Wairarapa District Health Board

District Annual Plan

2007

Wairarapa DHB

Wairarapa District Health Board

Te Poari Hauora a-rohe o Wairarapa

Office of Hon Pete Hodgson
MP for Dunedin North
Minister of Health

- 9 JUL 2007

Mr Bob Francis
Chair
Wairarapa District Health Board
PO Box 96
MASTERTON

Dear Mr Francis

Wairarapa District Health Board: 2007/08 District Annual Plan

I am pleased to advise that I have signed Wairarapa District Health Board's (WDHB) 2007/08 District Annual Plan (DAP) for three years, and that the Board has my full support for implementing this plan.

This year your Board and management have put tremendous effort into successfully managing what was a challenging 2006/07 plan. I can see from your 2007/08 plan that you intend to continue this effort. I am really appreciative of this.

Service Change and Reconfiguration
May I remind you that my approval of your DAP does not constitute approval of proposals for service changes or service reconfigurations. You will need to comply with the requirements of the Operational Policy Framework and advise the Ministry where any proposals may require my approval.

Health Targets
The introduction of the new Health Targets was designed to provide an increased focus on my continuing priorities. They provide the sector with a solid platform for measurable progress in the coming year. I am delighted with the emphasis that your Board plans to give to these priorities. I look forward to receiving updates from you as the year progresses.

Reducing Burden of Chronic Disease
Although variable across DHBs, many DAPs this year are showing an increasing commitment to health promotion and illness prevention strategies. Healthy Eating Healthy Action (HEHA) initiatives are developing well and the progress the sector plans on oral health and tobacco control is very pleasing. I am particularly pleased that you have taken a leadership role by implementing the first district wide chronic care management programme. Well done. Keep up the good work on establishing

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the cancer control regional networks. The work you are doing on cancer services is so important because it impacts on the lives of so many New Zealanders.

Primary Care
This year I will be looking for the progress you have signalled in primary care. Primary Health Organisations (PHOs) are not new anymore. You should be expecting a solid contribution from them towards both your promotion and prevention strategies (especially for children and youth), and in their management and support of patients with chronic disease. The joint work undertaken between yourself and the PHO on developing annual plans is noteworthy.

Primary care also has a tremendous contribution to make to the management of elective services. I encourage you to give full support to your General Practitioner (GP) liaison(s) so that we can achieve real improvement in the interface between primary and secondary services. Consider reviewing your processes within both primary and secondary care where gains can still be made.

Electives
Meeting Elective Service Patient Flow Indicators (ESPI) remains an area of high priority. I do realise the challenges inherent in the management of elective services but will reiterate my message to you from last year. People have a right to know when they have been promised surgery that they will get it within a specified timeframe, or if they cannot be offered treatment what their options are. I am pleased to note that your DHB has put "buffers" in place to ensure that your ESPI compliance is maintained and that your commitment to additional volumes is achieved.

Achievement of increased elective volumes could be a tangible demonstration of productivity gains and a contribution to value for money strategies. Please frequently review your productivity levels as the year progresses.

Health of Older People
Your plans to advance the implementation of the Health of Older People strategy shows a strong commitment to this age group in your community. I am very pleased to see the work you plan on developing community based services and on supporting workforce enhancements.

Mental Health
I note that again you have taken up the opportunity of Blueprint funding. I am keen to see that you have in place mental health services, using this funding as early as possible in the new year.

As a nation we need to make more progress in building and broadening services to support people with mental health or addiction illnesses. This year I am expecting to see real improvements in services for children and young people. Please keep your eye very firmly focused on this ball.

Financial and Risk Management
I hardly need to remind you of the need to continue to manage your services within your allocated funding. I note the risks you have outlined in your DAP and the mitigation strategies you have identified have my support. I expect robust financial

performance and that you continue to keep the Ministry of Health (the Ministry) informed of emerging risks.

Capital
My approval of your DAP does not mean approval for any capital projects requiring equity or new lending, or self-funded projects that require the support of the National Capital Committee. Approval of such projects is dependant on both completion of a sound business case, and evidence of good asset management and health service planning by your DHB. Approval for equity or new lending is also managed through the annual capital allocation round.

Monitoring Intervention Framework
I am pleased to note that WDHB has maintained the status of standard monitoring on the Monitoring and Intervention Framework (MIF). This is a reflection of your ongoing positive performance and is rewarded by the benefit of receiving early payment of your funding. I am confident that you will be working to retain your MIF status throughout 2007/08.

Inequalities
Lastly, but most importantly, there remains within our community population groups whose health and well being is significantly lagging behind the majority. I ask that you continue to focus on reducing inequalities.

In conclusion I know that as you enter this new year you and your Board will have in the front of your minds improving service quality, meeting fiscal imperatives and managing industrial challenges. All this in the context of impending Board elections. It is a tremendous contribution that you are making to the lives of New Zealanders. Thank you. Best wishes with the implementation of your 2007/08 DAP.

Could I ask that a copy of this letter is attached to the copy of your signed DAP held by the Board and to all copies of the DAP made available to the public.

Yours sincerely

Hon. Pete Hodgson
MINISTER OF HEALTH

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EXECUTIVE SUMMARY

This District Annual Plan (DAP) sets out the Wairarapa DHB's objectives and targets for 2007/08. It shows how we will:

- Address the Minister of Health's expectations
- Make progress towards national and local DHB strategic priorities
- Manage risks
- Allocate funding; provide services; measure, monitor and report performance.

Expectations and Objectives for 2007/08

The Minister of Health's Letter of Expectations for 2007/08 requires DHBs to demonstrate progress in:

- Building collaboration around a common purpose
- Reducing the chronic disease burden, including the Healthy Eating Healthy Action Strategy, the Cancer Control Strategy and tobacco control, diabetes and depression.
- Child and Youth services including oral health services, child and youth mental health services, and adolescent sexual health services.
- Primary Health Care including reduced costs for more people, broadening the range of health professionals involved in the management and co-ordination of a person's care, an improved primary/secondary care interface, and population based approaches.
- The health of older people including new models of support for those choosing to remain at home for longer, and renewed attention on training.
- Infrastructure – health information and workforce
- Value for money

Achievements in 2006/07

- Reviewed relationships between Maori governance and operational groups and District Health Board infrastructures
- Achieved break even financial position
- Achieved full compliance on all ESPIs
- Achieved full complement of senior clinicians with opportunities to utilise range of skills to develop new services in the future
- Increased primary health services in community settings – schools, marae, and outreach facilities
- Established the Mental Health Line Service
- Established a Chronic Care Management System across all PHO providers
- Increased focus on managing long term illness across the continuum eg cancer plan
- Increased the number of older people supported to live in the community through a variety of initiatives
- Started to shift focus of service delivery towards population based approaches to reducing the incidence of long term illness

Wairarapa DHB Strategic Priorities

The DHB's Strategic Plan for 2005-2015 sets out seven priorities for improving health and reducing inequalities in Wairarapa:

- Improving the health of Maori
- Improving the health of people in low socio-economic groups
- Improving the health of older people
- Improving the health of children and youth
- Reducing the incidence and impact of chronic disease
- Reducing the incidence and impact of mental illness and addictions
- Reducing the incidence and impact of cancer

Wairarapa Strategic Plan directions….

Increased connectedness between all health and social services across the continuum

Additional local priorities specific to 2006/07
Wairarapa DHB has identified six areas for specific focus and priority in 2007/08. These are:

- Further developing collaboration and a common purpose
- Suicide prevention
- Reducing violence
- Managing acute demand at Wairarapa hospital
- Increasing efficiency in delivery of hospital services
- Implementing Healthy Eating, Healthy Action.

The DHB's strategic priorities and themes align well with the Minister of Health's expectations

Actions to Achieve Expectations and Objectives for 2007/08

The table following summarises the activities we will undertake in 2007/08 to achieve the Minister's expectations and our local DHB objectives.

DHB Priorities and actions for 2007/08	

A common purpose	• Work with local TLAs to implement health outcomes from Wairarapa LTCCPs
	• Regional planning and health needs assessment with other DHBs
	• Improve DHB opportunities to work more collaboratively by:
	  • Commitment to intersectoral DHB advisory groups
	  • Support and contributions to intersectoral projects such as transportation, healthy homes and Active Wairarapa
	  • Support and contributions to projects that span multiple DHB providers such as discharge planning

Suicide	Develop a multi tiered, community wide approach including: • Increasing mental well-being through HEHA initiatives • Better follow up and wrap around services for those presenting at hospital or primary care following self harm • Increase awareness of effective interventions for depression, including self-help

Reducing Violence	• Implementation of the DHB Family Violence Action Plan and actions to address audit findings including:
	  • Training of clinical staff in partner and child abuse and neglect identification and safety assessment.
	  • Monitoring and evaluation of effectiveness and quality of DHB processes and procedures
	  • Improve linkages with community Family Violence initiatives, particularly in South Wairarapa

Healthy Eating Healthy Action	• Implementation of DHBs Ministry Approved Health Eating Healthy Action Plan (MAP) • Establishment and implementation of project plans for working groups under the umbrella of the HEHA lead group

Wairarapa Strategic Plan directions….
Development of more holistic approaches by all services

DHB Priorities and actions for 2007/08	
Maori	• Actively engage Maori participation ensure Maori world views are incorporated in all levels of service planning and delivery • Support development of Maori health leadership • Review pathways of care for Maori across 3 provider arm services • Support development, recruitment and retention of Maori health workforce across all providers • Assist in Maori Provider development of capacity and capability
People in Low Socio Economic Groups	• Increase the number of schools offering school health services • Work with the PHO to ensure the HEAT tool is applied to all SIA funding proposals to ensure funding is actively reducing inequalities
Older People	• Establish single point of entry for support services for older people • Implement recommendations from AT&R review • Work with aged care providers to develop restorative models of care across the continuum • Extend Health Recovery Programme to include a slow stream component • Address mental health needs of older people and those with addictions
Children and Young People	• Increase immunisation rates for 2 year olds to 78% • Develop a Child Health Strategy • Implementation of Oral Health Business Case models • Alcohol and Drug day programme for youth established • HEADSS assessments available to year 9 students in higher need environments
Long Term Conditions Cancer	• Continue implementation of PHO Chronic Care Management Project • Implement Palliative Care Plan • Implement district Cancer Plan
Mental Illness and Addictions	• Develop single point of entry to services in alignment with DSS • Review continuum of care of acute patients in all age groups • Develop common recovery and crisis prevention plans across all services • Develop residential services for youth in crisis and older people with mental illness
Primary Health Care	• Ensure low cost access for target groups is maintained • Work with Wairarapa PHO to ensure effective roll-out of Long Term Conditions programme • Implement new model of primary nurse practitioner • Improved integration between Maori and mainstream health and social services
Infrastructure - Information services - Workforce	• Implement central region network between DHBs and Central TAS • Integrate new laboratory LIS with Wairarapa DHB CDR • Provide new Nurse Entry to Practice programme • Implement new model of RMO staffing • Achieve MECA agreements within DHBs' fiscal parameters
Manage acute demand for hospital services	• Reduce unnecessary call-backs to ED • Implement enhanced discharge planning • Improve primary-secondary interface through initiatives such as electronic referrals and
Value for money and increased efficiency	• Reduce unnecessary bed-days and out-patient appointments • Increase theatre utilisation rate • Review prioritisation processes and decision-making

Wairarapa Strategic Plan directions….
Addressing common risk factors through healthier lifestyles

Financial Forecasts
Wairarapa DHB will achieve breakeven in 2006/07 and again in 2007/08. This continues the improved performance achieved since 2004/05. Forecasts for the out-years also show breakeven.

	2004/05 DAP	**2005/06 DAP**	**2006/07DAP**	**2007/08 DAP**
2004/05	($1.00M)	($0.50M)	($0.27 M)	
2005/06	($1.35M)	$0.01M	$0.03 M	($0.27M)
2006/07	$0.20M	$0.24M	$0.01 M	$0.008 M
2007/08		$0.30M	$0.01M	$0.003 M
2008/09			$0.01M	$0.019M
2009/10				$0.029 M

Maintaining financial breakeven in 2007/08 and 2008/09 and beyond, will be a challenge, requiring careful management of all expenditure, risks and expectations. Ongoing provision of current levels access to services will no longer be able to be managed fully within the DHB's expected funding allocation. Projections indicate that aged care service needs will increase by 4% to 5% per annum over the next few years; offset by negligible annual growth in the DHB's demographic funding adjustment as the DHB's share of total population is declining relative to the rest of New Zealand. The growth of new technologies (including pharmaceuticals), the increase in national prices for inter district services above FFT and the need for all Central region DHBs to increase their investment in regional specialty services such as radiotherapy create additional pressures.

The financial plan presented in this DAP assumes efficiencies continue to be realised and that the DHB will find new ways of meeting needs so that expenditure on services rises more slowly than growth in service needs.

Risks and Challenges
While previous internal risks have diminished as the new hospital has reached completion, new ones have emerged and external risks have grown significantly as has their potential to impact adversely on future financial projections. Wairarapa DHB is confident of its ability to manage internal risks. However external risks cannot be managed fully by Wairarapa DHB actions alone as they require co-operative actions with several DHBs and/or the Ministry of Health.

Internal risks
a) Maintaining green status on elective service indicators
The DHB needs to stay green on all indicators to be able to access funding for additional services and maintain its early payment status. This risk will be managed through rigorous oversight of service delivery and performance.

b) Managing demand for hospital acute services
The total volume of work being delivered in Wairarapa hospital in 2006/07 is significantly above previous levels as elective volumes are now being delivered to contract, and acute volumes continue to be well over contract. Traditionally over-runs in acute work have been offset by under delivery on electives. This is no longer permissible and the hospital must find ways to better manage acute presentations so that both acute and elective services are provided to expected levels and are financially and clinically sustainable over the longer term. Several projects are being implemented to address this.

Wairarapa Strategic Plan directions….
Increasing community wide collaborations across sectors

c) Maintaining the workforce at full establishment
Wairarapa DHB achieved a significant milestone in 2006/07 by recruiting successfully to all senior clinical staff positions, and filling other gaps in the workforce that had been vacant for a long time. However maintaining the full establishment of staff is an ongoing challenge as there are national and international shortages across the health workforce. This risk is shared with other DHBs and is managed through our active participation in regional recruitment strategies.

External risks
a) MECAs
National and regional wage settlements continue to create significant threats to the financial status of the DHB as salary expectations and market rates are growing more strongly than the DHB's baseline funding. Although the NZNO and PSA agreements have been settled and funding provided for this, there are other negotiations pending with other sector and professional representative bodies. Given the expectations of the health workforce, relativity issues, full employment, and serious labour shortages across the health sector there is significant risk of further industrial action in 2007/08 and Wairarapa DHB being pressured to agree to MECAs that would make it impossible to reach our financial targets. We will work with national programmes to avoid this.

b) Aged Residential Care services
There are significant risks regarding continuity and future sufficiency of provision of aged residential care services in Wairarapa:

- Growth in service need is rising faster than DHB funding
- Growth in service need is likely to outstrip local provider capacity in the near future
- Small local service providers who are not financially viable

We are managing these risks by working locally with service providers to find and implement effective local solutions, and with other DHBs and the Ministry of Health to address those aspects that require a national approach.

c) IDF and Regional service risks
We are vulnerable to increasing pressures and risks in IDF expenditure due to:

- The volatility of IDF flows
- National increases in prices for highly specialized services, greater than FFT
- Increasing application of new technologies.

While Wairarapa's IDF outflow for 2007/08 is considerably reduced relative to previous years, this is due mainly to one-off changes such as the move to contract directly for laboratory and hospice services.
The underlying trend is that costs of, and expenditure on out of district services are growing much faster than DHB funding due to:

- Growth in the disease burden – for example numbers of patients needing renal dialysis increasing 8% per annum
- Application of new technologies – for example expenditure on cancer treatment drugs is growing 30-40% per annum
- Increasing specialization and growth of new areas such as cardiac electro-physiology

Central region DHBs are agreed that these regional service issues should be addressed jointly and that each DHB can more effectively and efficiently meet its obligations to its local population by working together on shared regional approaches. As the DHB with proportionately the greatest share of total expenditure on regional services/IDFs, Wairarapa has most at risk, and the most to gain from an effective solution. This risk will be managed by active engagement and dialogue with neighbouring DHBs, and strong advocacy.

Wairarapa Strategic Plan directions….
Continually improving quality and safety of services

d) Pharmaceuticals and Pharmacy Services
There is a risk the DHB's uncapped, fee-for-service expenditure on pharmaceuticals and pharmacy services will exceed budget. There are many drivers of this expenditure growth external to the DHB. This risk will be addressed by working closely with:

- Other DHBs and pharmacy groups to develop new agreements for pharmacy services and manage growth in fees for pharmacy services
- Other DHBs, PHARMAC, and the primary health care sector, to plan and manage expenditure on pharmaceuticals.

Our Commitment to Succeed

As for previous plans, the Wairarapa DHB is totally committed to planning for and delivering the range and mix of services that best meets the needs of Wairarapa people, within the funding made available to us by Government, and achieving a breakeven financial outcome.

Although we are confident this can be delivered in 2007/08, we are very concerned that, due to growing external factors, we will face increasing difficulty in achieving this result in 2008/09 and 2009/10. We are very committed to working collaboratively with the Ministry of Health and other DHBs, to find ways to overcome the issues and risks we face.

In pursuit of break-even results for 2007/08 and beyond we will seek Ministry and regional support for joint problem solving, prioritising and implementing necessary services changes, and support regarding industrial action.

SIGNATORIES

Bob Francis
Board Chair

David Meates
Chief Executive

Hon Pete Hodgson
Minister of Health

Wairarapa Strategic Plan directions….
Increased connectedness between all health and social services across the continuum

National Health Targets

<table>
<tr><th>Health Target</th><th>Indicator</th><th>Wairarapa Targets for 2007/08</th></tr>
<tr><td>Improving immunisation coverage</td><td>Progress towards the national target of 95% of two year olds fully immunised.</td><td>Percentage fully immunised by two years of age:
Maori Pacific Other

75% N/A 81%</td></tr>
<tr><td>Improving oral health</td><td>Progress is made towards 85% adolescent oral health utilisation</td><td>78%</td></tr>
<tr><td rowspan="2">Improving elective services</td><td>Each DHB will maintain compliance in all Elective Services Patient Flow Indicators (ESPIs)</td><td>ESPI 1 – 100%
ESPI 2 – 1.0%
ESPI 3 – 3.0%
ESPI 4 – N.A.
ESPI 5 – 4.0%
ESPI 6 – 5.0%
ESPI 7 – 4.0%
ESPI 8 – 100%</td></tr>
<tr><td>Each DHB will set an agreed increase in the number of elective services discharges, and will provide the level of service agreed</td><td><table><tr><th></th><th>Base</th><th>Add.</th><th>Total</th></tr><tr><td>Elective CWD</td><td>1848</td><td>259</td><td>2107</td></tr><tr><td>Estimated Elective Discharges</td><td>1945</td><td>273</td><td>2218</td></tr></table></td></tr>
<tr><td>Reducing cancer waiting times</td><td>All patients wait less than 8 weeks between first specialist assessment and the start of radiation oncology treatment
(excluding category D)</td><td>Wairarapa DHB acknowledges the Health Target that all patients (100%) to wait less than 8 weeks between first specialist assessment and the start of radiation oncology treatment and will work with the provider DHB to ensure this target is met. Where the target is in danger of not being met, the DHB will raise the issue with the provider DHB as early as possible. The DHB will participate in regional service planning and the Central NZ Cancer Network to increase access to regional cancer treatment services. In particular, the DHB will work with Capital & Coast and MidCentral DHBs to ensure that no category C patients wait more than 8 weeks between first specialist assessment and the start of radiation oncology treatment.</td></tr>
<tr><td>Reducing ambulatory sensitive (avoidable) admissions</td><td>There will be a decline in admissions to hospital that are avoidable or preventable by primary health care for those aged 0-4, 45-64, and 0-74 years across all population groups</td><td><table><tr><th>Ethnicity</th><th>Age group</th><th>Target</th></tr><tr><td>Maori</td><td>0-4 years</td><td>Remain at or below national level</td></tr><tr><td></td><td>45-64 years</td><td>32.8% above national level</td></tr><tr><td></td><td>0-74 years</td><td>25.1% above national level</td></tr><tr><td>Other</td><td>0-4 years</td><td>Remain at or below national level</td></tr><tr><td></td><td>45-64 years</td><td>Remain at or below national level</td></tr><tr><td></td><td>0-74 years</td><td>14.6% above national level</td></tr></table></td></tr>
</table>

Wairarapa Strategic Plan directions….
Development of more holistic approaches by all services

Health Target	Indicator	Wairarapa Targets for 2007/08			
Improving diabetes services	There will be an increase in the percentage of people in all population groups:	Other	Maori	Pacific	Total
	- Estimated to have diabetes accessing free annual checks	80%	59%	90%	76%
	- On the diabetes register who have good diabetes management	74%	61%	59%	72%
	On the diabetes register who have had retinal screening in the past two years	79%	77%	93%	79%
	There will be improved equity for all population groups in relation to diabetes management	Wairarapa DHB will continue to work towards improved equity by providing free primary care and diabetes support services to Maori and Pacific groups, and specialist diabetes clinics at marae and a Pacific community centre			
Improving mental health services	100% of long-term clients have up to date relapse prevention plans (NMHSS criteria 16.4)	95%			
Improve nutrition Increase physical activity Reduce obesity	DHB activity supports achievement of these health sector targets – Proportion of infants exclusively and fully breastfed: 74% at six weeks, 57% at three months, 27% at six months Proportion of adults (15+ years) consuming at least three servings of vegetables per day, and proportion of adults (51= years) consuming at least two servings of fruit per day: 70% for vegetable consumption and 62% for fruit consumption	DHB will work with all agencies to achieve these common goals through implementation of its Healthy Eating Healthy Action plan. Specific activities include: Completing accreditation for the Baby Friendly Community Initiative; Increasing resources for lactation advice and support Maori specific initiatives and Working with Pacific Island churches to encourage healthy eating.			
Reduce the harm caused by tobacco	The DHB will work with the Ministry of Health to identify local initiatives to support the national promotion of smokefree homes and cars, reduce initiation among young people, and strengthen and enhance access to smoking cessation services. This will support the health sector targets – • to increase the proportion of 'never smokers' among Year 10 students by at least 2% (absolute increase) over 2007/08 • to increase the proportion of homes, which contain one or more smokers and one or more children, that have a smokefree policy to over 75% in 2007/08.	• Increasing referrals of people with long term conditions to the Aukati Kaipaipa smoking cessation service • Increasing access to free smoking cessation clinics at primary medical centres. • The Smokefree hospital co-ordinator will ensure the smokefree environment status of all patients is identified and people are referred to services as required			

Wairarapa Strategic Plan directions….
Addressing common risk factors through healthier lifestyles

1 INTRODUCTION

1.1 About the District Annual Plan

A District Annual Plan (DAP) is required under Section 39 of the New Zealand Public Health and Disability Act, and describes the Board's intentions for the coming year (July 2007 – June 2008), including how it will advance the implementation of its District Strategic Plan and meet the expectations and requirements of the Minister of Health.

