiveness with recognition of the treaty partnership.

**Nominated Lead**
- Lynette Finnie - Public Health Service Manager

**What’s happened so far?**
A proposed structure and approach to governance and planning has been supported by the SDHB Provider Senior Executive Team. Leaders of the Muslim community and people from a refugee background have been sought and expressed interest in participating in community reference groups. Early consultation with the Maori Health Directorate has occurred.

**What next?**
- Terms of Reference are being drafted and stakeholder groups within the community will be invited to participate in providing a community perspective to SDHB planning.
- Terms of Reference are being drafted for the Health Steering Committee. Current membership includes nominated leads of workstreams. Additional membership is still under development.

3. Monitoring of Health Needs

An evaluation is being developed on resettlement planning that provides feedback to the Health Steering Committee and provides direction for future programme development.

**Nominated Lead**
- Leanne Liggett - Public Health Analyst, Public Health South

**What’s happened so far?**
- External peer review of planning from experts in former refugee health and people from CALD backgrounds.
- External academic support and supervision with expertise in former refugee health has been identified.
- Development of a logic model and draft evaluation plan focussing on the assessment of health needs and implementation of resettlement planning by the SDHB.
• Scoping of monitoring and evaluation feasibility.
• Identification of participating primary care practices for assessment of changes to cultural responsiveness.
• Early drafting of a proposed approach of a programme of work for addressing cultural responsiveness.

What’s next?
• Collection of baseline information on health services, health needs and cultural competency.
• Consultation with the wider sector on a programme approach to improving cultural responsiveness.
• Development of a reporting plan and timelines for reporting.

4. Interpreter service development
Southern DHB now has a funded face-to-face interpreter service available to the whole health sector so that people from a refugee background can have a quality interaction with health care providers. This was developed in response to an expressed need by the whole health sector to have access to face-to-face interpreters. This is supported by research which concluded that access to face-to-face interpreters eases access to primary care and is more likely to assist in keeping people well in the community.

Nominated Lead
Wesley Bachur - Team Leader Patient Affairs

What’s happened so far?
• Patient affairs has actively recruited and trained nine Arabic speaking interpreters to meet the need for face-to-face interpreters across the health sector. Recruitment will continue as required to meet the need for face-to-face interpreters. Fifteen Arabic speaking interpreters are now available to support the first cohort.
• Parts of the wider health sector were consulted about the current access to interpreter services. A lack of face-to-face interpreters was identified. A proposal for funded face-to-face services for the wider health sector was developed and supported by Planning and Funding.
• Funded Health Sector face to face interpreter services has commenced.
• Bookings for interpreters for first face-to-face consults in primary care has started.
• The SDHB interpreter database which was Otago only, has been enhanced for district-wide coordination of provider and non-provider arm interpreter services.
• Information on how to access funded face-to-face interpreters is being provided to services receiving referrals.
• Information on using interpreters and how to access interpreters has been placed publicly on the SDHB website.
• Information about the interpreter service was provided at the recent GP CME session.

What’s next?
• Recruitment for a coordinator of interpreter services.
• Consultation with Red Cross on feedback for interpreter services.
• Evaluation of the need and use of the face-to-face service.
• Further development of the Interpreter Database.

5. Advocacy and support for the sector and for issues affecting the health of people from a refugee background

Planning and Funding has been actively engaged with the planning process to access the resources and tools that are needed by the sector to provide care. The early focus has been on resourcing fundamental needs such as interpreters and primary care. Planning and Funding has also engaged with the Mental Health Sector around how services might respond.

Nominated Leads
• Thelma Brown - Planning and Funding Portfolio Manager
• Naomi Gough - Public Health Physician

What’s happened so far?
• A funding proposal was developed, submitted and supported to recognise the high health needs and improve access to primary care during the resettlement period.
• A funding proposal has also been developed, submitted and supported to provide face-to-face interpreters for health services in the community.
• Advocacy to eCALD to give access to online training to the wider health sector and NGOs prior to September 2016.

What’s next?
• Monitoring of health needs and health service access will continue to identify further gaps or additional areas that need support to meet the needs of former refugees
• Monitoring of funded services to identify if allocated resourcing estimates are appropriate.
• Ongoing engagement with key agencies on issues affecting the health of people from a refugee background.

6. Further development of cultural responsiveness across the whole sector

Cultural responsiveness is described as meeting the distinct health needs of people from CALD backgrounds in a culturally competent manner. The goal of this approach is to ensure that new
members of the CALD community can enjoy the same health outcomes as all members of the Dunedin community. It recognises that some health needs are distinct, but also that services may need to review how care is delivered to ensure that it is done so in a culturally competent manner. The focus of work in the area to date has been ensuring that the whole health sector has access to the tools it requires to undertake this task.

**Nominated lead**

Naomi Gough - Public Health Physician

**Sector leads currently identified for participation in ongoing work**


**Additional groups expressing interest in active involvement to date**

Mental Health and Addictions Network, Plunket, Maternity Services, Paediatric Services, Otago Faculty of the Royal New Zealand College of General Practice, WellSouth, Members of the Dental School

**What’s happened so far?**

- A review and summary of health needs of people from a refugee background.
- Identification of priority workstreams based on health needs. These are mental wellbeing, child health, women’s health, oral health and adult health.
- Parts of the wider health sector and SDHB providers have been contacted and encouraged to participate and have had eCALD online learning promoted.
- Development of the SDHB resettlement planning website with information, promotion of training tools and further requests for interested individuals.
- Development of a draft programme of work quality improvement for cultural responsiveness for consideration by priority areas, using validated audit tools, a PDSA approach and utilising other SDHB support available such as the Community Reference Group and Health Steering Committee.
- Participants have been actively sought in Child Health, Women’s Health and Oral Health.
- Development of closer ties with the Mental Health Network working group.

**What’s next?**

- Ongoing active identification of sector leads for participation.
- Working with Mental Health and Addictions Network to discuss how the sector can be further supported in their planning to date.
Meet with representatives of each sector to discuss the support available to improve cultural responsiveness (governance, online training, education, interpreters and a proposed programme for each the sector) and discuss approaches to sector planning.

**Contact**

If you have a question please contact Public Health Physician Naomi Gough naomi.gough@southerndhb.govt.nz.
Resettlement and CALD Health Service Steering Group

Community Reference Group

Interpreting services

Coordination of resettlement care

Evaluation of planning and health care needs

Re-orientation of health services to provide culturally responsive care

Advocacy

Mental Wellbeing

Women’s Health Needs

Child Health Needs

Oral Health Needs

Adult Health Needs