The DAP should be read in conjunction with the DHB's Statement of Intent (SOI). The SOI in addition to summarising the DHB's key financial and non-financial objectives and targets, also provides summary information about Wairarapa health needs and priorities, the DHB's organisation and structure, and the national policy environment within which the DHB operates. The DAP provides detail on how the DHB intends to achieve its objectives and targets and the outputs/activities proposed for the year ahead. The DAP includes more operational performance measures and targets as well as those stated in the SOI.

The DAP is designed to show:
- The DHB's intended outputs for 2007/08 and how these relate to the DHB's District Strategic Plan (DSP)
- The funding proposed for those intended activities and outputs
- The expected performance of the DHB's provider arm
- Expected capital investment
- Financial and performance forecasts
- How performance will be monitored, measured and reported

The DAP has been developed through an iterative process of discussions with stakeholders and where possible includes shared outcomes and joint responsibilities for achievement of objectives.

1.2 Wairarapa District Health Board

The Wairarapa District Health Board (DHB) was formed upon the enactment of the New Zealand Public Health and Disability Act 2000, and is responsible for funding and providing health and disability support services in the Wairarapa District.

Wairarapa DHB is responsible for working, within the funding allocated to it, to improving, promoting and protecting the health of the Wairarapa population, and for promoting the independence of people with disabilities, and improving access to services for all those in the district. The DHB has developed its Board Committees and organisation structure to enable it to carry out these responsibilities efficiently and effectively.

Role of the Board
The Board provides governance of the Wairarapa DHB and is responsible for the organisation's performance to this plan. The Board has eleven members. Seven members are elected by the community, and four members are appointed by the Minister of Health. There are two Maori members with one of these Maori board members sitting on each Committee of the Board. The Maori members maintain close working relationships with iwi, hapu, and the Board's Director of Maori Health.

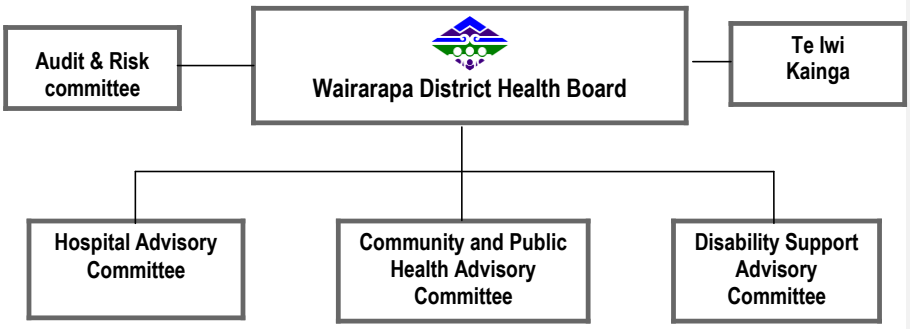
The Board's key responsibilities include:
- Setting a long-term strategic direction that is consistent with the government's objectives
- Developing the District Annual Plan and other accountability documents
- Monitoring the performance of the organisation and appointing its Chief Executive
- DHB governance
- Maintaining appropriate relationships with the Minister of Health, Parliament, Maori and the public.

Wairarapa Strategic Plan directions….
Increasing community wide collaborations across sectors

Board committees
The Board has established three advisory committees and an audit committee:

- *Community and Public Health Advisory Committee*: The Community and Public Health Advisory Committee provide advice and recommendations to the Board on the health needs of the resident population. It also advises the Board on priorities for the use of the health funding provided. The committee membership is comprised of eight Board members.
- *Disability Support Advisory Committee:* The Disability Support Advisory Committee provides advice and recommendations to the Board on the disability support needs of the resident population. It also provides advice and recommendations to the Board on priorities for the use of the disability support funding provided. The membership of this Committee consists of five Board members and two representatives from the Wairarapa disability community.
- *Hospital Advisory Committee*: The Hospital Advisory Committee monitors, advises and provides recommendations to the Board on the financial and operational performance of Wairarapa Hospital and related services provided by the Wairarapa District Health Board. Seven board members make up this Committee.
- *Audit and Risk Committee:* Monitors and records risk and advises the Wairarapa District Health Board in discharging its responsibilities in terms of the integrity of financial reporting, risk management and regulatory conformance. The committee membership is comprised of four board members.

These committees meet regularly throughout the year and are supported by the Board and Committee Secretaries, and members of the senior management team as appropriate. The diagram that follows shows how each of these committees provides input to the DHB.



Shared Decision Making
While the final responsibility for DHB strategy rests with the Board, and the Chief Executive is responsible for operational decisions, the Board and Chief Executive ensure that their strategic and operational decisions are fully informed through the appropriate involvement of Maori at all levels of the decision-making process.

Involvement of Maori is assured through the Te Iwi Kainga (representing Iwi) and Maori Health Committee. Involvement of clinicians occurs through the Clinical Board.

Te Iwi Kainga and Maori Health Committee
The Te Iwi Kainga represents the two local Iwi, Ngati Kahungunu and Rangitaane. This is the independent body that advises the Wairarapa DHB at governance level. Wairarapa DHB and the Te Iwi Kainga first signed a formal partnership agreement in March 2003. During 2006/07 this agreement has been reviewed and updated in 2006/07.

Wairarapa Strategic Plan directions….
Continually improving quality and safety of services

The Maori Health Committee advises DHB management on the planning, development, delivery and monitoring of services for Maori within the hospital provider arm. The Maori Health Committee membership is representative of Maori across the health sector in conjunction with Maori practitioners working in the sectors that complement health. This committee also has the benefit of having kaumatua, Maori Women's Welfare league, consumers and representation from the Maori community either as designated members or official supporters and observers in attendance at their bi-monthly meetings.

Clinical Board

The Clinical Board was established in 2003 to be the focus of clinical leadership and lead the development of clinical governance for Wairarapa DHB. The Clinical Board is a multidisciplinary clinical forum that provides advice and oversight of clinical activity to the DHB Board and Chief Executive. It is charged with reviewing plans and proposals from a clinical perspective and therefore, is actively involved in the clinical implications of both the physical and process redesign of the new hospital.

The Clinical Board is responsible for oversight of credentialing required by the Health Practitioners' Competency Assurance Act.

Planning and Funding Arm

The primary responsibility of the Planning and Funding Directorate is to plan and fund health and disability services for the district. The Planning and Funding Directorate assesses the health and disability needs of the communities and plans the mix, range and volume of services. Planning and funding staff also manage agreements with providers of services, initiate specific health improvement projects with different communities and build partnerships with the community, providers and other DHBs.

The Planning and Funding Directorate is also responsible for ensuring Wairarapa people have access to specialist services that are not delivered in the district and monitoring and managing the flow of funds for these out of district services.

The Planning and Funding Directorate's core activities are:

- Determining the health and disability needs of the population.
- Prioritising and operationalising national health and disability strategies in relation to local need.
- Involving the community through consultation and participation.
- Undertaking service contracting.
- Monitoring and evaluation of service delivery, including audits.

Provider Arm

Wairarapa DHB's hospital and community health services are provided mainly from Wairarapa Hospital and Choice Health. Services are also delivered from out-reach clinics, including several held at Marae. The Wairarapa DHB's provider arm will continue to deliver outpatient, community, day programmes, and inpatient services as funded by the DHB through its Planning and Funding Team and as required by other DHBs and purchasers including ACC, across the following services:

- Medical and Surgical Services
- Child Health
- Obstetrics and Women's Health
- Clinical Support services – laboratory, pharmacy, imaging and allied health services
- Mental Health Services
- Rehabilitation services
- Public Health services
- Community health services
- Ambulance

Wairarapa Strategic Plan directions….

Increased connectedness between all health and social services across the continuum

Working with other providers
In addition to Wairarapa DHB provider arm, there are a range of other providers who provide a variety of health services and disability services for people in the district. These providers are a mix of private, religious, welfare and other non-governmental organisations. The services they provide include mental health residential and support, rest homes, primary care (GP and nursing services, community workers, pharmacists, laboratories, pharmaceuticals etc), maternity, public health, Well Child, and Kaupapa Maori services. Hutt Valley DHB, in partnership with Choice Health, provides Regional Public Health Services for the Wairarapa.

PHOs are a key vehicle in implementing the Primary Care Strategy, achieving improvements in health outcomes and reductions in inequalities. The Wairarapa is fortunate to have one PHO that encompasses the whole district. The DHB has a close working relationship with Wairarapa Community PHO.

Public Health Partnerships
Public Health Services are funded and contracted for by the Ministry of Health. Wairarapa DHB's public health unit provides most public health services locally, and Regional Public Health in Hutt Valley provides a range of other public health services to Wairarapa, Hutt and Capital and Coast districts. These three DHBs have worked with the Ministry to complete a Public Health Strategic Plan for the greater Wellington region. This plan provides a framework for shared decisions with the four parties meeting regularly to review progress. The plan is being updated currently.

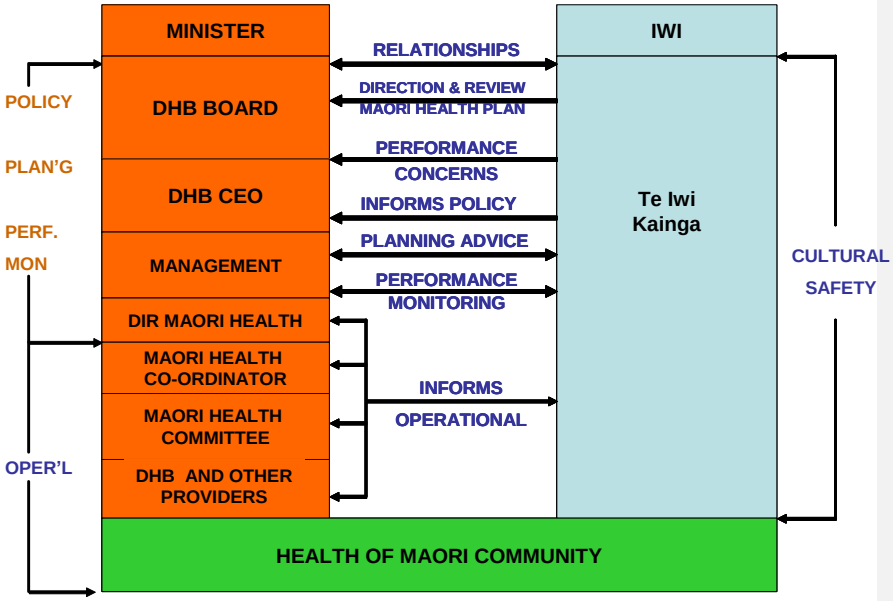
Treaty of Waitangi
The New Zealand Public Health and Disability Act requires DHBs to take active steps to reduce health disparities by improving health outcomes for Maori and to assist the Crown in fulfilling its obligations under the Treaty of Waitangi. DHB's are required to establish and maintain processes to enable Maori to participate in, and contribute towards strategies for Maori Health improvement.

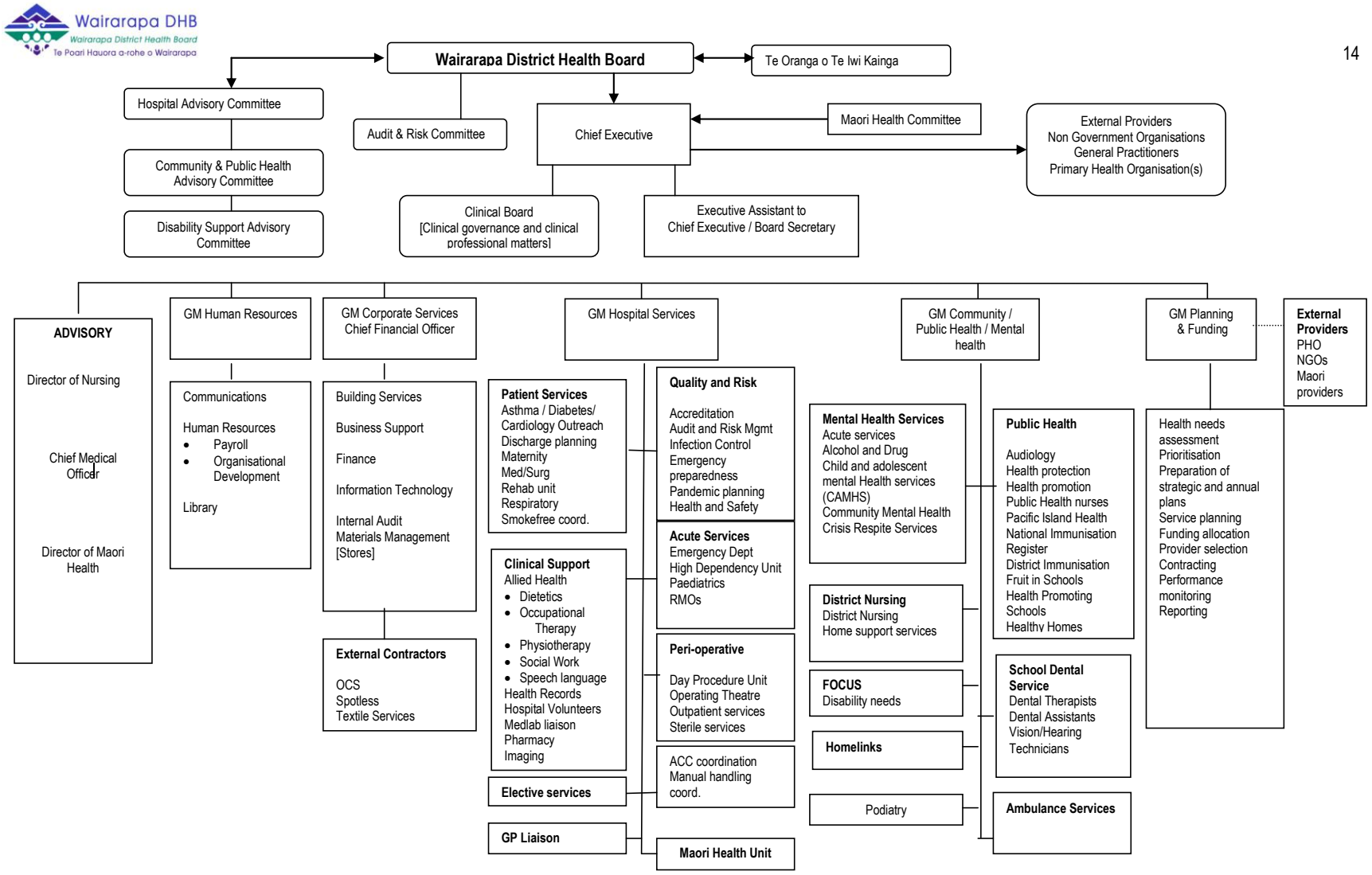
In fulfilment of these responsibilities, Wairarapa DHB works with the Te Iwi Kainga and Maori Health Committee, and has an active Treaty of Waitangi Policy. The application of this policy by all services provided or funded by the DHB ensures that not only Maori health gain and development is achieved but that each partner is proactive and jointly responsible for improving Maori health.

The Wairarapa DHB employs a Director of Maori Health who is a member of the senior management team. This position is supported by a Maori Health Coordinator who works with the Wairarapa DHB's provider services to ensure that services are culturally relevant for Maori, staff development programmes include Tikanga Maori, and that Tikanga Maori is respected within the organisation.
The following diagram illustrates the model of partnership developed with the Maori community.

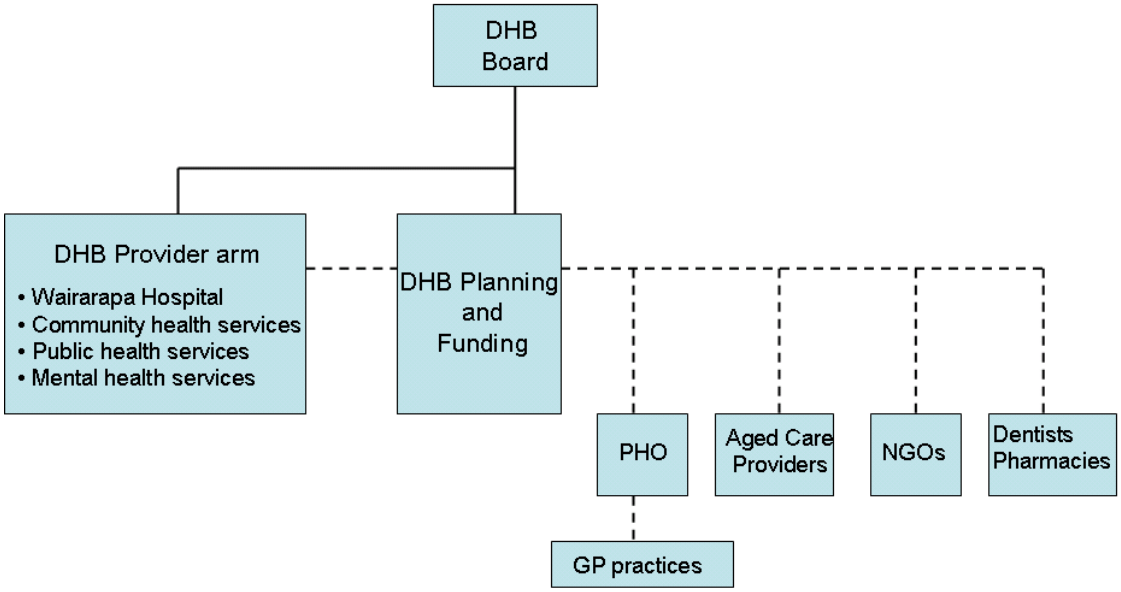
Wairarapa Strategic Plan directions….
Development of more holistic approaches by all services

WAIRARAPA DHB – TE IWI KAINGA ENGAGEMENT MODEL




Wairarapa DHB
Wairarapa District Health Board
Te Poari Hauora a-rohe o Wairarapa
Wairarapa District Health Board
Te Oranga o Te Iwi Kainga
Hospital Advisory Committee
Audit & Risk Committee
Chief Executive
Maori Health Committee
External Providers
Non Government Organisations
General Practitioners
Primary Health Organisation(s)
Community & Public Health Advisory Committee
Disability Support Advisory Committee
Clinical Board
[Clinical governance and clinical professional matters]
Executive Assistant to
Chief Executive / Board Secretary
ADVISORY
Director of Nursing
Chief Medical Officer
Director of Maori Health
GM Human Resources
GM Corporate Services
Chief Financial Officer
GM Hospital Services
GM Community / Public Health / Mental health
GM Planning & Funding
External Providers
PHO
NGOs
Maori providers
Communications
Human Resources
Payroll
Organisational Development
Library
Building Services
Business Support
Finance
Information Technology
Internal Audit
Materials Management
[Stores]
External Contractors
OCS
Spotless
Textile Services
Patient Services
Asthma / Diabetes/ Cardiology Outreach
Discharge planning
Maternity
Med/Surg
Rehab unit
Respiratory
Smokefree coord.
Clinical Support
Allied Health
Dietetics
Occupational Therapy
Physiotherapy
Social Work
Speech language
Health Records
Hospital Volunteers
Medlab liaison
Pharmacy
Imaging
Elective services
GP Liaison
Quality and Risk
Accreditation
Audit and Risk Mgmt
Infection Control
Emergency preparedness
Pandemic planning
Health and Safety
Acute Services
Emergency Dept
High Dependency Unit
Paediatrics
RMOs
Peri-operative
Day Procedure Unit
Operating Theatre
Outpatient services
Sterile services
ACC coordination
Manual handling coord.
Maori Health Unit
Mental Health Services
Acute services
Alcohol and Drug
Child and adolescent mental Health services (CAMHS)
Community Mental Health
Crisis Respite Services
District Nursing
District Nursing
Home support services
FOCUS
Disability needs
Homelinks
Podiatry
Public Health
Audiology
Health protection
Health promotion
Public Health nurses
Pacific Island Health
National Immunisation Register
District Immunisation
Fruit in Schools
Health Promoting Schools
Healthy Homes
School Dental Service
Dental Therapists
Dental Assistants
Vision/Hearing Technicians
Ambulance Services
Health needs assessment
Prioritisation
Preparation of strategic and annual plans
Service planning
Funding allocation
Provider selection
Contracting
Performance monitoring
Reporting

Relationships between the DHB and health and disability service providers



Wairarapa Strategic Plan directions….
Increasing community wide collaborations across sectors

1.3 Priorities for 2007/08

Wairarapa DHB Strategic Priorities and Directions

DHBs are expected to advance national priorities and strategies in ways that best meet the needs of their local communities, and maximize health gain for district populations. This is described in the DHB's Strategic Plan (DSP). Wairarapa DHB's DSP sets out the specific local population priorities and outcomes Wararapa DHB intends to progress towards as it implements national policies and strategies.

The DHB's Strategic Plan for 2005-2015 sets out seven priorities for improving health and reducing inequalities in Wairarapa:

Wairarapa health gain priorities

1. Improving the health of Maori
2. Improving the health of people in low socio-economic groups
3. Improving the health of older people
4. Improving the health of children and youth
5. Reducing the incidence and impact of chronic disease
6. Reducing the incidence and mental illness and addictions
7. Reducing the incidence and impact of cancer

Wairarapa strategic directions

The Strategic Plan sets five overarching strategic directions or themes that will be followed to achieve progress in the priorities:

1. Increased connectedness between all health and social services across the continuum
2. Development of more holistic approaches by all services
3. Addressing common risk factors through healthier lifestyles
4. Increasing community wide collaborations across sectors
5. Continually improving quality and safety of services.

The DHB's priorities, targets and actions for 2007/08 have been determined from consideration of both national and local priorities to provide a plan that advances achievement of both Government and local goals.

National Strategic Context

In determining their population outcomes and priority actions for each year DHBs are required to address specific priority areas related to the New Zealand Health Strategy and the New Zealand Disability Strategy, as set out in the annual Minister's Letter of Expectations.

National Priorities for 2007/08

The Minister of Health's Letter of Expectations for 2007/08 requires DHBs to demonstrate progress in:

1. Reducing the chronic disease burden, including implementing the Healthy Eating Healthy Action Strategic Framework, the Cancer Control Strategy and the Tobacco Control Strategy.
2. Child and Youth services including improved oral health services child and youth mental health services, adolescent sexual health services and the implementation of the 'ready for school health and wellness check, newborn hearing screening and free primary care services for under six year olds.
3. Primary Health Care including through the maturation of the PHOs developing new models of services with the involvement of a broader range of professionals and an improved primary /secondary interface, all viewed through a population health lens.
4. The health of older people including the implementation of new assessment tool, new models of supportive care for those choosing to live longer at home, and renewed attention on training for those who work in the sector.
5. Improved infrastructure including the health information system and addressing workforce issues.
6. Value for money initiatives that have an impact on improvements in the quality of health care.

Additional local objectives specific to 2007/08

- Progressing Healthy Eating Healthy Action across Wairarapa
- Further developing collaboration and a common purpose
- Suicide prevention
- Reducing Violence
- Managing acute demand at Wairarapa hospital
- Increasing efficiency in delivery of services at Wairarapa Hospital

Wairarapa Strategic Plan directions….
Continually improving quality and safety of services

1.4 Prioritisation and Decision Making Principles

The Wairarapa DHB's task is to make decisions about what health and disability services or interventions to fund, for the benefit of the people of the Wairarapa, within the resources available. This requires prioritisation as health sector funding will never meet the unlimited demands for expenditure.

The DHB policy on prioritisation[1] outlines the decision-making principles that are applied to competing demands for limited resources. The agreed principles on which prioritisation decisions must be based are:

- Effectiveness — the extent to which a proposed service will produce the desired outcome
- Cost — the total economic cost of a service proposal, and its affordability within available funding
- Equity — the extent to which a proposal is expected to reduce disparities in health status and outcome
- Maori Health — the expected impact of a proposal on Maori participation, partnership and protection, including development of Maori provider capability and capacity
- Acceptability — extent to which a specific service proposal is desired by the local community
- Consistency — with the New Zealand Health and Disability Strategies

The health equity assessment tools developed by the Ministry of Health are used to assist prioritisation decisions. During 2006 the DHB is reviewing its prioritisation policy and framework for decision making with a view to including more formal requirements for use of health equity assessment tools.

1.5 Geography and Population

Geography

The Wairarapa DHB is located in the southeast of the North Island. It extends from the Rimutaka hill and Ocean Beach in the south to Mount Bruce in the north. While Masterton is within 90 minutes drive of Palmerston North, Hutt and Wellington hospitals, people living in more rural areas in the Wairarapa have much further to travel. Furthermore, travel between the Wairarapa and neighbouring DHBs is not always straightforward. The district can be cut off from both Wellington and Palmerston North from time to time, due to bad weather forcing the closure of the Rimutaka Hill road, and the Manawatu Gorge and/or Pahiatua Track. Wairarapa includes a major fault line and is an area of high earthquake risk.

The area is characterised by urban clusters surrounded by sparsely populated rural areas. About half the population are in urban centres compared with the national average of 83% for all DHBs. The population density in the Wairarapa is low at 7 per square kilometre placing Wairarapa among only 6 DHBs with a population density of 7 or less.

Public transport links within Wairarapa and between Wairarapa and other centres are very limited. Taxi services are only available in Masterton.

The population mix is predicted to change over the next few years, with increasing percentages of older people and increasing numbers of Maori. These are the groups that have the greatest needs for health and disability services.

Geography and Population

- Population 38610 - .95% of the NZ population total
- 14% Maori – with a younger age profile
- % of Maori is projected to increase over the next 20 years
- 2% Pacific People

Key Features:

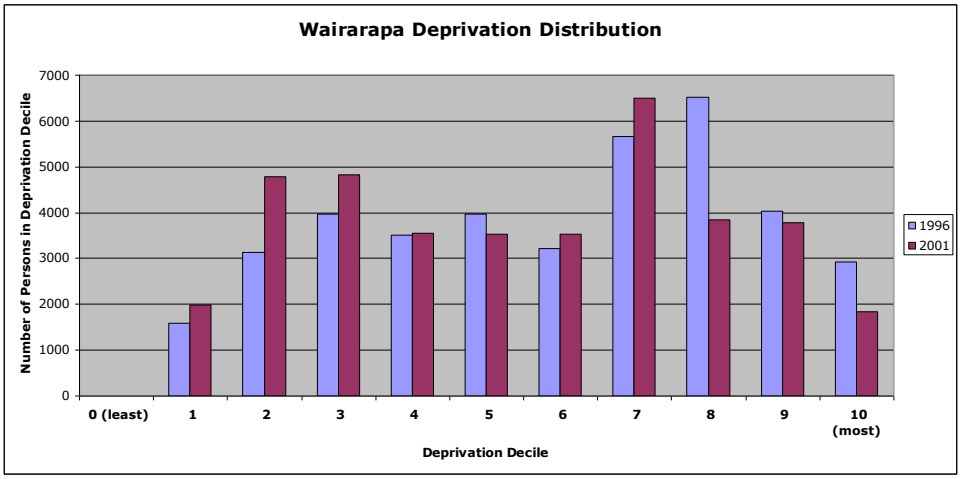
- A declining population overall (a 1.9% decrease in the next 10 years)
- A slowly increasing Maori population (a 10.7% increase in the next 10 years).
- An older and aging population than rest of New Zealand (over 65 population will increase by 20.1 % in the next 10 years).
- A very small Pacific population

[1] Wairarapa District Health Board Policy Prioritisation Principles and Process available on the DHB website

Wairarapa Strategic Plan directions….
Increased connectedness between all health and social services across the continuum

Socioeconomic status

The Wairarapa population is more deprived than that of New Zealand as a whole although the overall deprivation level has reduced between 1996 and 2001. The number of people in deciles one and two (the least deprived) has increased by 44%, and the number of people in deciles nine and ten (the most deprived) has reduced by 19%. While inequality in Wairarapa as measured by population distribution across deprivation deciles is reducing and is less than for some other DHBs, the degree of inequality in health outcomes within Wairarapa, as measured by difference in life expectancies between neighbourhoods is of greater concern[2].



1.6 Wairarapa Health Status and Needs

Wairarapa residents, in the district as a whole, have slightly lower life expectancy than for all New Zealand, but there is significantly greater inequality in life expectancy between neighbourhoods within Wairarapa, than the average difference between neighbourhoods across New Zealand as a whole. That these inequalities are greater than those found in most other DHBs is of particular concern. There is concern that some people do not access services when they need them, particularly primary care. This is indicative of inadequate use of primary health care services.

Wairarapa residents have significantly higher hospitalisation rates for all ethnic and age groups.

The table on the page that follows summarises information on health status needs of the Wairarapa in relation to each of the 13 priorities of the New Zealand Health Strategy. The information for this table was drawn from work done for the DHB's 2005 health needs assessment report. Further information on Wairarapa health status can be found in this report on the DHB website at www.wairarapa.dhb.org.nz

[2] Monitoring Health Inequality through Neighbourhood Life Expectancy, Ministry of Health, Public Health Intelligence Occasional Bulletin No. 28. 2005

Wairarapa Strategic Plan directions….
Development of more holistic approaches by all services

NZ Health Strategy Priorities and Other Specific Maori Priorities	Wairarapa District Health Status compared with NZ Population
Reduce smoking	The prevalence of smoking does not differ significantly from the National average. The prevalence of smoking for non-Maori males is greater than the corresponding NZ rate.
Reduce obesity	The rate of people considered to be either overweight or obese in the Wairarapa is 56.2%. This is slightly higher than the national average of 54%.
Improve nutrition	Overall, the consumption of fruit and vegetables in the Wairarapa is good. Fruit consumption (2+ servings daily) is at 50.7%, slightly below the national rate of 53.9%. Vegetable consumption (3+ servings daily) is at 74% compared to the national rate of 67.3%.
Increase physical activity	The level of adequate physical activity is similar to that of NZ. In the Wairarapa 76% of the population are considered to be active, with 55% being regularly active.
Improve health of those with severe mental illness	Access to Mental Health Services for both young people and adults is meeting Ministry of Health Targets. Access for people 65 years and older is below target
Reduce suicide	Wairarapa Currently has the highest rate of suicide per 100,000 of population in the country. 80% of suicides occur in the 25 years and over age group; rates are higher among Maori men and those who live in the most deprived areas.
Reduce harm caused by alcohol and drug use	Wairarapa rates of hospitalisations due to self harm are the 6th highest in the country. Maori hospitalisation rates for intentional self-harm is almost one and a half times the non-Maori rate. Women are also more likely to be hospitalised for suicide attempts than males.
Reduce impact and incidence of cancer	Cancer registration rates are higher in the Wairarapa but not significantly higher than the national rate. Cancer among Maori is higher than that of other ethnic groups and is increasing. Mortality rates for lung, colorectal and breast cancer are similar to the national rates.
Reduce impact and incidence of cardiovascular disease	Hospitalisation rates for stroke, congestive heart failure and ischemic heart disease are not significantly different from national rates. Maori, particularly men, have comparatively more hospitalisations for stroke and ischemic heart disease in younger age groups. Those living in the lowest deprivation areas are more likely to be hospitalised for stroke and ischemic heart disease.
Reduce impact and incidence of diabetes	The frequency of self-reported diabetes is higher among Maori than Non-Maori. Hospitalisation rates for diabetes are significantly higher in the Wairarapa than nationally. Mortality due to diabetes is generally higher than the New Zealand rate, but not significantly.
Improve oral health	Fluoridated water is only supplied to the Masterton urban areas. At 98% the Wairarapa reports one of the highest levels of adolescents enrolled in oral health services. However, only 73% of adolescents are completing treatment. The level of enrolments and checkups of preschoolers, particularly Maori, are low.
Hearing	Hearing indicators better than NZ average
Reduce incidence of asthma	Hospital admissions for Wairarapa European children and young people are very similar to the NZ European average. Admissions for Wairarapa Maori children and young people are significantly higher.
Injury prevention	Preventable Hospitalisation rates for injury are higher than the comparable national rates. The rate for elderly aged 65-74 is significantly higher for Maori than the comparable NZ rate.
Ensure access to Child and Family health services	The ambulatory sensitive hospitalisation rate for children and young people both Maori and Non-Maori, particularly aged 5-14 years, is the 2nd highest in the country. Access rates to CAMHS have increased but services are still limited to children and young people in the South Wairarapa.
Improve immunisation rates	The immunisation preventable hospitalisation rate is higher than the national rate* while Maori and PI immunisation preventable hospitalisation rates are lower than the comparable national rates.
Rangatahi health	2005/06 figures for the Wairarapa show preventable hospitalisation rates for young people were higher than the national comparable rate, particularly for those in the 5-14 age group.
Sexual and re-productive health	Wairarapa teenage pregnancy rates for 2005/06 are higher for both Maori and Non-Maori than the comparable national rates. Clinic based surveillance suggests that Chlamydia and Genital Herpes are relatively common infections amongst young people in the Wairarapa.

** indicates difference is not statistically significant*

Wairarapa Strategic Plan directions….
Addressing common risk factors through healthier lifestyles

1.7 Monitoring and Reporting Performance

The DHB monitors and reports its performance against its District Annual Plan through a wide range of monthly, quarterly and annual reports.

Our performance monitoring and reporting systems relate to:

- Internal management and reporting to the DHB Board
- External reporting of financial performance against the three output classes
- External reporting of the population's health and other indicators.

The DHB's approach to managing each of these is:

Internal Management
A balanced mix of financial and non-financial indicators covering the whole range of the organisation's operations are measured and reported monthly to senior management and the Board.

Areas of focus in the internal measurements of performance are:

- Financial: Ensuring that finances are well managed and performance against budget is reviewed
- Consumers: Ensuring we are doing the right things to meet the DHBs consumer's needs – through regular surveys of consumer satisfaction and monitoring of complaints and compliments.
- Internal Processes and Systems: Ensuring that the things we do meet contractual requirements, and the objectives set out in this District Annual Plan, are performed efficiently, and accurately, and done on time.
- People, Learning and Growth: Ensuring the people in the organisation possess the core competencies, skills and knowledge to be able to deliver agreed objectives.

Performance is monitored monthly at multiple levels throughout the organisation, variances to target are accounted for and corrective actions embarked upon where appropriate.

External Reporting of Financial Performance
Financial reporting complies with the Ministry of Health's reporting guidelines including the monthly reporting of financial performance. These guidelines specify separate reporting requirements for each output class and a consolidation for the whole DHB.

External Reporting of the Population's Health and Other Indicators
The Wairarapa DHB reports to external parties following the DHB Indicators of Performance set by the Ministry[3]. These indicators focus on measuring non-financial DHB performance in the Governments priority areas, as identified in the New Zealand Health Strategy and the Ministers stated annual expectations.

The current set of DHB performance measures focus on national priority areas where the DHB is responsible as the funder. These performance measures and related targets have been incorporated in the objectives templates for each area in section 3 of this plan. In addition, other aspects of financial and provider arm performance are reported quarterly through the Balance Scorecard.

Also, the DHB supplies data to the Ministry for a number of service or disease specific reports collated by the Ministry, including data relating to elective surgical services and waiting times.
The DHB reports to its community and other stakeholders through its Annual Reports and other ad hoc publications.

[3] Performance measures and other indicators are shown in section 5 and Appendix 7.1 of this plan

1.8 Consulting with the Wairarapa Community

Community engagement and consultation are fundamental to good decision-making and development of effective plans. Consultation is both a process towards, and a key component of, community engagement. The Wairarapa DHB aims to fulfil its obligations to consult in positive ways that result in decisions leading to better or more appropriate services, improved health outcomes, and increased value for money.

The main purpose of consultation is to enhance the quality of planning and decision-making by enabling the community to review and contribute to these processes. Consultation should also contribute to increased community understanding of the role of the Wairarapa DHB, the parameters and constraints within which it operates, and the overall direction of national health policies and strategies.

The Wairarapa DHB consultation policy[4] covers both formal and informal consultation processes. These include: advisory groups, focus groups, hui, public meetings, workshops, surveys, informal communication with individuals and groups, and provision of written information for comment and submissions. The choice of process or processes used for any particular project or issue is dependent on the purpose of the consultation, the groups that are affected, the complexity of the issues involved, and the significance of the consequences of the decisions to be made – how many people will be affected and to what extent.

We recognise that there are also specific requirements for consultation with disabled people. Consultation must occur in accessible settings and a variety of communication methods are used.

Specific groups have been established to facilitate the consultation process including:

Te Iwi Kainga
There are specific requirements for consultation with Maori. The Te Iwi Kainga meets with the Board regularly[5], and works in association with the Maori Health Committee, and the Director of Maori Health, to advise on and guide the DHBs plans and processes for consulting with Maori. This consultation recognizes the Wairarapa DHB's Treaty partnership with Mana Whenua but is also inclusive of mataa waka.

Service Advisory Groups
In addition to its consultation policy, the Wairarapa DHB has a number of processes in place to enable engagement with the community and special interest groups. A number of groups meet regularly with Wairarapa DHB staff. These include:

- Mental health local advisory group
- Local diabetes team
- Respiratory services advisory group
- FOCUS advisory group, and
- Health of the older person advisory group.

Intersectoral Working Groups
Wairarapa DHB staff also meet regularly with other groups and organisations including: Strengthening Families, Youth Offending Team, Violence Free Wairarapa, Wellington Region Leaders Forum, and Wairarapa Territorial Local Authorities Chief Executives group.

[4] Wairarapa District Health Board Consultation Policy is available on the DHB website
[5] The schedule of DHB Board – Mana Whenua meetings is given in appendix 7.3

Pacific Participation
The Wairarapa DHB must ensure that the needs and issues of the growing numbers of Pacific people are considered and responded to effectively and appropriately. The Wairarapa's Pacific population is small and diverse and currently comprises only 1.7% of the population with an estimate that this will grow to 1.9% over the next ten years. There are no Pacific service providers, and Pacific people, like Maori, are very under-represented among the staff of mainstream providers. The Wairarapa DHB is working with the PHO to develop its links with Pacific communities to ensure they have opportunities to participate in planning.

Proposals for ensuring improvements in service responsiveness to Pacific people are discussed and developed jointly with other DHBs. It is unlikely the Wairarapa will have local dedicated Pacific services within the foreseeable future. Rather, Pacific services in Hutt, Wellington, and Porirua will provide liaison, advice and support on cultural matters to Wairarapa mainstream services that have Pacific clients.

1.9 Achieving Service Coverage and National Consistency

The Ministry of Health's Service Coverage Schedule specifies the minimum access, scope and eligibility to publicly funded services that the population can expect. Wairarapa DHB is committed to meeting the national service coverage requirement and does not expect any exceptions to this to occur for residents of Wairarapa during 2006/07.

Not all services are available locally within Wairarapa and travel to publicly funded services in other districts is required for a range of services.

***Services Provided for Wairarapa by Other District Health Boards*:**

- Regional Cancer Centre – mostly MCDHB
- Tertiary services for treatment of cardiovascular diseases- mostly C&CH Renal dialysis services C&CDHB
- Specialist mental health and forensic services C&CDHB
- Outsourced Acute Mental Health Services HV & MC DHBs
- Specialist child and neonatal services C&C & ADHB
- Termination of Pregnancy Services in second trimester C&CDHB
- Residential Psychogeriatric Services provided by various districts
- Retinal Screening Services through WIPA.

The Wairarapa DHB recognises the need for national consistency across services and wherever possible, uses the National Service Framework when funding services, including use of national service specifications, purchase units and standard contract forms. The DHB at all times observes the mandatory requirement that all services it funds must comply with the Provider Quality Specifications set out in the National Service Framework.

There are a number of other services provided by other DHBs to Wairarapa DHB domiciled residents which are picked up and funded each year through IDF methodology. Wairarapa DHB also has an MOU with Hutt Valley DHB that promotes sharing of staff and resources between the two DHBs.

Wairarapa Strategic Plan directions….
Increased connectedness between all health and social services across the continuum

2. ISSUES, ASSUMPTIONS AND RISKS IN 2007/08

2.1 Key Issues Impacting on this Plan for 2007/08

- **Financial Viability**

Achieving financial targets is a primary DHB objective for 2007/08 and out years. This is a significant challenge, as growth in DHB funding is slowing down, relative to growth in demands for health and disability services, and rises in costs of service provision. The Ministry of Health advises that future funding track (FFT)[6]adjustments in the out years will be less than is provided in 2007/08. In addition Wairarapa's population is slowly declining in contrast to some other DHBs that have rapidly increasing populations. The Wairarapa population is a shrinking proportion of the total national population and Wairarapa DHB cannot expect to receive any significant funding growth through demographic adjustment.

The key issues that are likely to impact on financial viability are summarised below.

Inter District Flows (IDFs)

As a small DHB we are dependent on access to other districts for tertiary and complex secondary services. Our expenditure on these out of district services is subject to great volatility, which we have very limited ability to manage. The number of patients is determined by need, and how much they cost to treat is determined by patient acuity. Both of these can and do fluctuate sharply between time periods.

Prices for IDFs are set nationally and tend to grow faster than FFT.

IDF outflows for specific treatments such as radiotherapy and various cardiac procedures are increasing as new technologies develop. They will increase further as regional service planning and investment in new capacity such as another linear accelerator take effect. This will impact most in 2008/09 and beyond but poses some risk to Wairarapa's financial position in 2007/08.

1. DSS for Older People – strong growth in population and needs

Wairarapa has increasing numbers of people aged 80 years and above. The majority of people in this age group require aged care services, often with high levels of need for residential care. The DHB is experiencing growth in needs for aged care services greater than the growth in DHB funding. Over the period 2006-2011 the Wairarapa population aged 80 years and above is forecast to grow by 34%.

2. DSS for Older People – provider viability issues

Nationally and locally the price inadequacies of the aged care sector are a continuing problem. In Wairarapa most aged residential care providers struggle to survive as they are small operations without purpose built facilities. If one or more collapses then the DHB, as provider of last resort, must develop new arrangements for the residents, both immediately and longer term. This could not be managed within available funding.

[6] FFT is an annual adjustment by government to enable DHBs to accommodate increases in costs of services due to movements in the consumer price increase (CPI) the labour cost index (LCI) and technological growth, after allowing for efficiency gains.

Wairarapa Strategic Plan directions….
Development of more holistic approaches by all services

3. Expenditure on Pharmaceuticals and Pharmacy Services

There are continuing high risks arising from uncapped demand for fee-for-service payments for primary care referred services. At present Wairarapa DHB is experiencing growth of 12% per annum in expenditure on pharmaceuticals and pharmacy services. PHARMAC data suggests that growth in prescriptions, as the Primary Health Care Strategy is rolled out progressively, is greater than was expected. During 2007/08 we may expect further growth as low cost primary care access for people aged 25-44 years takes effect, and Care Plus uptake grows further.

Last year we analysed Wairarapa's pharmaceutical expenditure in detail to try to understand why expenditure growth in Wairarapa is faster than that elsewhere. Total drug costs per capita are lower in Wairarapa than New Zealand as a whole, and are growing at the national rate. However Wairarapa shows a very different pattern for pharmacy fees (dispensing fees and retail margin). While expenditure on drugs has matched national trends, the number of items dispensed per capita is much higher for Wairarapa and has grown faster than elsewhere. The reasons for this are likely to be related to Wairarapa's older and more rapidly aging population.

There are further financial risks, for all DHBs, associated with the budget for pharmaceutical cancer treatments.

5. MECAs

National and regional wage settlements continue to create significant threats to the financial status of the DHB as salary expectations and market rates are growing more strongly than the DHB's baseline funding. Given health sector employee expectations, plus labour shortages across the health sector there is significant risk of industrial action and Wairarapa DHB being pressured to agree to MECAs that would make it impossible to reach our financial targets. We will work with national programmes to avoid this.

- **Workforce Issues and Clinical/Service Viability**

The ongoing maintenance of service provision is an issue for both the funder and for the DHB's provider services. All services in Wairarapa have difficulties in recruiting and retaining staff with the appropriate skills and expertise. The funder must address risks of failure by other providers so as to ensure continuity of quality care for consumers. Within the DHB provider services there are risks arising from recruitment and retention difficulties and unforeseen and uncontrollable absences of key clinical staff. Recruitment and retention within affordable financial parameters is an ongoing challenge. This is being addressed through development of a new more financially sustainable model for RMO staffing, and the development of the 'home-grown' nursing workforce through the relatively new Wairarapa nurse training programme.

- **Managing Acute demand in Wairarapa Hospital**

In 2006/07 provision of hospital acute services has continued to be much greater than the volumes contracted for. It is no longer acceptable to offset increases in acute demand by reductions in the volumes of elective procedures provided. Continuing to deliver acute services above contracted volumes, without the ability to reduce elective volumes by matching amounts creates serious financial pressures and risks for the DHB provider. The DHB must find better ways of managing acute demands and work harder to reduce avoidable admissions and inappropriate presentations to ED. This requires a more coordinated approach with primary health services; more targeted home support services and enhanced discharge planning.

- **Increasing costs of audit, compliance, safety and quality improvement**

Over the past two years Wairarapa DHB has experienced 88% increase in fees charged by AuditNZ for routine audit as directed by the Auditor General.

Wairarapa Strategic Plan directions….
Addressing common risk factors through healthier lifestyles

Although all DHB funded providers have achieved certification under the Health and Disability Services Safety Act; and many have also achieved accreditation with an agency such as Quality Health New Zealand, there are continuing new costs as compliance requirements increase year by year. The full impact of the Health Practitioners' Competence Assurance Act has yet to impinge. In addition there are increasing requirements for national emergency planning and preparedness that impact on DHB capital and operating costs.

Increasing compliance costs also affect NGOs and other non-DHB providers. The DSS sector is experiencing significant costs in relation to certification. These additional costs for other providers put pressure on the DHB to increases the prices it pays for services.

- **Critical Mass and Diseconomies of Small Size**

Wairarapa is the second smallest DHB in New Zealand. To meet all of the national requirements for planning, service provision and coverage, quality systems, monitoring, reporting and compliance with the limited resources available to a small district health board is a constant challenge for both the funder and the provider services of the Wairarapa DHB. A further problem arising from small size is reduced ability to absorb fluctuations in need for services, and in the personnel available to provide services. This leads to disproportionately large volatility in activity levels that often cannot be smoothed out over a single year. The diseconomies of scale and rurality adjuster, included in population based funding, goes some way to making provision for this.

- **Pandemic Preparedness**

Wairarapa DHB is well advanced in pandemic preparedness, with excellent plans in place, and staff trained in the international co-ordinated incidents management systems (CIMS) approach. However maintaining preparedness requires frequent refreshing and updating, for both new and existing staff, and to reflect changes in service arrangements and responsibilities over time. This is an additional compliance cost.

- **New technologies**

The introduction of new technologies is affecting and changing what is considered to be international best practice. Increasingly new, more costly, diagnostics and interventions are becoming the standard treatment for certain conditions. For example: MRI, drug eluting stents; cardiac electro-physiology; brachytherapy; PET scans.

2.2 Key Assumptions

In putting together its plan and budget for 2007/08 Wairarapa DHB has made the following assumptions:

- All pressures for additional expenditure must be managed within Wairarapa DHB's allocated funding envelope for 2007/08 of $96,346,142.
- Future Funding Track provided in the DHB's funding envelope for 2007/08 is 2.6% increase on base funding. A further 0.5% increase on base funding is provided for investment in technology.
- Generally price increases will be managed within 2.6%, and the technology component of 0.5% will only be applied in specific areas of expenditure where there are financial pressures arising from introduction of new technologies.
- For Aged Care DSS:
  - The national price increase to be agreed for Aged Residential Care Services, from 1 July 2007, will result in increased cost to the DHB, no greater than 2.6%
  - Volume growth in utilisation of aged care services in 2007/08 will be no greater than 5%
  - The financial impact of changes in DSS boundaries, and any further contracts/funding responsibilities devolved to the DHB will be cost neutral
- Other than for Aged Care DSS, there will be no significant changes to previous year's contracted service volumes, except where additional funding has been provided to the DHB (eg mental health Blueprint, orthopaedic initiative)
- Growth in 2007/08 in the DHB's total expenditure on wages and salaries, including step increases, any increments for staff on independent employment agreements, and all changes in collective employment agreements will be within 2.6%.
- IDF prices and volumes will be as forecast
- Costs of any new government/Ministry of Health policies and initiatives that have financial impact on the DHB will be offset fully by increased funding from the Ministry
- Price increases for services provided by the DHB, NGOs and other community providers will be no greater than 3.1% (FFT)
- Should a pandemic occur government will provide additional funding to meet fully the additional costs to the DHB
- Interest rates will be within Treasury's forecasts
- Wairarapa DHB will retain early payment status

2.3 Key Risks and Mitigation

The nature and complexity of the DHB's activities and services mean that it is inevitably exposed to a wide variety of risks. Many of these risks are more acute in Wairarapa than elsewhere due to the small size of the organisation, small workforce and small funding base which make it more challenging to absorb fluctuations in resources and/or demand than may be the case in a larger DHB.

All DHBs face pressure from additional expenditure which must be managed within allocated funding. For 2007/08 management of expenditure pressures will require considerable restraint, and focused exploration of productivity improvements. In employment negotiations there will be a focus on increased workforce flexibility, increased productivity, and fair and reasonable wages that are affordable. The DHB will have to manage staff numbers to appropriate levels and implement changes to service configuration. These efforts will be prioritised within the DHB's service priorities and demographics.

Broadly speaking, the DHB faces two types of risks: those we can manage by ourselves – those internal to the DHB itself - and external risks that fall more broadly across central region DHBs, and/or the DHB sector as a whole. We can only manage these external risks by working jointly with other DHBs.

The biggest risks facing the DHB going into 2007/08 relate to maintaining performance on elective services, managing delivery of acute services within budget, increasing labour costs from new multi employer collective agreements (MECAs), services for older people, IDFs and regional services, and expenditure on pharmaceuticals and pharmacy services.

Internal risks

Maintaining green status on all electives services indicators

The DHB needs to stay green on all indicators to maintain its early payment status. If early payment status is not maintained the DHB cannot achieve financial break-even. In addition if green status is not maintained the DHB cannot access additional funding for elective services.

Managing demand for hospital acute services

In 2006/07 provision of hospital acute services is well above financially sustainable levels. The DHB needs to reduce acute service volumes and expenditure.

Changing capacity and capability

Although change processes implemented over the past two years have provided excellent outcomes, this needs to remain a key focus for the DHB. Active management of resources and a passion for outcomes are required to ensure that the DHB continues to deliver services both effectively and efficiently. There is a risk the DHB will not fully achieve its operational objectives unless there are continuing changes in organisational culture, behaviour and capability. This risk is being addressed through ongoing training, consultation and communication with staff.

Achieving efficiencies and ensuring value for money

There is a risk that, now that the planned efficiencies associated with the new hospital development are achieved, efforts will diminish and further efficiency gains in the operation of hospital services may not be achieved, with consequent failure to meet to financial targets. This risk is being addressed through ongoing training, strong management, internal communications and robust performance monitoring.

Ability to recruit and retain clinical workforce
While issues regarding the need to maintain a stable workforce are not unique to Wairarapa, the impact on Wairarapa of any workforce gaps is significantly higher than for larger DHBs due to the lower establishment numbers of any one type of clinical staff. We manage this risk through effective human resource management, judicious use of locums, and participation in national and regional workforce development and recruitment initiatives.

Aged Residential Care services
There are significant risks regarding continuity and future sufficiency of provision of aged residential care services in Wairarapa:

- Growth in service need is outstripping growth in funding
- Projections show service need is likely to soon exceed local provider capacity
- Small local service providers who are not financially viable.

While to some extent these risks are common to all DHBs, there are some aspects unique to Wairarapa. Wairarapa has an older population than other DHBs and is aging more rapidly. In addition Wairarapa has more very small providers of aged care residential facilities than other DHBs. These small providers cannot achieve the economies of scale necessary to assure ongoing viability. We are managing these risks by working locally with service providers to find and implement effective local solutions, and with other DHBs and the Ministry of Health to address those aspects that require a national approach.

External risks
MECAs
Continuing wage and salary growth at affordable rates is the DHB's biggest financial risk in 2007/08. Employee remuneration expectations need to be brought into line with Government's expectations for health sector funding and productivity growth. This is being addressed by DHBs collectively through a series of sector–wide negotiations with different workforce groups.

The flow-on impact of the nurses MECA to the DSS and NGO sector is also a significant risk in terms of price increase expectations and sustainability of community and disability support services. This is being managed both locally through close communication with the DSS and NGO sector, and, where appropriate, nationally through collective DHB negotiation of nation-wide service agreements. Aged Residential Care service providers are seeking a contract review to address the nurses' MECA issue but the review process has stalled

A 1% change in DHB personnel costs has a financial impact of $280k per annum

IDF and Regional service risks
Wairarapa experiences significant volatility in IDF costs. Two years ago, over a two month period, we had a surge in medical acute volumes that raised expenditure $600k above forecast. 2006/07 is showing similar volatility. We manage the volatility risk by keeping a contingency fund.

We are also vulnerable to increasing pressures on IDF expenditure due to:

- National increases in prices for highly specialized services, greater than FFT
- Increasing application of new technologies.

Wairarapa Strategic Plan directions….
Development of more holistic approaches by all services

Central region DHBs are agreed that these issues should be addressed jointly and that each DHB can more effectively and efficiently meet its obligations to its local population by working together on shared regional approaches. As the DHB with proportionately the greatest share of total expenditure on regional services/IDFs, Wairarapa has most at risk, and the most to gain from an effective solution. This risk will be managed by active engagement and dialogue with neighbouring DHBs, and strong advocacy.
A 1% change in net IDF costs has a financial impact of $145k per annum

Pharmaceuticals and Pharmacy Services
There is a risk the DHB's uncapped, fee-for-service expenditure on pharmaceuticals and pharmacy services will exceed budget. There are many drivers of this expenditure growth external to the DHB. This risk will be addressed by working closely with:

- Other DHBs and pharmacy groups to develop new agreements for pharmacy services and manage growth in fees for pharmacy services
- Other DHBs, PHARMAC, and the primary health care sector, to plan and manage expenditure on pharmaceuticals

A 1% change in pharmaceutical demand driven costs has a financial impact of $100k per annum

Quantification of Major Risks
The table below shows estimates of the financial impacts of meeting service growth pressures over the next three years, so as to maintain current levels of access to services. The total financial impact of all risks for 2007/08 greatly exceed the available contingency fund, however we are assuming we can manage these risks in 2007/08 so as to remain within budget and achieve break-even. Figures in the column headed 'Risk 2007/08' indicate the financial impact if this is not achieved.

For 2008/09 and 2009/10 we consider that further growth in aged care needs and volumes, pharmaceutical expenditure (including new cancer drugs), and expenditure on regional services, including IDFs, will add further risks. Managing these risks within the available funding for 2008/09 and 2009/10 will be a considerable challenge.

The projected required growth in Aged Care volumes is estimated at 2% and 2.5% above the 2% 'affordable' increase in each year, the affordable increase being that which can be funded through the DHB's expected demographic funding adjustment.

Volume and price pressures for increased expenditure on out of district services are growing strongly. It is likely that these can be managed within budget for 2007/08 as IDF payments are largely fixed for the year ahead. However planned increases in linear accelerator capacity and other new technologies will impact on IDF arrangements for 2008/09 and 2009/10.

Risk	Risk 2007/08	Risk 2008/09	Risk 2009/10
Failure to maintain green status on ESPIs, with subsequent loss of access to additional funds	$692k	$692k	$692k
Failure to meet DHB performance requirements and subsequent loss of early payment	$400k	$420k	$420k
Wage growth above 2.6% 1% increase in wages costs DHB provider $280k – flow to NGO sector in out-years	$280k	$556k	$556k
Industrial action – extra costs incurred in maintaining minimum services	$200k		
Aged Care risks, provider failure and volume growth above rate of demographic funding increase.	$200k	$450k	$450k
Pharmaceutical expenditure, PCTs, and community pharmaceuticals	$270k	$270k	$540k
Baseline growth in IDFs and Regional Services as new services and treatment regimes come on stream – Cancer drugs, Radiotherapy, Brachytherapy, Cardiology	Minor - manageable within contingency fund	$570k	$760k
Implementation of InterRAI		$133k	$70k
TOTAL	**$2.04M**	**$3.09M**	**$3.49M**

Wairarapa Strategic Plan directions….
Increasing community wide collaborations across sectors

Major Risks Affecting Wairarapa DHB in 2007/08

Risk	Why a concern	Strategy to address
1. Viability and sustainability of regional services	• Risk of loss of service coverage and access if regional specialty closes down. • Increased pressure on travel and accommodation budget if patients referred outside the region	• Work with other regional DHBs to identify and analyse issues • Work collaboratively with other regional DHBs to agree services required and sustainable funding path for them • Negotiate exceptions to service coverage, if required
2. Inter District Flows (IDFs) – net outflow greater than expected	• Greater than expected use of specialist services of other DHBs and application of wash-up provisions create unexpected drain on Wairarapa funds. • IDF patient/service flows are uncontrolled • Small DHB has less capacity to absorb volatility in high cost patient numbers than larger DHBs	• Maintain contingency fund • Implement IDF budget management strategy with all referrers • Work with other Central region DHBs to develop risk pool/risk sharing mechanism for low volume high cost treatments
3. Achievement of new efficiencies	• Achieving breakeven requires realisation of all planned efficiencies	• Strong project management and control • Regular reporting and monitoring of progress • Strong internal communications

4. Workforce culture, capability and capacity – loss of momentum as change processes wind down	• Ongoing changes in the hospital workforce are critical to realisation of:
	  • Best practice and new models of care
	  • Achieving efficiencies
	• Ongoing changes required in both numbers of staff and ways of working
		• Continue comprehensive service development and change management programmes
		• Ongoing consultation and engagement with staff in all disciplines

5. Workforce recruitment and retention	• Difficulties in attracting appropriately skilled clinical staff – new hospital requires staff with high level generalist and specialist skills, who are able to practice autonomously	• Work with national and regional recruitment initiatives • Continue to support development of local nurse workforce through UCOL and NETP programmes
6. DSS Provider failure – due to financial viability and/or staffing issues	• Prices do not cover costs • Scale diseconomies - Most Wairarapa providers are very small scale • Service providers could exit suddenly – leaving vulnerable patients stranded • Questionable clinical viability of some services in face of staffing difficulties	• Maintain close liaison with providers and identify early warning signs • Participate in national working groups to identify sustainable solutions • Encourage providers to work together to share costs as far as possible • Maintain contingency plans • Escalate issues appropriately, including informing Ministry of Health
7. Insufficient supply of Aged Residential Care services to meet future needs	• Total current residential care capacity is fully utilised • Shortages impact on operational efficiency of Wairarapa Hospital	• Continue to analyse and quantify needs • Work with providers to develop short and longer term solutions including home support options for people with very high need levels • Escalate issues appropriately, including informing Ministry of Health
8. Provider failure – due to poor contract performance	• Indications of serious inadequacies in service provision can arise suddenly, necessitating contract exit and rapid development of alternative arrangements for service delivery	• Effective monitoring and audit programmes in place • Early identification of concerns • Develop tailored solutions to address specific concerns • Exit contracts where resolution not achieved
9. Growth in expenditure on pharmaceuticals and pharmacy services	• Expenditure on pharmaceuticals is demand driven and uncontrolled • Expenditure on pharmaceuticals and Pharmacy services is rising faster than DHB funding	• Continue to work with Wairarapa Community PHO and local pharmacists to achieve effective management of prescribing and expenditure • Work with MoH and DHNZ to expedite roll-out of referred services management tools and incentives for PHOs
10. MECAs – settlements in excess of FFT	• DHB funding path assumes settlements are no greater than the growth in the labour cost index • Higher settlements mean DHB cannot achieve financial targets • Risk of industrial action and service disruption	• Joint strategy with other DHBs to negotiate settlements within DHB funding parameters • Escalate issues appropriately, including informing Ministry of Health
11. Identification and mitigation of clinical risk	• Clinical competency systems required • Ability to learn from adverse events • Assurance that clinical practice complies with best practice guidelines	• Reportable Event Group • Credentialling • Professional Recognition Development Programme • Monitoring of events – Clinical Board • Mortality & morbidity meetings • PQAA policy and associated reporting requirements • Complaint systems • Policy development • Clinical audit

Wairarapa Strategic Plan directions….
Continually improving quality and safety of services

2.4 DHB funding for 2007/08

The Crown Funding Envelope
The DHB expects to receive $93,695,450 in revenue through its Funding Agreement with the Crown, and $2,650,712 for provision of services to residents of other DHBs, giving a total funding envelope of $96,346,142. Wairarapa DHB expects to pay other DHBs $17,206,216 for services they provide to Wairarapa residents, leaving $79,139,926 available to operate the DHB and fund services for Wairarapa residents within Wairarapa.

After allowing for funding increases for specific adjustments, in 2007/08 Wairarapa DHB will receive about $2.9M more in its funding envelope than in 2007/08. This increase is comprised of the adjustments for the Future Funding Track (FFT) and demographics.

FFT is an annual adjustment by government to enable DHBs to accommodate increases in costs of services due to movements in the consumer price increase (CPI) the labour cost index (LCI) and technological growth, after allowing for efficiency gains.

Other sources of funds
Revenue from sources other than the Crown Funding Agreement is expected to be $5.3m. This funding includes revenue from ACC, the Clinical Training Agency, Elective Services funding and other funding from the Ministry of Health not included in the Crown Funding Agreement as it has yet to be devolved. This revenue has increased by $1.2m since 06/07 of which $1.3m is increased funding for Elective services.

Reduced funding growth
The additional funding provided by Government in the DHB's funding envelope for 2007/08 is proportionally a smaller increment than has been received in recent previous years. Government has also advised that funding increases for the out years 2008/09 and 2009/10 will be smaller again at 2.50% for each year.

The reduced growth path for DHB funding presents a significant challenge. Health sector non-wage costs tend to rise faster than CPI, and recent health sector wage settlements have been well above the rate of growth shown in the labour cost index (although Government has provided special 'pay jolt' funding to meet some of these costs). Other pressures are caused by the aging population and the introduction of new technologies as the population ages health and disability service needs increase. Also, there is increasing pressure to implement new technology developments (including pharmaceuticals) which provide better, but more expensive interventions.

Contingency Fund
In each of the last two years the DHB has set aside a sum to meet any unplanned contingencies that may arise. This has been invaluable in enabling unexpected swings in IDFs and faster than expected growth in demand driven expenditures to be accommodated without reduction of planned expenditure in other areas.

For 2007/08 the DHB faces higher levels of risk and has therefore budgeted a larger amount for contingencies.

2.5 Allocation of funds

The table below shows the allocation of the DHB's Crown funding envelope in 2005/06, 2006/07, and that planned for 2007/08. All figures are GST exclusive.

Expenditure category	2005/06 $	2006/07 $	2007/08 $	Comment
DHB provider total	36,874,292	38,728,149	39,130,802	Total increased by FFT less adjustment of $1.6M for lab services now contracted separately
DHB governance and administration	1,549,000	1,600,000	1,736,898	FFT increase on base, plus additions for election expenses, higher Board member fees, and fees for Te Iwi Kainga
Demand driven primary care items	9,147,798	9,950,750	11,077,597	11% increase Main expense is pharmaceuticals, growing at 12% per annum. Claims for immunisations and dental treatments for adolescents are also growing strongly.
Services purchased from other DHBs (IDFs)	17,027,707	17,925,213	17,206,216	Reduction mainly due to move to direct purchase of laboratory services.
DSS –residential aged care	8,130,027	8,368,236	8,627,902	FFT increase plus 0.5% allowance for increasing numbers requiring subsidy
DSS – aged care – non residential	1,413,211	1,454,700	1,1,586,229	FFT increase for prices, plus 5% for volume growth
DSS aged care volume growth		435,924	727,452	New services - Support to Live at Home, Flexi short term residential care
Wairarapa PHO	4,018,246	4,624,048	6,878,477	Includes provision for FFT, increasing range of services, plus age group funding roll-outs
Maori NGO – Family Start, Outreach Immunisation	323,446	323,446	84,442	Family Start now funded by Ministry of Social Development – no longer DHB responsibility
Other personal health NGO	81,941	83,538	1,123,278	Te Omanga contract moved across from HVDHB. Adult dental service, Parents Centre, Diabetes annual checks and screening, new funding for cancer and hospice services
Maori NGO – personal health	675,938	705,000	744,289	4.0% increase
Mental Health NGO (includes Maori provider)	2,937,563	2,924,443	3,521,303	Includes FFT increase plus $226,000 Blueprint funding
Contingency for risks	600,000	600,000	742,777	
TOTAL	**83,200,626**	**87,136,699**	**96,346,162**	

The table below shows the sources and amounts of non-Crown Funding Agreement revenue:

Funding Source	2006/07 $	2007/08 $	Comment
ACC	1,303,517	1,500,000	
Elective Services	198,514	1,528,000	$1.3m increase for additional elective services
Clinical Training Agency	308,000	318,000	
MOH non-devolved funding	1,375,351	848,000	
Other DHB	750,000	850,000	
Other Income	1,252,000	1,284,000	To include other income as sourced from Provider Arm Budget
TOTAL	**5,111,000**	**6,328,000**	

2.6 Achieving efficiencies, increasing productivity and value for money

Realising efficiencies
Wairarapa DHB is committed to maximising cost effectiveness, productivity and efficiency across all of its activities. The focus is on ensuring we fund and provide only those services that can be demonstrated to be cost effective, and that the services are provided efficiently. All services funded are expected to be evidence based, give priority to interventions that give the most benefits relative to the resources used, and be provided efficiently.

Considerable efficiencies have been achieved within the DHB over the past three years through progress towards full implementation of new ways of delivering services in the new hospital. 2006/07 has been marked by full and final achievement of all of the efficiencies identified in the business case for the hospital, written in 2004. These efficiencies and other changes have reduced the DHB's annual operating deficit by $4.5million.

Summary of efficiencies achieved over past three years
The following table shows the efficiencies identified within the business case for the development of Wairarapa Hospital and the efficiencies that have been delivered to the end of February 2007. The table shows that where business case efficiencies have not been delivered other efficiencies have been identified and implemented.

The most significant efficiency delivered in 2006/07 is the new contract for laboratory services. This reduces DHB expenditure by $500,000 per annum.

Efficiencies Financial Summary

	Business Case Target	Delivered	Variance
Recurrent Cost Savings			
Repairs & maintenance on existing facility	109	109	0
Heating, Cleaning, Orderlies & maintenance contract	174	174	0
Total Recurrent Savings	**283**	**283**	**0**
Operational Savings			
Reconfiguration of laboratory services	347	500	153
Reconfiguration of radiology services	198	198	0
Additional IDF & Overflow work	1,060	750	(310)
Primary / Secondary partnership	200	0	(200)
Total Operational Savings	**1,805**	**1,441**	**(357)**
Change Management / Service Initiatives			
Personnel FTEs	1,899	1,841	(58)
Textiles/Laundry outsourcing	90	90	0
Supplies	100	94	(6)
Total Change Management / Service Initiatives	**2,089**	**2,025**	**(64)**
Total Planned Efficiencies	**4,177**	**3,749**	**(421)**

Wairarapa Strategic Plan directions….
Development of more holistic approaches by all services

Other Efficiencies			
Reconfiguration of Mental Health Services		39	39
Renewal of Photocopier lease		10	10
Early payment of monthly revenue from MOH		420	420
Total Other Efficiencies	**0**	**469**	**469**
TOTAL	**4,177**	**4,218**	**48**

Wairarapa DHB remains committed to delivering further efficiencies. To this end Wairarapa DHB:

- Continues to look for ways of reducing the IDF outflow through local delivery of services;
- Continues to look for ways to generate additional revenue;
- Will review options on cost savings that could be achieved through primary/secondary partnerships;
- Actively participates in regional purchasing arrangements seeking improved unit costs on consumable and capital items.

Measuring productivity
Across all services, including those provided by NGOs, We use a variety of productivity measures and benchmarking to assess and promote service quality and efficiency, and these will continue to be developed and applied in 2007/08. The measures include caseloads and consultations per FTE, consumer satisfaction and complaints, and timeliness.

Additional productivity measures are used for the DHB provider. We monitor overall productivity of the DHB through measuring resource utilisation, the value of services provided compared to the costs of providing those services. Resource utilisation increased from 87% in 2002/03 to 101% in 2004/05.

Other efficiency and value for money measures used include:

- Day case procedure rate (Hospital Benchmark Information)
- Theatre utilisation (actual theatre hours used divided by scheduled theatre hours)

2.7 Service Changes expected in 2007/08

Review of the 2006/07 year

During 2006/07 the main focus has been to bed down and consolidate the significant changes in workforce and workforce practice in the Provider Arm that occurred as a result of the new Hospital development. This has been assisted by the post implementation review completed during 2006/07.

- *Implementing the new model of Maternity Care*
  In Wairarapa Hospital a new model of maternity has been implemented. Payment for GPO services in Wairarapa has traditionally been at rates above those used elsewhere. During 2005/06 Wairarapa DHB has reached agreement with local GPOs that their current payment rates will be 'grandparented' until such time as the section 88 rates are of equal value.

- *Increasing access to CAMHS-Child and Adolescent Mental Health Services*
  Wairarapa DHB invested additional Blueprint Funding into the CAMHS service to increase clinical staffing by 3 FTEs. This has significantly increased access to, and the profile of this service.

- *Implementing a Wairarapa-wide, primary care led, Chronic Disease management*
  During 2006/07 Wairarapa DHB funding Wairarapa PHO to roll out its Chronic Care Management programme which will provide a standard approach to Chronic Care Management (CCM) throughout all Primary Care Practices in the Wairarapa. The project provides software package that sits along side the Medtech 32 patient management system to enable practices to identify and target patients with chronic illness and also those that are at risk of developing a chronic illness. A district-wide system of this kind is a first for New Zealand.

- *New Primary Health Clinics in Schools*
  Primary Health Care clinics have been established in each of the two lowest decile colleges in Wairarapa. These provide free practice nurse and GP consultations, plus screening (by public health nurses) using the HEADSS tool.

- *New arrangements for laboratory services*
  During 2006 the DHB issued an RFP for provision of laboratory services. This has resulted in a service agreement with one provider, Medlab Central Limited, for provision of all laboratory services for Wairarapa hospital and the community. Staff formerly employed by the DHB in the Wai-Aro hospital laboratory services are now employed by Medlab and Medlab leases the hospital laboratory from the DHB.

- *Increasing access to ophthalmology services*
  During 2006/07 Wairarapa hospital has taken on an ophthalmologist as a permanent employee. This has greatly expanded the ability to provide services locally.

Service changes expected in 2007/08

- *Closure of regional mental health rehabilitation services at Whanganui DHB*
  Whanganui DHB has advised that it has decided to exit the provision of intensive clinical residential rehab services for people affected by mental disorders. This is likely to take effect during 2007/08. The service provided is a regional one, funded jointly by the six Central region DHBs. Three years ago the region's DHBs indicated that they found the service to be of limited value and wished to move instead to alternative forms of service provision. Traditionally Wairarapa has had one or two patients in this service at any one time. Wairarapa DHB will now work to ensure alternative arrangements are developed for its residents.

Wairarapa Strategic Plan directions….
Increasing community wide collaborations across sectors

- *Orthopaedic service*
  During 2007 Wairarapa DHB is likely to employ a third orthopaedic surgeon. This will mean that Wairarapa DHB can then run a 24/7 on-call orthopaedic roster and will no longer need to send some acute work to MidCentral DHB. This will create changes in IDFs which will be worked through using the process set out in the Operating Policy Framework.

- *Services for Older People*
  Further progress will be made in development of 'aging in place' initiatives. New services to be developed in 2007/08 include: a slow stream (6 weeks) health recovery programme for people needing a period of convalescence and rehabilitation to enable them to return to living independently; and development of a small residential service for older people affected by mental illness.

- *Cancer services*
  The Regional Cancer Network is expected to become operational during 2007 and provide increased focus for development of cancer services across the region, aligned with individual DSHB cancer action plans. Capital and Coast and MidCentral DHBs are both planning to increase their linear accelerator capacity. When increased capacity is available radiotherapy volumes provided to Wairarapa patients will increase. At this stage it is uncertain whether this will occur during 2007/08.

- *Mental Health Services*
  Blueprint funding will be used to develop a locally based crisis respite service for youth.

- *Services for Maori*
  As more Maori nurses are becoming available in Wairarapa there is the opportunity to develop the capacity and capability of our Maori providers and increase the level of service provision. During 2007 the DHB intends to work with Maori providers to agree a transition pathway towards an increasingly professionally qualified workforce and more 'expert' service delivery.

- *Implementing recommendations from the Palliative Services Review*
  In 2005/06 Wairarapa DHB completed a review of Palliative Care Services - looking at ways of improving access, functioning and integration of local palliative care services and implementing the objectives of the Cancer Control Strategy. The review findings indicated some serious inadequacies in current palliative care service provision - inadequacies in how services are delivered, and interfaces between them. During 2006/7 a palliative care service development strategy has been completed. This will be implemented in 2007/08 and will lead to some changes between service providers.

  Wairarapa DHB will follow the requirements of the Operational Policy Framework in relation to all service changes.

Wairarapa Strategic Plan directions….
Continually improving quality and safety of services

3. PRIORITY ISSUES AND ACTIONS FOR 2007/08

In 2007/08 Wairarapa DHB will continue to pursue the same overarching goals and strategic directions as in 2006/07, but with increased pace and intensity. Now that the new Wairarapa hospital is fully operational and changes in service design are beginning to bed in there is increased scope to go harder and faster towards achievement of our health goals.

While across services generally it will be business as usual, with greater effort, six areas are identified for specific focus and priority in 2007/08. These are:

- Further developing collaboration and a common purpose
- Suicide prevention
- Reducing violence
- Managing acute demand at Wairarapa hospital
- Increasing efficiency in delivery of hospital services
- Implementing Healthy Eating Healthy Action

3.1 A Common Purpose

Working collaboratively with others, across sectors, and increasing connections between health and social services are key themes in the District Strategic Plan. Wairarapa DHB actively progresses collaboration at several levels. The DHB maintains effective formal relationships and collaborations with a large number of agencies and groups. The full list of these is appended. There are also many informal relationships and links.

Working with our local communities

Over recent years the DHB has build sound collaborative relationships with local government and key community groups. There is widespread community ownership of the DHB's vision and goals and growing understanding of the societal determinants of health – that health is everybody's business. This is encouraged to develop further through a strongly consultative approach to development of new strategies and initiatives, with hui and open community meetings held to debate significant issues and new developments.

Wairarapa DHB has strong relationships with the three local territorial authorities and contributes to some joint planning processes with them. Examples of this include the Active Wairarapa Plan, LTCCPs and the Regional Land Transport Strategy.

In 2006/07 and 2007/08 Healthy Eating Healthy Action is the main focus of collaborative action within the district. The Wairarapa approach to HEHA already has strong cross sectoral and local government support and involves stakeholders from all parts of the community, including all three mayors and the regional commissioner for the Ministry of Social Development.

Working with other sectors and Government agencies

The DHB works with Work and Income, the Ministry of Social Development, ACC, SPARC and the education sector to identify and pursue synergies through shared approaches. This is particularly important in progressing implementation of 'whole of government' strategies such as the National Suicide Prevention Strategy, and the New Zealand Disability Strategy. Work and Income staff sit on the DHB's Health of Older People Advisory Group, and are involved in implementation of the DHB's programme to provide low cost emergency dental care to people on low incomes. Relationships with ACC and SPARC revolve around shared strategies for reducing falls, improving balance, and increasing physical exercise, in conjunction with implementation the multi-agency active Wairarapa plan.

Working with the PHO and other local health and disability service providers

Further development of primary health care, increasing focus on population health approaches, and a more cohesive interface between primary and secondary services are essential to the development of better health

Healthy Eating Healthy Action……..

Increase support for Green Prescriptions

care and improvements in health status. Wairarapa DHB and Wairarapa Community PHO annual plans and objectives are developed jointly between the two agencies.

The PHO and DHB are collaborating on a publicity campaign to encourage appropriate use of primary health care and the hospital emergency department.

Working with other DHBs

For the Wairarapa, strong co-operative regional and sub-regional relationships are essential to ensure that full and efficient service coverage is maintained for Wairarapa residents through access to the services provided and/or funded by other DHBs, and to provide and promote specialist back-up and peer review for services delivered in the Wairarapa. Particularly close links have been established with Hutt Valley DHB. Wairarapa and Hutt Valley DHBs have a memorandum of understanding to work together. Services that have benefited from this agreement include ENT, plastics, general surgery and mental health.

The Wairarapa DHB is committed to:

- Sharing of resources with neighbouring DHBs and with other providers
- Working collaboratively with all central region district health boards
- Working collaboratively with the Ministry of Health
- Working collaboratively with DHBNZ.

At regional level the chief executives, general managers planning and funding, chief finance officers, chief information officers, chief operating officers, directors of nursing, chief medical advisers, and HR managers meet together monthly in their professional groups to pursue joint planning for the region and alignment of individual DHB strategies.

During 2007/08 Wairarapa DHB will continue to participate fully in regional DHB planning and initiatives, including:

- Implementation of regional service models for:
    - Plastics, burns and maxillofacial surgery
    - Cardiology services
    - Regional review and development of renal services
- Establishment of a regional cancer network in line with the New Zealand Cancer Control Strategy
- Completion and initial implementation of the Regional Mental Health and Addiction Service Development Plan
- Workforce development, including the establishment of a common web portal for recruitment, development of a regional brand, and e-learning opportunities
- Establishment of a regional secure broadband network which links all regional DHBs and facilitates sharing of clinical and administrative information
- Other information system projects, including clinical information systems, as set out in the Regional Information Systems Strategic Plan
- Regional audit and quality improvement framework and programme
- Further development of the regional emergency plan, with particular focus on pandemic planning, through the central region Emergency Management Group
- Three yearly health needs assessment
- Regional procurement, for example through the lower North Island buying group.

Healthy Eating Healthy Action……..

Support the implementation of the Active Wairarapa Action Plan

3.2 Suicide Prevention

Suicide and self harm are significant issues for Wairarapa. Rates of suicide in Wairarapa in 2002 – 04 were higher than in any other district. The suicide death rate for all New Zealand was 12.8 per 100,000. In Wairarapa it was 23.9 per 100000 of population. Similarly Wairarapa admissions to hospital for intentional self harm were high, with only five DHBs having rates above Wairarapa's. The Wairarapa rate of hospital admission for intentional self-harm was 190.6 per 100,000, compared with 152.7 for all New Zealand.

Mental disorders are the major contributor to suicidal behaviour. Supporting the public to recognise and be more responsive to people experiencing depression (the most common mental disorder) is an objective of the National Depression Awareness Initiative which commenced in October 2006. The Mental Health Foundation is also rolling out a programme called "Out of the Blue" and there are many self-help tools available on websites. Wairarapa DHB will build on and promote these initiatives at the local level.

Suicidal behaviour is complex, with many and varied contributing factors. Effective prevention of suicide requires a multi sectoral approach that integrates both individual and population level programmes. The community needs to own suicide prevention activities and take an active role in their planning and development, in the same way as is happening for HEHA. Experience of successful community-wide planning elsewhere shows this requires an identified group responsible for leadership and co-ordination and the utilisation of existing community structures and initiatives.

For 2007/08 Wairarapa DHB intends to use its HEHA activities as the basis for improving mental well-being. Mental well-being is improved through increasing social connection, improving nutrition and increasing physical activity – all of which will come through effective implementation of HEHA.

A National Action plan is being developed for the National Suicide Prevention Strategy. This is expected to be available later in 2007, and will be used to inform the development of a comprehensive local Wairarapa action plan. In the meantime the actions listed in the table below will be put in place.

National Suicide Prevention Strategy Goal	Wairarapa DHB actions for 2007/08
1. Promote mental health and well-being and prevent mental health problems	Implement HEHA action plans
2. Improve care of people experiencing mental disorders associated with suicidal behaviour	Increase awareness of effective interventions, including self-help strategies – through local promotion of depression awareness and 'Out of the Blue" Increase access to "To be Heard" Work with PHO and CAMHS to increase recognition of, and response to self harming behaviours
3. Improve care of people who make non-fatal suicide attempts	Review Wairarapa hospital treatment, management and after care for people who have attempted suicide and implement recommendations. Develop support systems for families/whanau
4. Reduce access to means of suicide	
5. Promote safe reporting and portrayal of suicidal behaviour by the media	Work with the media to encourage safe reporting
6. Support families/whanau friends and others affected by a suicide or suicide attempt	Ensure Wairarapa families have access to support from the suicide post vention worker based at Regional Public Health
7. Expand the evidence about rates, causes and effective interventions	Monitor local trends and ensure local actions and strategies are informed by international research findings

Healthy Eating Healthy Action……..
Application of the Nutrition Fund

3.3 Reducing family violence

The Campaign for a Violence Free Wairarapa

'Rise Above It' is a Wairarapa wide community response to violence based on four principles:

- **Partnerships:** strengthening the many positive relationships within our community.
- **Changing Attitudes:** encouraging the whole community to realise that violence is not an answer to any of our problems.
- **Improving Wellbeing:** increasing the sense of belonging within our community and improving the quality of life for everyone.
- **Improving Coordination:** agencies and groups working together to provide services.

Masterton District Council, 2002

Past year achievements

- Review of DHB approaches to implementing the Family Violence Guidelines including addressing the recommendations from the Ministry audit conducted in July 2006
- Regular training sessions for DHB staff and community agencies
- DHB policies and procedures updated
- MoU between Police, CYFs and DHB to improve collaboration regard to child abuse and neglect signed
- Pacific Island representation on the Violence Free Project Group
- Awareness campaign included Early Childhood Centres, libraries, radio and medical run

Wairarapa has a unique approach to reducing family violence within the region that has been identified nationally as a leading light in its field. The intersectoral *Rise Above It* campaign was launched in 2002 in response to community concerns about levels of violence particularly involving children. This high profile community action group led by the Mayor of Masterton encourages collaborative approaches to case management and ensures that all providers involved in a family's care liaise and ensure optimum outcomes for that family.

DHB staff are actively involved in community initiatives incorporated in this campaign that focus primarily on raising awareness and community education. In addition, through its Family Violence Coordinator role, the DHB works in the provider arm to improve identification of violence and abuse cases and coordinate appropriate services and responses to cases once identified.

Over the past three years there have been considerable new resources added to the Family Violence campaign in the Wairarapa from a range of agencies including police, TLAs Ministry of Social Development and justice.

A review of the current resources available across the Wairarapa and the DHBs role in both the community and provider arm initiatives will be completed by the end of 2006/07. This review will incorporate initiatives that action the recommendations made in the Ministry's audit - *Family Violence Programme Evaluation – 30 month follow up report,* and identify what resources the DHB needs to invest in order to meet the needs of the community both in the identification and prevention of violence and abuse.

The implementation of the DHBs review will be the focus for 2007/08 with the aim of improving the DHBs responsiveness to both Partner and Child abuse situations.

Plans for the year ahead

- Implement recommended changes to the role of the family violence coordinator as per recommendations in the DHB review completed in 2006 /07
- Include training on partner abuse as part of mandatory core skills programme for all clinical staff at Wairarapa hospital
- Implement a tool to screen for violence and assess safety, for routine use in all hospital services

Healthy Eating Healthy Action……..

Achieve accreditation in Baby Friendly Community initiative

- Implement formal, standardized evaluation procedures to monitor the quality and effectiveness of partner abuse and child abuse and neglect processes and systems at Wairarapa hospital
- Develop greater linkages between the Family Violence coordination initiatives and the Elder Abuse programme run in South Wairarapa
- Continue with raising awareness initiatives including providing up to date information brochures and posters throughout Wairarapa
- DHB policy and procedures reviewed and updated
- Continue to liaise closely with Pacific Island and Maori community groups

Healthy Eating Healthy Action……..

Support further use of Care Plus throughout Wairarapa GP practices

3.4 Managing Acute Demand at Wairarapa Hospital

Wairarapa hospital has very high rates of emergency department attendances, and avoidable admissions in comparison with other parts of New Zealand. This indicates some deficiencies in access to primary care, and in discharge planning and post-hospital community support services and linkages.

Acute hospital treatments account for approximately half of the DHB provider's expenditure. Strong uncontrolled growth in acute presentations puts at risk the provider's ability to deliver on its contracts for elective services and manage within budget.

Patients who frequently attend hospital for emergency care account for a large proportion of hospital costs. Good community treatment pathways and hospital assessment processes can reduce the requirement for hospitalisation, reduce costs and improve a patient's quality of life.

However, much of this potential can only be released if all sectors of the local health community work together.

Plans for the year ahead

Past year achievements

- The DHB and Wairarapa Community PHO are collaborating on a publicity campaign to encourage more use of primary care and less use of ED for conditions that are more appropriately treated in primary care.
- A small project has reviewed admission and discharges processes and associated issues. This resulted in a change in priorities for Homelinks, to provide fuller and more timely support for people discharged from in-patient services.

- Change ED practice to ensure patients are not recalled to ED who could be followed up in primary care
- Continue publicity campaign to encourage use of primary care
- Implement comprehensive discharge planning project and programme to ensure more timely discharges and reductions in avoidable bed-days
- In partnership with primary care, develop individual programmes and action plans to reduce admissions of 'high intensity' service users
- Work in with PHO Long Term Conditions and Care Plus projects to develop district wide care pathways for those affected by chronic illness, so as reduce need for hospital level services.
- Develop advanced care planning to enable Advance Directives to be put in place for those who wish to avoid unnecessary or unwanted acute interventions.

Healthy Eating Healthy Action……..

Reduce smoking rates through health promotion, smoking cessation programmes, and smoke free coordinator

3.5 Increasing Wairarapa Hospital services and efficiency

We are designing and trialling new ways of doing things so that they are as clinically and culturally effective and efficient as we can make them.

We are re-designing our services and practices so that the patient and their family/whanau have a smoother and better co-ordinated pathway through hospital, community and primary care services. More hospital procedures will be provided on a day case basis, with less need for overnight stays. There will be better, faster communications between hospital services and General Practitioners, and more co-ordination between all of the health professionals involved in a person's care.

Wairarapa District Strategic Plan 2005

Past year achievements

Hospital efficiency has increased markedly over the past three years. Achievements to date are described in section 2.6 of this plan.

Plans for the year ahead

In 2007/08 further gains will be made. These will increase value for money in two ways:

- Through development of new local services so that fewer people need to travel outside the district
- Increasing efficiency in service delivery

New services

- Develop a comprehensive ophthalmology out-patient service within Wairarapa hospital, including an ophthalmology diagnostic room and specialist ophthalmology nurse/resource person
- Investigate the potential to provide paediatric surgery at Wairarapa hospital
- Establish clinics for women suffering from menopause related conditions
- Establish services to provide medical termination of pregnancy, and insertion of Mirena
- Complete implementation of new model of midwifery care to provide enhanced hospital-community care continuum

Increasing efficiency

- Review utilisation of acute assessment unit and develop strategies to reduce unnecessary admissions
- Improve acute assessment processes to move from an 'admit to decide' system to one that facilitates 'decide to admit'
- Investigate services with very high new-to-follow-up rates and high DNA rates and implement strategies to reduce, where rates are above expected levels
- Implement new systems to reduce DNAs – booking system to allow patient choice, telephone and text message reminders.
- Increase use of telephone follow-ups to reduce re-calls to out patient clinics
- Analyse day case rates by procedure and specialty to identify areas for improvement
- Reduce wasted bed days by increasing admissions on day of surgery/procedure
- Analyse consultant productivity and identify trends and drivers for overall productivity by specialty
- Compare staff productivity against benchmarks and ensure Trendcare is used effectively in to improve productivity
- Complete and implement new model of RMO staffing
- Develop and implement system for virtual FSAs

Healthy Eating Healthy Action……..
Maintain the Wairarapa Community Transport Service

3.6 Healthy Eating Healthy Action (HEHA)

Lifestyle factors

Drug and alcohol consumption, smoking, diet and exercise are major determinants of health status and outcomes. Compared with all New Zealand, Wairarapa people have:

- More hazardous drinking
- Similar levels of marijuana use
- Higher percentages of smokers
- Similar fruit and vegetable consumption
- More obesity
- Similar levels of physical activity

The Ministry of Health Public Health Intelligence Unit, in a report published in April 2005, identified that the five major areas of need for public health action in Wairarapa are:

- Smoking
- Obesity
- Alcohol and Drugs

Past year achievements

- Appointed a HEHA coordinator
- Established intersectoral HEHA lead group and 4 focus working groups
- Increased numbers of green prescriptions
- Developed HEHA plan (MAP)
- Fruit in Schools implemented in 2 low decile primary schools
- Food bank initiative put recipes in food parcels, improved nutritional value of donated food, developed a Food Bank in Featherston
- Exercise classes developed at Pacific Health Clinic
- 10000 Steps @ work for 180 DHB staff

Plans for the year ahead

The DHBs HEHA Plan will lead the DHBs shift from a treatment focus model of health care to a population health focus resulting in longer term better health for all and provide a platform from which many other community wide initiatives and improved health outcomes will spring.

While it is acknowledged that measurable benefits to the population will take some time to be evident, the DHB is committed to increasing collaborative HEHA approaches to achieve both immediate and ultimately, long term health gains, including:

- Reduce the prevalence of obesity and overweight, particularly among children
- Reduce obesity related elective procedures
- Improved oral health
- Reduced the incidence chronic conditions including cancer
- Reduced avoidable hospital admissions
- Reduce the impact and the incidence of diabetes
- Improve the mental wellbeing of the community and reduce the incidence and impact of depression and suicidal ideation.
- Improve rates of exclusive breastfeeding until baby 6 months old

This approach seeks to address and improve the determinants of health and therefore, the DHB recognises that it must work with the whole community if gains are to be made. The lead group will guide the development of the Wairarapa's Ministry Approved Plan (MAP) and through the Maori HEHA group, will ensure that the vision of Whanau Ora is incorporated into all initiatives. This will also ensure alignment to the DHB's Maori Health Plan which brings He Korowai Oranga to life in the Wairarapa.

Maori are over represented in the incidence of cardio vascular disease. The DHB will work with the Maori HEHA group to explore initiatives aimed to address this including the possible adoption of the *One Heart Many Lives* programme in the Wairarapa.

The DHB acknowledges that its Pacific population, particularly older Pacific Island people, are over represented in chronic diseases such as diabetes. Due to the low numbers of Pacific people in the Wairarapa, it is not viable to establish a specific working group under the HEHA MAP to focus on their needs. An initial priority for the DHB is supporting the Pacific Island Health Steering group (formed in March 2005) It is anticipated that the DHB will

Healthy Eating Healthy Action……..

Support Healthy Homes programme

provide input into initiatives and strategies for improving Pacific Island people's health, with the additional emphasis on supporting health promotion and community health workers.

HEHA initiatives progressed in 2006/07 have resulted in growth in the nutrition and physical activity workforce, as a broader range of skills and disciplines have been recruited to health promotion, physical activity, and whanau ora roles. The DHB expects continued growth in this area as the MAP is implemented across the community.

Planned Actions for 2007/08

The DHB will utilise a range of approaches to advance its two key priorities for HEHA:

1. Implementation of the DHBs Ministry Approved Healthy Eating Healthy Action Plan (MAP)
2. Establishment and implementation of project plans for working groups under the umbrella of the HEHA lead group
3. Investigate opportunities for increased access to community sport and recreation facilities

Healthy Eating Healthy Action…….

works across all DHB Strategic priorities

- Increase support for Green Prescriptions
- Support the implementation of the Active Wairarapa Action Plan
- Application of the Nutrition Fund
- Achieve accreditation in Baby Friendly Community initiative
- Support further use of Care Plus throughout Wairarapa GP practices
- Reduce smoking rates through health promotion, smoking cessation programmes, and smoke free coordinator
- Maintain the Wairarapa Community Transport Service
- Support the Healthy Homes programme
- Strength and balance exercise programmes for older people
- Delivery of the *One heart many lives* programme
- Workplace cafeteria initiatives to identify healthy eating options
- Support implementation of Masterton District Council Cycling Strategy
- Work collaboratively with Sport Wairarapa in their work with Active Schools
- More Health Promoting Schools

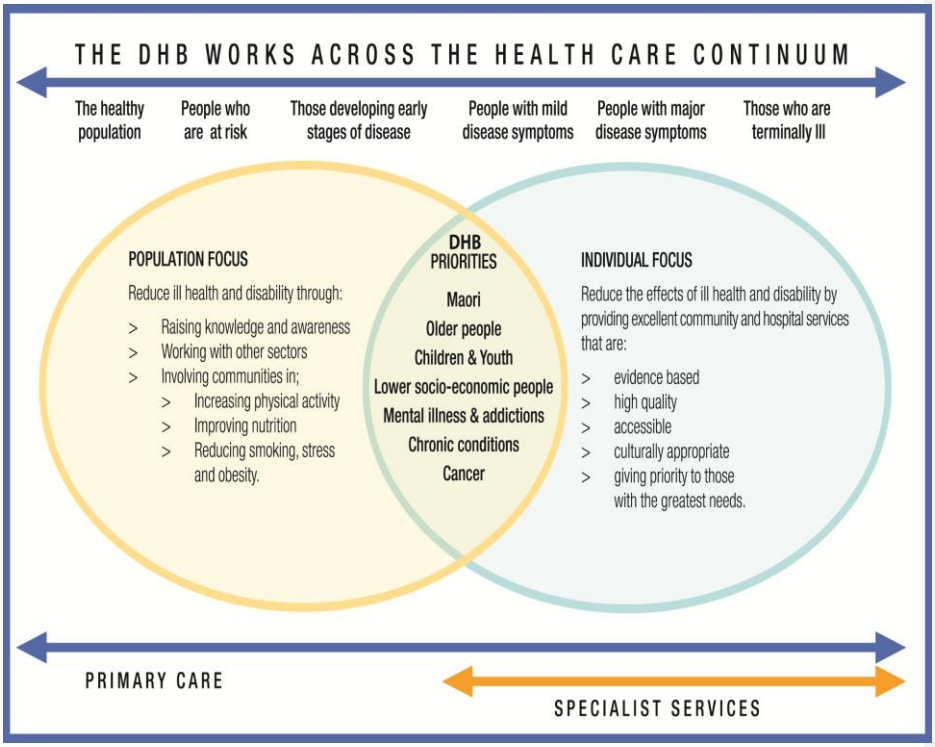
Healthy Eating Healthy Action……..

Strength and balance exercise programmes for older people

4.0 ADVANCING WAIRARAPA DHB STRATEGIC PRIORITIES

Implementing the Wairarapa DHB Strategic Approach

As detailed in section 1.3, Wairarapa DHB's strategic plan sets the DHB's overarching strategic directions, or themes, for addressing each of the DHB's priority outcomes. The DHB's priorities and strategic directions align well with those of government. The DHB approach is to work with others across the whole continuum of need, using both population and individual approaches, with increasing emphasis on health promotion and disease prevention. This is summarised in the following diagram.



This section of the District Annual Plan sets out how Wairarapa DHB is working towards achieving its strategic objectives for each of its priorities.

Healthy Eating Healthy Action……..
Delivery of the One heart many lives programme

4.1 Reducing Inequalities

Wairarapa DHB's Health Needs Assessment report 2005 (HNA), and the Ministry of Health report 'Monitoring Health Inequality Through Neighbourhood Life Expectancy' both indicate there are significant inequalities in health between different population groups within Wairarapa, and that the degree of inequality in Wairarapa is high relative to the rest of New Zealand.

The DHB's strategic plan shows a strong focus on reducing inequalities with particular emphasis on improving the health status of Maori, poor people, older people, and children and youth. In each of these groups HNA data shows health outcomes in Wairarapa lag behind those achieved elsewhere in New Zealand.

The HNA raised awareness of equity issues and inequalities and increased commitment to address them. The DHB and Wairarapa PHO both use the 'equity lens' in assessing and deciding on programmes and interventions. Across all services there is increasing measurement of utilisation and outcomes by ethnicity, age, and deprivation decile.

Wairarapa DHB routinely assesses its efforts against the Ministry's Health Equity Intervention Framework to ensure that interventions are being pursued at all levels.

Past year achievements

Level 1 – Structural

- Review of our partnership relationship with Maori at governance level
- Completion of the South Wairarapa Kaumatua Health Needs Analysis Report – *January 2007*

Level 2 – Intermediary pathways

- Continued work with Maori, low income groups, and older people, to increase physical exercise, improve nutrition, and housing – through a range of programmes delivered by Maori providers, the PHO and joint initiatives, such as Tai Chi, and Healthy Homes
- Development of a health focussed newsletter translated into Pacific Island languages
- Establishment of a HEHA action group for Maori

Level 3 – Health and disability services

- Establishment of free health clinics for students in 2 low decile colleges
- Establishment of, and recruitment to, a Maori support needs assessor role
- Development and implementation of a new service for supported living at home for older people

Level 4 – Impact

- Increased funding and new contractual arrangements for improved 'free' transport to primary and secondary health both within the Wairarapa and to appointment and clinics in other DHBs
- Provision of bariatric services for cases selected on need including social determinants

Plans for the year ahead

Level 1 – Structural

The Wairarapa Health Needs Assessment report will be revised and updated during 2007.
All DHB Board members will receive Treaty of Waitangi training

Level 2 – Intermediary pathways

A specific HEHA action plan will be developed for and with people in low socio-economic groups

Healthy Eating Healthy Action……..

Workplace cafeteria initiatives to identify healthy eating options

Level 3 – Health and disability services
The DHB provider will review access to elective surgery and rehabilitation services for Maori
Wairarapa PHO will work with practices and Maori providers to improve retinal screening rates for Maori
Work with Wairarapa PHO to reduce financial barriers to access to primary care

Level 4 – Impact
Wairarapa DHB will seek to work with the Ministry of Social Development as a pilot site for their new programme to provide pathways into employment for people on sickness or invalid benefits
Continue to develop respite care and carer support services

For further information on plans to reduce inequalities see sections 4.2, 4.3, 4.4 and 4.5.

4.2 Maori Health

Why is health of Maori a priority?

- Maori have poorer health than any other group
- Some gaps between health of Maori and health of non-Maori are reducing but in some areas, such as asthma, they are increasing
- Despite having greater needs, Maori are less likely to access primary health services
- Maori are an increasing proportion of the total Wairarapa population and will place increasing demand on health services
- Maori health is a national priority
- DHBs have statutory responsibilities to advance Maori health and to reduce disparities between Maori and non-Maori

Increasing recognition and understanding of the cultural determinants of health is of specific relevance to Maori. Whanau is central to Maori health and well-being. Service developments for Maori must support whanau ora and Maori models of health. He Korowai Oranga, the national strategy for Maori health, sets out pathways for the achievement of whanau ora.

Wairarapa District Strategic Plan 2005

He Korowai Oranga

He Korowai Oranga: the Maori Health Strategy sets the national direction for Maori health development. The overall aim is whanau ora – Maori families supported to achieve their maximum health and wellbeing. He Korowai Oranga sets out four pathways for action. Whakatataka Tuarua is the national action plan for implementing He Korowai Oranga over the period 2006--2011. Together He Korowai Oranga and Whakatataka Tuarua provide the framework for actions taken by DHB's at a local level.

Past year achievements

- Reviewed and revised Te Iwi Kainga relationship agreement
- Increased the level of iwi engagement
- Reviewed Maori Health committee terms of reference and work plan
- Maori strategic input on HEHA lead group
- Te Hauora o Te Karu o Te Ika increased Maori health initiatives
- Established a Maori Health Planning process across all services
- Actively involved in Maori workforce development via: recruitment, training, support and mentoring of staff across all DHB services
- Maori provided advice to the DHB at governance, operational and advisory levels including the PHO, and the development of the Palliative Care Plan, Disability Action Plan, Cancer Plan, Oral Health Business Case, pandemic planning, Healthy Homes initiative
- Supported development and delivery of clinics at Marae and Maori communities such as the Kura Kaupapa, Te Rangimarie, Pirinoa and Papawai.

The activities and actions outlined in this plan are also guided by the DHB's Maori Health Plan for 2005 – 2008, *Te Kaupapa Hauora Maori o Wairarapa*.

Mechanisms and processes to involve Iwi and Maori in DHB decision-making and monitoring of progress

The WDHB Te Iwi Kainga monitors and reviews progress against the Maori Health Action Plan and He Korowai Oranga, through the annual review processes associated with DAP preparation, and in particular the development of this section of the DAP. The Te Iwi Kainga is representative of local Iwi; Ngati Kahungunu Ki Wairarapa and Rangitane o Wairarapa and is the main mechanism for monitoring of developments and progress. The Maori Health Committee comprises representatives from Wairarapa Maori health providers, and other local Maori health stakeholders. The Maori Health Committee is tasked with monitoring and reviewing the Maori pathways of care within the DHB hospital provider arm. The committee also provides a forum for evaluation at an operational level of health services for Maori in the Wairarapa.

Healthy Eating Healthy Action……..

Work collaboratively with Sport Wairarapa in their work with Active Schools

Plans for the year ahead

Maori participation in the provision and development of health services in Wairarapa will continue to be underpinned at governance level by the relationship between the Board and Te Iwi Kainga.

Key activities for the Te Iwi Kainga and the Maori Directorate in 2007/08 will include:

Past year achievements cont…

- Supported application of Treaty of Waitangi policy through all contracted services
- Implemented Tikanga Best Practice tool across DHB Services
- Established the Kai Awhina role within the hospital supporting Maori admissions and discharges, follow up of DNA's, increasing Maori provider links
- Ensured SIA funding is focussed on reducing inequalities in Maori health
- Rongoa service established and well utilised
- Maori needs assessor position established in NASC
- Supported Maori provider development in IT and systems design
- South Wairarapa Kaumatua Needs Assessment completed
- Tikanga Maori programme developed for Mental Health service stafff

- Continued development and provision of mainstream provider policy development, guidelines and training
- Support and development of Maori health providers and the Maori health provider collective
- Pilot of mentorship programme for Maori student nurses
- Extend outreach and marae based clinics to improve access to primary and specific health needs
- Utilise all opportunities and forums to build and maintain strong relationships within and between mainstream and Maori health providers, other agencies and the wider community.

In the coming year the Maori Health Committee will undertake:

- Reviews of pathways of care for Maori patients accessing services
- Collaboration with the PHO to increase accessibility and responsiveness of primary health services
- Oversee a 'by Maori for Maori HEHA initiative.

Maori access both mainstream health and disability services, and services that are specifically for Maori. Most of the service provision for Maori occurs through mainstream services. Maori in Wairarapa make up 15% of the population but within mainstream services Maori account for 18% of admissions to Wairarapa hospital, and about 10% of primary health care (PHO) consultations

The table below summarises actual and planned expenditures on services that are specifically targeted to Maori.

Expenditure on Maori Health

		2004/05 Actual	2005/06 Actual	2006/07 Actual (Est)	2007/08 DAP Target	2008/09 Target	2009/10 Target
1	Mainstream PHO services for Maori	70,000	85,000	195,155	195,155	195,155	195,155
2	Maori providers (incl Mental Health Svs	1,227,500	1,367,000	1,322,906	1,392,906	1,392,906	1,392,906
3	Maori specific in mainstream	330,430	414,000	546,000	563,000	563,000	563,000
4	Maori workforce development	10,000-	13,000	50,000	50,000	50,000	50,000
5	Iwi PHO	-			-	-	-
6	Funding increase					70,000	70,000
	TOTAL EXPENDITURE	1,637,944	1,879,000	2,114,061	2,201,061	2,271,061	2,341,061

Key to lines:

1. Specific service initiatives for Maori put in place by Wairarapa PHO (a mainstream service)
2. Services provided by organisations that have Maori governance and a Maori kaupapa.
3. Services that target Maori clients, and may be provided by Maori staff, but within an organisation that has mainstream ownership/governance, the DHB provider's Maori mental health team is an example of this.

Healthy Eating Healthy Action……..

More Health Promoting Schools

DSP Priority	Maori			
	He Korowai Oranga			
Objectives	**Pathway 1 – development of whanau, hapu and iwi and Maori communities**	**Pathway 2 – Maori participation in the health and disability sector**	**Pathway 3 – effective health and disability services**	**Pathway 4 – working across sectors**
	Wairarapa District Strategic Plan			
	Maori provider development and whanau ora	**Maori participation increased**	**Services more effective for Maori**	**Healthier environments for Maori**
DSP Themes in Action • *Increase connectedness* • *Holistic approaches* • *Address common risk factors* • *Community wide collaborations* • *Quality and safety*	• Mana Whenua provides oversight of all DHB Maori health service planning and delivery • DHB Treaty of Waitangi policy is a key component in the delivery of all health services in Wairarapa • Maori Health Committee works across the DHB to ensure opportunities to improve health outcomes for Maori are maximised • Work with Maori communities to develop local infrastructures that support the delivery of health initiatives • Work with Te Hauora o te Karu o te Ika and individual Maori health providers to develop workforce capability and capacity • Provide Maori participation across the DHB recruitment processes, mainstream staff development and the redevelopment of provider arm services • Work with WCPHO and other community providers to maintain positive relationships and increase access for Maori to services • Improved integration between Maori and mainstream health and social services			
Planned Actions	Facilitate strategic planning with the collective - Te Hauora o Te Karu o Te Ika. Work with Maori Health providers to: • Employ Maori nurse graduates • Improve management systems • Support staff member to qualify as a Nurse Practitioner • Further develop programmes for tangata whaiora • Review of Rongoa service integration with General Practice • Develop whanau ora approaches and whanau case management practice • WDHB – MWC training in implementing the Treaty at governance level	Facilitate 2 hui a iwi Maori Health Committee to develop and lead a 'by Maori for Maori' HEHA project. Continue to strengthen Te Iwi Kainga/WDHB relationship through scheduled combined meetings Te Iwi Kainga - WDHB to facilitate and host a Central Region Maori Relationship Board Hui Work with Human Resources to develop programmes to meet training needs of Maori staff	High level of input into the development of the DHB's child health strategy Apply needs analysis data including Kaumatua survey to develop more Outreach and marae based clinics Ensure the HEAT Tool is implemented in any service development Work with Te Iwi Kainga to establish and implement a set of ethnicity data questions 2007-08 Maori Health Committee reviews of pathways of care within the hospital provider arm: • Paediatrics services • Maternity Services • Medical Surgical Services Develop a project group to identify and respond to issues of whanau violence, and strengthen the protocols for whanau Maori within the hospital provider arm	Provide Maori leadership on the HEHA Lead Group Ensure Maori input on all HEHA project groups In conjunction with the Needs Assessment agency FOCUS, develop and subsequently evaluate, a needs assessment tool that is sensitive to Maori needs Identify resources needed by UCOL nursing students and ensure availability and access to these resources Implement the Nursing Mentorship Pilot Programme
Outcome Measurements	*IDPs* HKO 01 – Local iwi/Maori are engaged and participate in DHB decision-making and the development of strategies and plans for Maori health gain HKO 02 – Development of Maori health workforce and Maori health providers HKO 03 – improving mainstream effectiveness HKO 04 – increase in funding for Maori health and disability initiatives POP 13 – avoidable hospital admissions (for Maori)		*DHB Indicators:* Number of Maori nursing graduates employed by WDHB Number of assessed eligible Maori whanau have homes insulated *PHO targets for Maori and Pacific:* • At least 30% SIA funding for Packages of Care • At least 20% of PHO primary mental health care programme participants • At least 50% of care coordination clients • At least 35% of PHO free sexual health consultations.	

Healthy Eating Healthy Action……..

Increase support for Green Prescriptions

4.3 Lower Socio Economic Groups

People who live in relatively deprived areas (the highest deciles) are twice as likely to die early from avoidable diseases. They are also much more likely to be admitted to hospital for diabetes, asthma and other chronic conditions, compared with the rest of the population. They face greater barriers to accessing health services – user charges and transport pose greater difficulties – than for people in better off groups. About 12% of the total Wairarapa population lives in the most deprived areas (Deciles 9 and 10).

People in deciles 9 and 10 are:

- Twice as likely to die early from avoidable diseases
- More likely to be hospitalised
- Less likely to use primary care
- More likely to live in homes that are poorly insulated and damp
- More likely to smoke
- 12% of Wairarapa's total population
- 23% of Wairarapa Maori
- 28% of Wairarapa Pacific people

Wairarapa District Strategic Plan 2005

This population group has been given a priority across all sections of the DAP because of this group's poor health outcomes relative to others. Inequalities can be found in almost all aspects of health and disability services provision, including access to services, utilisation of services, incidence of health risk factors and disease, and clinical interventions provided.

All sections in this DAP therefore include activity that illustrates how the DHB targets the health needs of those people in lower socio-economic groups.

Plans for the year ahead

Efforts to ensure increasing access to health services and improve the health status of people in the lower socio-economic groups will continue.

Past year achievements

- Increased subsidised services:
- Transportation to clinics and services
- More free school based health services
- More healthy homes
- Rollout of low cost GP visits for the 45 – 64 year age group
- Comprehensive health and social assessments of new entrants and year nine students
- Increased number of people on Care Plus scheme

More outreach services in high need areas:

- Cameron Community house Pacific Island clinic
- Featherston clinic established

These include:

- Develop single point of entry to services in alignment with DSS
- Ensure HEHA implementation has a strong focus on low decile groups
- Subsidised services (e.g. transport to services, driving assessments, sexual health services, and home-help). Subsidised services also include increasing fee and script subsidies for primary health (decreasing costs for the patient).
- Initiatives for Chronic disease prevention and management (HEHA initiatives, Outreach clinics, Kura clinic, College Health Clinics, Care Plus).
- Multi-sectoral projects which promote a holistic approach to healthy lifestyles and the needs of people with a low socio-economic status. (e.g.Healthy Homes project)
- Promotion of healthy lifestyles will occur through a variety of approaches. Implementation of the Wairarapa Physical Activity Plan ("Active Wairarapa) will focus on low or no cost activity opportunities.

Healthy Eating Healthy Action……..

Support the implementation of the Active Wairarapa Action Plan

- Implementation of the PHO Chronic Disease management system across all GP practices in the District, based on best practice, to enable more active management of those people with chronic disease (a significant portion being of lower socio-economic status). Evaluation of health clinics in low decile schools and development of a further clinic.
- Continuation of services which are deemed to be cost effective in achieving health outcomes for people in low decile groups and reducing health inequalities.
- Continue to work with MSD and dentists to provide easy access for low income earners to emergency and relief of pain oral health services
- Explore opportunities to provide improved access to oral health services that may result from the implementation of the DHBs Oral Health Business Case for under 18s. The business case identifies that mobile clinics may have capacity over the school holiday periods to provide services in remote or high risk population areas. The opportunity to utilise this facility in partnership with Wairarapa dentists will be explored.

Through the many and various DHB-wide initiatives to increase access for those people of lower socio-economic status, a key focus will remain on ensuring alliance with other sectors (e.g. Local Councils, Wellington Regional Council, Work and Income, Housing NZ, Energy Smart). This will occur through advocating for appropriate parallel approaches by other sectors, participating in multi-sectoral projects, and contributing to future planning by other agencies.

DSP Priority: People in low socio economic groups			
	Lower barriers to access to primary health care	**Fewer avoidable hospital admissions**	**Healthier environments**
DSP Themes in Action • *Increase connectedness* • *Holistic approaches* • *Address common risk factors* • *Community wide collaborations* • *Quality and safety*	*Reducing Inequalities* • Primary health care will be available to people of lower socio-economic status through a variety of SIA initiatives and further roll out of increased capitation funding for low cast access.	• Early intervention, appropriate referral and care coordination. • Single point of entry for support services (e.g. home help). • Provision of services for Maori by Maori. • HEAT assessment used for all health promotion project planning • Develop a framework of community action to address the social determinants of the low socio economic population of South Wairarapa	• Continued multi-sector approach to healthy lifestyles and enabling those of low socio-economic status to access services. • HEHA action plan in development
Planned Actions	• Increase Health assessments and investigate provision of health clinics for children at low decile schools. • Continue youth health clinics in two colleges with students from low decile areas. • Continue subsidised services for people of low socio-economic	• Continued Provision of outreach clinics and surgical bus. • Identification of repeat admissions and promotion of care management. • Investigate establishment of a Green Prescription co-ordinator position.	• Opportunistic smoke free intervention in hospital. • Healthy Homes programme and nurse follow-up for education/referral with recipient families. • DHB contribution to the Wairarapa Physical Activity Plan, to focus on low or no cost activity opportunities.

Healthy Eating Healthy Action……..
Achieve accreditation in Baby Friendly Community initiative

	status. • Work with dentists and MSD to improve access to emergency and relief of pain oral health services for adults.		
Outcome Measurements and targets	(See Primary Care Outcome measures)	POP 13 – avoidable hospital admissions - Not statistically significant from national rate	Number of homes insulated through Healthy Homes project - 75

4.4 Older People

Why is health of Older People a priority?

- As people get older their health needs usually increase
- Compared with other DHB's, Wairarapa has a greater proportion of older people
- Wairarapa's population is also aging faster – the proportion of people in Wairarapa who are over 65 years will grow from 17% in 2006 to 23% in 2016, and to over 30% in 2026
- The greatest projected increase is in the numbers of people aged 75 years and above – these 'old' older people are the biggest users of health and disability services
- Avoidable admissions for older people are significantly higher in Wairarapa than in New Zealand as a whole
- Older people's problems more complex and the impact more severe and pro-longed
- Older people are disproportionately represented in poorer areas
- Older people are far more likely to suffer from, and die from chronic conditions, than are younger people
- Wairarapa older people experience higher rates of falls and fractures than in New Zealand as a whole
- More than half of all people over 65 years have some arthritis

Wairarapa District Strategic Plan 2005

Past Year Achievements

The DHB has prioritised implementation of the Health of Older People Strategy through its DSP. The "Wairarapa Elder Local Links" (WELL) plan[7]

Past year achievements

- Continued development of the early Intervention Service for Koroua and Kuia.
- Additional development of services to support family or others caring for people at home; access to respite care, carer relief database and up to date information on support services.
- Increased the number of people receiving disability support at home by 14%.
- Increased health promotion activities via the contract with Wairarapa Organisation of Older Persons.
- The South Wairarapa Kaumatua Needs Assessment was completed with 120 homes visited.
- The PHO's roll of older people increased and the rate of consultations by them also increased at a greater rate. Maori/Pacific people appear to be accessing services well in this age group.

Plans for the year ahead

Developments for implementing an integrated continuum of care for older people will continue through multi sector service developments (e.g. DHB and ACC). These developments will be aligned with ensuring a smooth transition between services (e.g. hospital, community and other agencies).

Further Health Promotion work will be provided by WOOPS under the direction of Wairarapa Public Health. Staff will be funded to attend Health Promotion training and progammes will reflect Ministry and DHB priorities such as HEHA, falls prevention, and mental health. Programmes will be sustainable and evaluated (e.g. "Train the Trainer – Aging is Living" targeted at groups such as residential care providers).

[7] Wairarapa Elder Local Links (W.E.L.L.) – Health of Older People Plan, Wairarapa DHB 2004

Healthy Eating Healthy Action……..

Support further use of Care Plus throughout Wairarapa GP practices

The DHB will continue to work towards developing a single point of entry for support services. An initial triage/screening service within the agency will enable a smooth entry into the various pathways (e.g. chronic illness, disability, palliative care).

Achievements continued

- The DHB contracted The Red Cross for provision of the Wairarapa Community Transport service with 97.5% of passengers being aged over 65 years old.
- The Maori Health Needs Assessor was employed.
- High rates of the Flu Vaccine for people aged over 65 years with Maori showing the greatest increase.
- The residential care sector participated in a district-wide pandemic planning, all providers reviewed their infection control practices.
- Improved discharge planning and the Health Recovery Programme assisted to reduce re-admissions to hospital, the achievement of personal goals, and prevented entry to residential care.

The single point of entry will provide an appropriate service model for implementing the InterRAI assessment system in the future.

In addition to developing a single identifiable point of entry for support services, the DHB will improve availability of information about support services for older people and how to access them.

The DHB will work with ACC and other lead providers to support the implementation of the ACC Falls Prevention Strategy. In conjunction with this strategy, it will incorporate falls prevention activities (strength and balance) within its HEHA plan, encourage opportunistic strength and balance activities for older people (e.g. through Wairarapa Public Health contract with Wairarapa Organisation for Older Persons (WOOPS) and encourage input from the Arthritis Foundation (Otago Exercise Programme) in a variety of forums.

Mental Health services for older people in the community will continue to be offered through the Primary Health programme "To Be Heard". In addition, 3 new beds will be established in a community residence for people aged >65 who have needs for both mental health and disability support residential services. DHB Mental Health services will be strengthening their leadership and collaboration with NGOs, providing guidance and clinical input for residential care providers (see Mental Health section).

Since devolution of support services for older people, Wairarapa DHB has focused on ensuring that people are supported in appropriate ways. An example of this approach is the 'Support to Live at Home' (SLH) service model (flexible packages of care) which is being established for Older people who would like to remain at home and;

- Have needs that are not able to be met by services that are available
- Could benefit from a flexible, responsive case management approach
- Are in a residential care facility requiring transition to home

During 2007/08, the SLH programme will be evaluated for effectiveness in meeting peoples' complex support needs in the community.

The Wairarapa Elder Abuse Service is provided by a coordinator based in Featherston. This person is supported by a Wairarapa-wide Elder Abuse Advisory Group which includes a range of individuals from relevant agencies (e.g. police, disability support, residential care). There is evidence that elder abuse is increasing nationally and financial abuse is especially identified by the local coordinator as being an issue in Wairarapa. The DHB will support access to and promotion of the Wairarapa Elder Abuse service. During 2007/08, it will participate in supporting the Elder Abuse coordinator and clarify the pathway for this service provision.

Healthy Eating Healthy Action……..

Reduce smoking rates through health promotion, smoking cessation programmes and smoke free coordinator

The DHB will continue to ensure a positive relationship with providers, especially with regard to capacity and capability issues, quality improvement, workforce development, and fair employment practices (e.g. travel reimbursement). It will identify potential workforce and development opportunities for support workers in conjunction with other providers and agencies.

Elective service priorities for joint replacement and cataracts will continue to impact directly on health of older people (see Elective Services section). The employment of a specialist orthopaedic nurse will continue to ensure that those needing such surgery are prioritised accordingly.

<table>
<tr><th colspan="3">DSP Priority: Older People</th></tr>
<tr><td>DSP Themes in Action
Increase connectedness
Holistic approaches
Address common risk factors
Community wide collaborations
Quality and safety</td><td colspan="2">Key Priorities for 2007/08
Health of the Older Person Advisory group will advise on the following:
Establish single point of entry for support services for older people
Implement recommendations from AT&R review
Work with aged care providers to develop restorative models of care across the continuum
Extend Health Recovery Programme to include a slow stream component
Address mental health needs of older people and those with addictions</td></tr>
<tr><td>Planned Actions</td><td>Support access to and promotion of the Wairarapa Elder Abuse service
SIA Packages of care consultations for high needs individuals
PHO Care Coordination implementation
Improve availability of information about support services for older people and how to access them.
Increasing influenza vaccination rates for people over 65 years (See the Primary Health Care Strategy and Long Term Illness sections)
Extend Health Recovery Programme to include a slow stream component</td><td>Enhance opportunities for aging in place through collaboration of DHB, PHO, service providers and community support groups.
Position DHB services for the implementation of Specialist Health Services for Older People (SSHOP).
External evaluation of the Support to Live at Home service to guide future service development of flexible packages of care.
Continue progress towards development of a single point of entry for support services.
Promote an identifiable support and information service for informal carers.
AT&R review of provision and service development in line with the HOP Strategy and clinical guidelines (e.g. stroke).
Identify potential workforce and development opportunities for support workers in conjunction with other providers and agencies.
Address mental health needs of older people and those with addictions</td></tr>
<tr><td>Outcome Measurements</td><td>Remain within the boundaries of the national rate for all ethnicities for ambulatory sensitive admissions.
Review of AT&R completed and recommendations implemented.</td><td>Increase in ratio of number of older people receiving home support services to number in residential care</td></tr>
</table>

Healthy Eating Healthy Action……..

Maintain the Wairarapa Community Transport Service

4.5 Children and Young People

Why is the health of Children and Youth a priority?

- Childhood and youth have their own age specific health issues, and are also vitally important years in setting the pattern for health in later life. During childhood and adolescence both risk and protective factors are established for many diseases that affect adult health.
- While generally improving, health statistics for children and youth in Wairarapa are below national averages in some key areas
- Wairarapa youth show high levels of risk behaviours – sexual activity, binge drinking, exposure to drugs, unsafe driving
- Children and young people are more likely than adults to live in areas of high deprivation
- Wairarapa children and young people have high rates of hospitalisation
- High use of sexual health services indicates high level of sexual activity among Wairarapa youth
- High and increasing rates of dysfunctional families and child abuse notifications

Wairarapa District Strategic Plan 2006

Past year achievements

- Health services established in two secondary schools
- Higher level of referrals to CAMHS from the community and greater capacity to respond to that
- Excellent utilisation of free sexual health services
- Establishment of a Wairarapa wide, intersectoral, project focused youth council
- Establishment of a community paediatric service
- Baby Friendly Community Pilot underway
- Introduction of new entrant assessments in low decile schools
- Fruit in Schools programme introduced into two Masterton primary schools
- Increased focus on childhood immunisations
- Completion of an Oral Health Business Case

Plans for the year ahead

Oral health for the 0 – 18s

The DHB submitted a business case for the development of oral health services to the Ministry in November 2006. This plan was developed in close consultation with dental service staff, local iwi, schools, and various community representatives. This business case demonstrates a commitment to targeting children and young adults in high decile population groups, reducing inequalities currently present in access to oral health services and oral health status, and includes provision for increased utilisation by adolescents who are currently not utilising oral health services.

If the Ministry of Health approves the Business required for implementing the DHB's Business Case for Oral Health Services, implementation will be the priority for 2007/08. While much of the business case focus is on building new facilities from which services will be provided, a parallel process to redesign the services is of equal importance. This will include identifying and implementing improvements in the way services are delivered and creating efficiencies and new and better partnerships with the PHO and public health services.

Managing the development of physical facilities is relatively straightforward; the changes needed in systems, process and, most importantly the attitudes and behaviours of staff and the community are more complex. This will require change management incorporating a high level of commitment, leadership, and education.

The development of the business case provided an opportunity to rethink the way that services are delivered and how the workforce is applied to meeting the oral health needs of the community. While the model of workforce deployment best aligns with the facilities described in the business case, it is recognised that the principles developed can, in part at least, be applied in the current facilities.

Healthy Eating Healthy Action……..

Support the Healthy Homes programme

Therefore, movement to more efficient and streamlined ways of working as identified in the business case will get underway early in 2007/08 in order to make more efficient use of the existing workforce. This will require service delivery to move a way from a *treatment centre approach* towards a *team focused approach*.

Where historically, individual therapists have been responsible for specific schools, in the future, therapists will move among all schools to provide the most efficient use of the team and existing facilities. This will mean that dental therapists will more frequently work in pairs and share the benefits of a dental assistant with the aim of achieving a 3:2 ratio of dental therapists to dental assistants within the year.

Children

The focus in recent years has been developing child health services in line with national priorities, across Wellchild/ Tamariki Ora providers, immunisation providers and hospital paediatric services.

We will continue to build on these developments in the 2007/08 year, including:

- Using the National Immunisation Register, District Immunisation Facilitation, and outreach immunisation services to identify and follow up children who are not fully immunised
- Working with the PHO to ensure accessible primary health care for children through no or very low cost primary health care visits
- The introduction of the universal offer of ante-natal HIV screening
- Further development of specialist paediatric outreach services
- Systematic assessment of the health status of new entrants in low decile primary schools
- Work with National Screening Unit and the Implementation Advisory Group to plan for the introduction of hearing screening for newborns in the 2008/09 year.

The district is on track to reach immunisation targets. A NIR steering group is overseeing projects aimed at identifying and addressing barriers to immunisation uptake and immunisation practitioners meet monthly. Both groups include representatives from primary care.

Hutt Valley, Capital & Coast and Wairarapa DHBs have agreed to take a regional approach to antenatal HIV screening and are working to formalize arrangements, including provider education, laboratory testing and information systems to meet the interim programme standards.

The planning focus for 2007/08 will be the analysis of district child health outcomes, needs and services gap analysis and initiating the development of a child health strategy. It is expected that the focus of the strategy will be enhancing access to well child services and primary health care, and improved integration of child health services. The strategy will also build on collaborative intersectoral initiatives such as Strengthening Families and HEHA. Primary, Secondary and Well Child/Tamariki Ora providers have all committed to working together to identify current gaps in service provision and the development of strategies to address them. The relationships and networks developed between providers in recent years will provide a sound basis for this approach.

Key outcomes that the DHB will seek to achieve through this strategic approach include reducing the rate of ambulatory sensitive admissions, achieving immunisation targets, and reducing disparities between Maori and non-Maori child health outcomes. The DHB Strategy will also build on national initiatives, in particular the Ministry's review of the Well Child Framework and implementation of Ready for School checks.

Children will also be the primary focus of the HEHA plan, which will be implemented from 2007/08 in conjunction with the education sector and interagency HEHA Lead Group. Local HEHA strategies will be developed to complement initiatives already underway such as Fruit in Schools, and Health Promoting Schools. The DHB will also be working closely with schools and Sport Wellington to

Healthy Eating Healthy Action……..

Strength and balance exercise programmes for older people

implement Mission On, the Nutrition Fund and Active Wairarapa. These initiatives will support schools as they develop and implement physical activity and nutrition policies.

Mental health and addiction services for children and young adults
Using increased capacity established during the 2006/07 year, CAMHS will continue to reach further out into the community to provide services for children and young adults. This will include the provision of further outreach clinics in the South Wairarapa and an active role in the secondary school health clinics as they develop further over the next year.

The continuum of care for children and youth experiencing episodes of mental illness will be enhanced through the establishment of several new initiatives including:

- An intensive day program provided in partnership with secondary schools to support young adults who are seriously affected by alcohol or drug abuse.
- A multi-systemic therapy programme for young adults and their families acutely affected by alcohol or drug abuse provided on a sub regional basis through Richmond Fellowship in the Hutt Valley
- Establishment of HEADSS screening for year nine students in low decile schools and those identified as *at risk* in other schools
- Residential services for young adults experiencing episodes of mental illness

Youth Specific Health Services
Health services were established at Makoura College and Kuranui College during 2006/07. It is expected that over a period of time, measures of youth health will improve as more individual students accept responsibility for their own health and are better supported in the decisions associated with that such as a reduction in teen pregnancy, reduction in the incidence of sexually transmitted infections, abuse of alcohol and drugs and in the adverse outcomes associated with drug and/or alcohol abuse such as motor vehicle injuries and fatalities.

While many of the benefits of a health service operating within a school community will take time to influence population health outcomes, in 2007/08 an evaluation of the immediate benefits of these services will be undertaken. Dependant on the outcome of the evaluation, the DHB may work with other secondary schools to establish further clinics.

The DHB will continue to work with ACC, Land Transport Authority, District Councils, Education, Police and CYFS to reduce behaviours which are often a precursor to poor health outcomes including truancy, violence, irresponsible use of motor vehicles, and youth offending.

DSP Priority	Children and Youth			
Objectives	**Improve oral health of under 18's**	**Increased use of primary and secondary care**	**Better mental health of youth**	**Reduction in risk behaviours**
DSP Themes in Action • *Increase connectedness* • *Holistic approaches* • *Address common risk factors* • *Community wide collaborations* • *Quality and safety*	• All children and adolescents living in the Wairarapa have access to a free, community based, seamless oral health service which is provided by an appropriately skilled workforce and places a high level of emphasis on prevention and early intervention.	• Improved levels of collaborative case management between providers • NIR continues to act as a tool to ensure collaboration between vaccination providers	• Increased access to health and social services targeting earlier identification and intervention of mental illness • Increased collaboration across all sectors	• DHB participation in intersectoral youth focused groups aiming to reduce the incidence and impact of risk taking behaviours • Increased focus on health promotion and education
Planned Actions	Actioning of DHB Business Case for Oral Health Services, 2006 including: • Facility and mobile unit development • Service redesign completed • Uninterrupted service delivery throughout reconfiguration process	• New entrant assessments and referrals to primary care services • Child Health Strategy developed • Multi disciplinary community paediatric hospital outreach clinics • Increase immunisation rates for 2 year olds to 78%	Pilot AOD programme operating in partnership with secondary schools Crisis respite residential service established Increase supports for foster families providing planned respite services Development of psychology resources in CAMHS to allow more comprehensive assessments Develop and provide a training package to increase mental health awareness and management for local secondary schools Explore feasibility of providing *Incredible Years Parenting Management Programme*	HEHA Plan initiatives introduced in primary schools School activities supported by Nutrition Fund HEHA project across all secondary schools undertaken by Wairarapa Youth Council HEADSS assessments offered to year 9 and at risk students in low decile secondary schools Increased provision of health services in secondary schools
Outcome Measurements	*IDP:* POP 05 - % of children caries free at age 5 yrs POP 04 - Mean DMFT at year 8 *Health targets* % of adolescent oral health service utilisation	*IDP:* POP 08 Progress towards 95% of 2 yr olds fully immunised POP 09 – ambulatory sensitive hospital admissions *DHB Indicator* • Low birth weight babies	*IDP:* • POP 06 – Number of young people seen per year	*DHB Indicator* ▪ Reduction in teen pregnancy ▪ Hospitalisation rates for motor vehicle accident ▪ Motor vehicle accident fatalities

Healthy Eating Healthy Action……..
Workplace cafeteria initiatives to identify healthy eating options

4.6 Long Term Conditions

Chronic conditions are any ongoing, long term or recurring health problems that can have a significant impact on a person's life.

- Chronic conditions cover a very wide range of physical and mental conditions including: asthma, diabetes, arthritis, depression, heart disease, stroke, cancer, back and neck pain, and HIV. Many people live with two or more chronic conditions.
- Chronic conditions account for 80% of all deaths and 70% of health services expenditure.
- The numbers of people with chronic conditions are rising dramatically worldwide.
- Chronic diseases are the main cause of the gap in life expectancy between Maori and non-Maori.
- Maori are three times more likely to have diabetes and five times more likely to die from it than non Maori.
- People live with chronic conditions for a long time – this affects all aspects of life for them and their family/whanau.
- Chronic conditions have common risk factors – inactivity, unhealthy diets, obesity, stress, depression, smoking and alcohol mis-use.
- Much chronic illness is preventable.
- People affected by chronic conditions need to be better supported by services that are holistic and better co-ordinated.
- Chronic cardiac and respiratory conditions account for 14% of admissions to Wairarapa Hospital.

Specific chronic conditions we are targeting are

- Diabetes
- Heart disease
- Respiratory conditions, including asthma
- Arthritis and osteoporosis

Wairarapa District Strategic Plan 2005

Past Year Achievements

Achievements in managing long term conditions over the past year have impacted positively on the health of older people. The DHB has addressed long term conditions through the continuum components of:

- Prevention and early detection
- Diagnosis and treatment
- Support and rehabilitation
- Palliative care

Past year achievements

- Contributed funding and support to the implementation of Active Wairarapa.
- Smoking cessation services were offered by all GP practices and Whaiora Whanui.
- Development of the Chronic Care data management system.
- Identification and follow-up of people with diabetes continued with an increase of 3%, with an increasing proportion of Maori accessing their annual reviews.

Plans for the year ahead

In line with the DHB Strategic Plan, activity related to long term conditions will focus on healthier lifestyles (reducing smoking, improving nutrition and exercise), increased access to primary care, increased early intervention and improved disease management. Further developments in these areas will be within a multi-sectoral approach and will build on the achievements of the past year.

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Healthy Eating Healthy Action……..

Support implementation of Masterton District Council Cycling Strategy

Wairarapa PHO will also maintain its momentum with outreach clinics and promotion of physical activity through HEHA, Green Prescriptions, and the Active Wairarapa Plan.

However, the main focus of the PHO will be the continuing roll-out of their Long Term Conditions (Chronic Care Management) Project which will encompass every medical centre in Wairarapa. This provides a software tool for identification of disease risk and risk management across the enrolled population of each practice. The project is expected to result in the systematic identification of risk and monitoring for those at risk of, or affected by cardio-vascular disease, diabetes

Implementation of the Wairarapa Palliative Care Plan will be a major focus in 2007/08. This will be guided by the following principles:

1. The focus of the palliative care is the person who is dying.

2. Families, whanau, close friends, carers and other people who are important to the dying person are supported in their caring and in their bereavement.

3. Each person's uniqueness, culture, spirituality and autonomy is respected, care is based on their expressed needs and wishes and takes account of beliefs regarding illness, healing, comfort, care practices, location of care, and death and dying.

4. All people who are likely to die within twelve months should be informed of their entitlement to palliative care and have access to core health and support services appropriate to their needs, provided wherever possible in the location of the person's choice.

5. For Maori, the Treaty of Waitangi, He Korowai Oranga and Te Whare Tapa Wha underpin all interactions, policy and service developments.

6. Service configuration is flexible, builds on, and is integrated with existing health services – and can adapt to local, regional and national service developments and current best practice.

7. Agencies will work collaboratively together to develop proactive partnerships, deliver comprehensive, holistic and well coordinated services, and provide continuity of care for the person throughout their illness.

In 2007/08 the DHB's focus on HEHA and reduction of smoking will increase significantly, and the implementation of both the Chronic Care Management project and the Wairarapa Palliative Care Plan will be major undertakings. Other aspects of the continuum for long term conditions will continue to be addressed through ongoing work that has already been established.

Healthy Eating Healthy Action……..
Work collaboratively with Sport Wairarapa in their work with Active Schools

DSP Priority	Long Term Conditions			
	Healthier Lifestyles	**Increased access to primary care for long term conditions**	**Increase early intervention**	**Improved disease management**
	Approaches:			
DSP Themes in Action • *Increase connectedness* • *Holistic approaches* • *Address common risk factors* • *Community wide collaborations* • *Quality and safety*	• Multi-sectored approach to promoting healthy lifestyles • Smoke-free environments • Smoking reduction and cessation • Integrated continuum of care for people with long term conditions	• Continue to increase uptake of the Care Plus programme and improve integration of this programme with other health services. • Identifiable, single point of entry for Palliative Care services	• Opportunistic screening (as a part of the LTC project) for risk factors of long term conditions • Focus on access and early intervention for identified high risk groups of the Wairarapa population	• Focus on development of an integrated continuum of care for people with long term conditions • Improving primary-secondary health sector interface through service developments in the new hospital.
Planned Actions	• Increased green prescriptions • Increased coordination of smoking cessation activities across all providers. • Increased referrals to Aukati Kaipaipa, and increased access to free smoking cessation clinics in mainstream primary care • Identification of smoking environment status of all patients using Wairarapa hospital, and referral to appropriate support services	• PHO Care Plus nurse to assist the implementation of Care Plus throughout Wairarapa GP practices.	• Use of spirometry for timely respiratory diagnosis • Healthy Homes Programme • Provision of free community clinics to encourage access and early intervention (e.g. Kura Kaupapa, selected low decile colleges).	• Implementation of the Long Term Conditions (LTC)/Chronic Care Management Plan • Flexible home based support, with care coordination for people with complex needs. • Implementation of the Wairarapa Palliative Care Plan
Outcome Measurements	• Rates of smoking – 22% • Rates of physical activity -78% • Number of Green Prescriptions - 300	SER 02 – Care plus enrolled population – 85 of eligible people	• Number of homes insulated through healthy homes project – 75 per annum • 75% people aged 65 years and above enrolled with the PHO who have received influenza vaccination as a proportion of total PHO enrolled people over 65 years	*DHB Indicator* POP 01 – Diabetes POP 02 – Cardiovascular disease POP 03 – Stroke

4.7 Mental Illness and Addictions

Mental illness, including addiction, is a change in thinking, perception or behaviour that causes significant distress, disability or loss of function.

- Mental illness (including alcohol and drug addiction) is widespread and will affect 1 in 5 people at some point in their lives.
- Mental illness and addiction is rising worldwide, and is a major cause of disability
- Mental illness is estimated to cause about 25% of all disability and will account for 15% of the total global burden of illness by 2020
- Mental illness is very strongly associated with low socio-economic status - unemployment, poor housing, less education, and low income
- Increasing drug abuse, including 'P' is a significant and growing complication in mental illness
- Wairarapa appears to have more drug related problems than many other areas
- Society in general tends to stigmatise and discriminate against those with mental illness – this worsens their problems
- Maori suffer more from mental illness than do non Maori
- Access to mental health services in Wairarapa still falls well short of what is required – several more years of increasing services will be needed
- Wairarapa has high rates of suicide and self harm

Wairarapa District Strategic Plan 2005

Past year achievements

- Increased staffing of CAMHS service, both in number and range of disciplines
- Outreach clinics in South Wairarapa established for both adult and children
- Permanent appointment of psychiatrist
- Several 'all service' workforce development initiatives completed
- Increased consumer and family whanau input into service development
- Local Advisory Group and Service Management Group providing robust input to strategic and operational issues
- Staff of all services actively participate in regional conferences, training and networking opportunities
- AOD Scholarships awarded to 5 students
- Introduction of mental health line to support after hours service provision
- Qualitative reporting to DHB improved communication across the sector and provided an opportunity for greater collaboration

The DHB has developed an initial plan to action Te Kokiri[8] in the Wairarapa. The actions identified in the action plan for the 2007/08 year are incorporated into this annual plan, with full details given in Appendix 2.

Over the past two years, Wairarapa mental health and addiction services have been reconfigured and settled into new ways of working. Two themes underpin the next stage of implementing the DHB's Strategic Plan for Mental Health Services, July 2004 (SPMHS) and the DHB's action plan for Te Kokiri:

1. Improving collaboration within and between all health services
2. Developing leadership across mental health and addiction services throughout the DHB.

Services are now sharing information, resources and opportunities to work jointly however, all acknowledge that there is much room for improvement not only within the mental health and addiction services but across all agencies and services in the Wairarapa. There is a strong message from the sector that collaboration must be brought to life if outcomes for service users are to improve.

In adopting 'a common purpose approach' the provider arm plans to lead a review of the continuum of care for those service users who are acutely unwell ensuring that a seamless yet flexible service is provided.

[8] Te Kokiri – The mental health and addiction action plan 2006-2015 *Ministry of Health August 2006*

Healthy Eating Healthy Action……..

Increase support for Green Prescriptions

Strengthening mental health leadership across the DHB to include all health care services, NGOs, primary care and other services is key to achieving improved collaboration.

In the past year services have been successful in their recruitment campaigns. Fewer vacancies across all services will result in more and better services in the community; the greater mix of skills in teams will allow more people to be supported more flexibly in their recovery. An increase in the range of supportive accommodation options for youth and older people will also allow more responsive approaches to recovery to emerge.

Past year achievements cont…

- Review of needs for day activity services completed and follow up initiatives underway
- AOD Day programme for youth developed
- Methadone service clinical audit completed with excellent outcomes
- Kaupapa Maori Service staff supported to improve qualifications and skill bases
- Completion of the DHBs report on progress against Te Puawaitanga and development of subsequent action plan
- Why Weight programme for service users

Regional Mental Health Planning

The Wairarapa DHB continues its commitment to working regionally to improve the service continuum for tangata whaiora and achieve cost effectiveness in service provision. The DHB continues to provide resources to advance regional collaboration in the form of:

- The Wairarapa Director of Planning and Funding continues to act as sponsor of the network on behalf of regional General Managers, Planning and Funding
- The Wairarapa Mental Health Portfolio Manager is responsible for working with Child and Youth projects in the region
- The Wairarapa Mental Health Service Manager and Clinical Director continue to actively participate in regional service management and clinical leadership meetings.

Over the past year there have been significant achievements in regional mental health service planning and delivery. The following progress was made:

- The implementation of review findings of five regional specialty services at Capital & Coast DHB is complete. Local liaison positions, memorandums of understandings and reporting have been put in place within the entire central region DHB's.
- Te Puawaitanga Maori mental health baseline information has been collected, collated, analysed and reports are complete. Implementation will be locally led, and the monitoring and reporting framework is currently being progressed.
- Ten of the twelve recommendations of the regional alcohol and other drugs intensive review have been completed. Of the final two recommendations, one has been partially completed, and the other will be completed by 30 June 2007.
- Two multi-systemic therapies have been established with MidCentral and Hutt Valley as the lead DHBs.
- The revised Central Region mental health and addiction network is now fully functioning with the development of the Central Region mental health and addiction service plan a key initiative that the six DHB Mental Health Portfolio Managers worked on together.
- The regional eating disorder service has successfully transferred to Hutt Valley DHB following the withdrawal from the contract by the Eating Disorders Service NGO. Although the service has been renamed the Central Region Eating Disorder Service (CREDS) it still employs all but one of the original staff and operates from the same base.
- A system to track contract and IDF movement within the Central Region has been implemented and is currently being monitored.

In the year ahead progress will be made towards:

- Achieving the objectives of the Regional Mental Health Service Plan
- Regional mental health and addiction service capacity and capability development
- Assess the service and workforce requirements of NGO regional mental health and addiction services, including a review of NGO contracts that include workforce issues, and develop an action plan
- Review regional eating disorder services and ensuring Wairarapa has excellent linkages to these services

Healthy Eating Healthy Action……..

Support the implementation of the Active Wairarapa Action Plan

Addressing Suicide and Self Harm

Addressing suicide and self harm in the Wairarapa will be a priority for 2007/08 and will require a multi tiered, community wide approach including:

- A community wide approach to suicide prevention under the HEHA initiatives umbrella
- The Mental Health Local Advisory Group will establish a working group to address suicide from a mental health perspective
- Closer monitoring of people admitted to hospital or presenting at a primary care service following self harm to ensure better follow up and wrap around services are included in their care package.

Workforce Development Initiatives

At a local level, workforce development will continue to be a priority as recruitment and retention issues remain key to ensuring services are sustainable and provide continuity of care for service users.

In the past year the DHB has been successful in recruiting to some positions that have historically been difficult to fill including senior clinical and Maori roles. The focus in the 2007/08 year will be to support these new staff and assist all staff to access develop opportunities that enhance their own goals and build a mix of skills and capacity that are recovery focused and result in excellent outcomes for service users.

In particular, the DHB's Maori Health directorate will work closely with both NGO and DHB services in recruitment and support of the Maori mental health workforce, and development of local capacity through a longer term training approach.

A local mental health workforce development group will be established and charged with responsibility for applying a collaborative approach to training and workforce development opportunities. Mental health service staff will be encouraged to participate in the LAMP programme and other professional development opportunities.

At a regional level, the local group will use all opportunities to identify areas in which DHBs would benefit from a region wide approach. Central Region DHBs have committed to a project to work with the NGO sector to identify common areas of workforce development need and apply new blueprint funding to address this.

Allocation of Blueprint Funds and Ring Fence requirements

The DHB has applied all ring fence requirements to its allocation of mental health funding. In the 2007/08 year FFT has been passed on to those providers that have satisfactorily meet contract monitoring requirements and the demographic adjuster has been applied to increasing services required in the extended continuums of care resulting from the allocation of new Blueprint Funding. 2007/08 Blueprint funding can be seen in the table below.

Purchase Unit	PU Description	Volume	Price per Unit	Spend 07/08	Comment
MHRE01.5	Child & Youth Crisis Respite	730 bed nights	$170	124100	2 beds, short term crisis respite in order to provide a short term alterative to inpatient admissions, this may be provided via a provider in a neighbouring DHB if the small number of beds required limits the viability of this as a local service
MHCR04	Community residential level 4	1095 bed nights	$150	54750	3 beds designated for people aged >65 who have needs for both mental health and disability support residential services. A new service will established that will be 50% funded by DSS. A work group to identify the type of service needed will be established and an action plan implemented early in 2007/08
Central Region Service Development Projects				47435	Wairarapa share of central region projects as per Appendix 3
Total Blueprint funds allocated in 2007/08				**$226285**	

Healthy Eating Healthy Action……..

Application of the Nutrition Fund

DSP Priority	**Mental Illness**			
Objectives	**Healthier Lifestyles**	**Increased access to primary mental health and addiction services**	**Increased access to secondary mental health and addiction services**	**Implementing Te Puawaitanga**
DSP Themes in Action • *Increase connectedness* • *Holistic approaches* • *Address common risk factors* • *Community wide collaborations* • *Quality and safety*	**Mental Health Themes** • *A Common Purpose* in action • Mental health sector leadership enhanced			
	Approach • Wairarapa Youth Council supported to provide consultation / advice to DHB on youth health issues • Increased family / whanau input into mental health services • Increased consumer input into addiction services • Intrarsectoral leadership provided through Local Advisory Group			
Planned Actions	Mental Health and well being is prominent in the Wairarapa wide Health Promotion Plan Employment support services are an integral component of recovery plans Increased physical health support for crisis respite service users from Wairarapa Hospital house surgeons Increased medical input into Addiction Services – health checks on all acute referrals, quarterly health checks on all methadone service users Broadening of community support work services to increase service user options for recovery Like Minds Like Mine programme reintroduced to the Wairarapa	Pathways between all specialist and primary care services reviewed Increased early identification and intervention services for secondary school students through: • School based health services in high risk schools • HEADSS assessments of all year 9 students in high risk schools and those identified as being at risk in other schools • Coordination of all health and social services working with each student	Several service monitoring and evaluation initiatives will be undertaken including: • Continuum of acute care for long term service users reviewed • Review of pathways of care across care continuum, focussing on transition and shared care planning • Joint Mental Health / DSS to review continuum of care for older people completed • Clarification of agency responsibility and approaches to intoxicated people Crisis respite service for youth established Short term respite services for children and youth increased through development and support of foster care family workforce Residential services for older people established jointly with DSS sector Mental health services increased referrals and presence in secondary schools through school based health services Outreach services further developed in: • Martinborough • Featherston • Secondary Schools Addiction programme for youth piloted in secondary schools Implement Ministry led initiatives – MHSMART and PRIMHED Complete feasibility of implementing Knowing the People Planning	*Goal 1 – providing services for Maori* • Kaupapa Maori Service supported to broaden approach to recovery *Goal 2 – Active Maori participation in planning and delivery of services* • Improved linkages between Te Arawhata Oranga and local Maori Health advisory groups *Goal 3 – provide choice to access Kaupapa Maori mental health services to tangata whaiora* • Review of pathway of care for tangata whaiora through all services • Cultural assessments available to tangata whaiora at time of service entry *Goal 4 – increase the Maori mental health workforce* • Clinical mentoring of Maori health support workers provided by DHB provider arm • Vacant Maori FTE positions filled *Goal 5 – maximise opportunities for intersectoral co-operation* • AOD support provided in all Youth Court sessions • Develop closer linkages between Maori mental health and addiction staff and PHO services
Outcome Measurements	*IDPs:* QUA 02 (b) results for People with enduring severe mental illness POP 06 improving the status of people with severe mental illness POP 07 alcohol and drug service waiting times		*DHB Indicators:* Number of marae based programmes offered 250 people per annum supported by PHO "To Be Heard" project Number of HEADSS assessments completed	

Healthy Eating Healthy Action……..
Achieve accreditation in Baby Friendly Community initiative

4.8 Cancer

Cancer covers a very large number of different diseases many of which are increasing as the population ages. While success rates for cancer treatments are improving, the numbers dying from cancer are still increasing as growing numbers of people are affected by cancer.

- Cancer is a leading cause of hospitalisation and death – the second highest cause of death in Wairarapa
- Cancer among Wairarapa Maori is increasing faster than in Maori elsewhere
- Lung, bowel and breast cancers cause the most cancer deaths in Wairarapa
- Cancer survival rates are increasing
- The incidence of cancer is increasing
- Many cancers are potentially preventable
- Many cancers can be eliminated if found and treated early
- With more health promotion and prevention the rates of cancer can be reduced
- More screening, and early treatment can reduce the numbers of people who are affected by cancer for a long time
- More co-ordinated and accessible treatment, support and palliative care services can greatly reduce the impacts of cancer on patients and their families
- Cancer control is a national priority.

Wairarapa District Strategic Plan 2006

Past year achievements

- The Cancer Strategy Project – "Te Huarahi o Nga Tangata Katoa-the cancer journey of people and their families from Wairarapa and Hutt Valley DHBs" was completed.
- Completed the District Cancer Control Plan
- Contributed to the Central Region Cancer Control Plans and continued development of a Cancer Network across the region.
- The Wairarapa Palliative Care Plan was also completed.
- Specialist oncology services continue to be provided by Capital and Coast and Mid Central DHBs. Their regular clinics are in conjunction with the Oncology Nurse who provides a local service for clients.
- Increasing focus on the development of regional service planning and regional cancer networks
- Flexible models of care (supported living at home) have been successful in supporting cancer patients in the community.

Plans for the year ahead

The Cancer Control Strategy provides a structure to plan improvements across the continuum of care for cancer. This will continue to guide activities in 2007/08.

As a small DHB with no specialist oncology services services, integrated and well functioning regional services and alliances are vital to outcomes for Wairarapa people who are living with cancer. Therefore Wairarapa will continue to actively participate in the Central Region Cancer Advisory Group, the developing Central NZ Cancer Network and regional service planning and developments.

The District Cancer Control Plan identifies a range of service enhancements across the continuum of care, and for each of the Cancer Control Strategy goals, with some initial priorities identified for initial implementation in 2007/08. These initial priorities include reducing the incidence of lung cancer through increased promotion and coordination of smoking cessation activities across providers and increasing early detection of breast and cervical cancers through working with the PHO and regional screening services to increase screening rates for women, especially Maori.

Healthy Eating Healthy Action……..
Support further use of Care Plus throughout Wairarapa GP practices

An initial service delivery priority will be determining a process for establishing an Oncology Clinical Nurse Specialist role to provide increased case management across health services, and improved linkages to district and regional cancer services. Options for implementing a patient navigator role, especially for Maori, will also be investigated. Additional cancer control funding which has been allocated to the DHB will be used to implement these priorities.

Past year achievements cont…

- Te Omanga Hospice and GPs/District Nurses continue to be the main providers of palliative care, with Te Omanga providing mainly for cancer patients.
- A plan for palliative care services has been completed. The plan includes the assessment of the palliative needs of all patients and the coordination of care and support as an integral part of primary and secondary health services

The Wairarapa Palliative Care Plan will be implemented in 2007/08. This plan seeks to ensure access to high quality palliative care for all who have need of it and to provide effective and coordinated essential palliative care and support services; including case management, generalist palliative care and support services, with specialist palliative care services available when required for people with complex needs. The plan also aims to develop a palliative care approach across all health services through the adoption of a recognized pathway for the dying.

Healthy Eating Healthy Action……..

Reduce smoking rates through health promotion, smoking cessation programmes, and smoke free coordinator

DSP Priority	**Cancer**			
DSP outcomes	**Healthier Lifestyles**	**Increased uptake of screening programmes**	**Increased access to continuum of care**	**Increased access to palliative care**
Cancer Control Strategy goals	**Reduce the incidence of cancer through primary prevention**	**Ensure effective screening and early detection**	**Improve the delivery of services across the continuum of cancer care**	**Ensure an integrated and comprehensive service is provided to those who require palliative care**
DSP Themes in Action • *Increase connectedness* • *Holistic approaches* • *Address common risk factors* • *Community wide collaborations* • *Quality and safety*	**Approaches** • Increased coordination of smoking cessation activities across providers, including Wairarapa hospital • Multisectoral approaches to promoting healthy lifestyles	• Work with the PHO to foster opportunistic advice and screening for cancer • Collaboration with local and regional providers to increase the uptake of screening	• Participate in the development of the Central NZ Cancer Network and service planning , including planning for new linear accelerators at regional cancer centres	• integrated palliative care services are available to all who need them
Planned Actions	• Develop and implement district HEHA plan as per section 3.5 of this document • PHO Smoking cessation initiative	• Investigation of options for increasing rates of breast screening in women aged 45 to 64, especially Maori women, including options for developing a fixed site in Masterton • Identify options for increasing cervical screening rates for Maori and high risk women	• Determine process for establishment of a dedicated Clinical Nurse Specialist position • Investigate options for patient navigator role • Investigate options for more flexible use of Care Plus funding • Investigate options for chemotherapy clinics and paediatric outpatient clinics at Wairarapa Hospital	• Implementation of the Wairarapa Palliative Care Plan.
Outcome Measurements	*DHB Measure* Number of health promoting schools	*DHB Measure:* • Breast screening coverage rate - 71% total population • Cervical screening coverage rate – 72% total population	*IDP:* POP 10 radiation oncology and chemotherapy treatment waiting times .	*DHB Measure:* • Numbers accessing palliative care services 2006/07 – 150 palliative patients

Healthy Eating Healthy Action……..
Maintain the Wairarapa Community Transport Service

5. ADVANCING OTHER GOVERNMENT PRIORITIES

5.1 Value for Money

"Value for money" may include a wide range of quantitative and qualitative considerations. Wairarapa DHB has adopted the following definition of "value for money".

> *"Using resources effectively, economically and without waste in achieving health and disability outcomes desired by government and beneficial for people of the Wairarapa."*[9]

Ensuring value for money requires:

- Robust prioritisation and funding allocation processes
- Delivery on planning and funding decisions
- Monitoring and review of impacts and outcomes
- Self-evaluation by the DHB of decisions and processes – a culture of enquiry and change
- Application of learnings

Value for money is a combination of efficiency and effectiveness and may be determined from different perspectives such as those of the DHB as funder, the service provider, the clinician, and the service user.

Assessment of value for money needs to occur across planning, service delivery, service development, and evaluation.

Priority Setting
Prioritisation decisions are the start point for ensuring value for money. In deciding what services to fund Wairarapa DHB, in common with other DHBs, works to a set of core requirements[10], national health gain priorities and expectations set by the Minister of Health[11], and a set of local priorities. Local priorities are determined from assessment of local health needs in consultation with local communities and are set out in the DHB's strategic plan. These national and local priorities set the framework within which annual funding decisions are made. They set the list of services or programme areas that must be funded.

Funding Allocation
Each year the DHB reconsiders its allocation of funds among the competing priorities so as to ensure the final funding allocation published in its DAP provides for the mix of services and service volumes that is most likely to maximise health gain for the people of Wairarapa, within the constraints of national policy requirements, and the overall level of funding available. This step determines how much funding each service/programme area is to receive and for what types of services.

Implementing Planning and Funding Decisions
Once decisions have been made about the priority areas for service expansion, or disinvestment (for example to develop specific services for youth and to spend less on laboratory tests) then processes are put in place determine the detail of how this is best achieved. Consultation and discussion at this stage generally involves a range of stakeholders, including providers, clinicians and service users, to develop a service plan or strategy.

Once the specific approach or direction is agreed the DHB may issue an RFP or tender. Evaluation of proposals always includes a value for money criterion. Usually trade-offs need to be made between efficiency and effectiveness so as to achieve the best possible outcome for the total cost, rather than simply the best (most effective) service or the lowest (most efficient) cost. Wairarapa DHB's procurement policy covers these steps.

[9] "Value for money" – This definition is based on the Office of Auditor General guidance on "value for money" criterion for use in the wider public sector.
[10] The Service Coverage Schedule
[11] The annual Minister's Letter of Expectations and Ministry of Health Planning Package Guidelines

Healthy Eating Healthy Action……..
Support Healthy Homes programme

Monitoring and Review
Once funds have been allocated to a provider the DHB needs to be able to demonstrate that this application of funding is having the desired effect. This requires checking that the outputs expected are being delivered to the expected quality, and outcomes are being influenced as expected. If not, the reasons are investigated and future funding decisions adjusted accordingly. Wairarapa DHB has robust contract monitoring and audit policies and procedures to ensure monitoring and review of service performance is ongoing. In addition there are a range of consumer satisfaction surveys, and further information is provided from updates of health indicators and health needs assessment data.

Diabetes as an example of Wairarapa's approach to ensuring value for money

1. *How does the total funding we apply to diabetes prevention and control impact on service outcomes, outputs and quality?*

It is not possible to state accurately the total amount of funding Wairarapa DHB expends on diabetes prevention, treatment and control. Many diabetes related activities and interventions occur as part of general programmes such as: Healthy Eating, Healthy Action; health promotion; general health checks; and admissions to hospital for other conditions. Our best estimate of expenditure on treatment services directly and solely related to diabetes is appended. This is an underestimate of total expenditure. There is nothing included for prevention services.

Expenditure on diabetes prevention and services is increasing each year in alignment with national and local priorities.

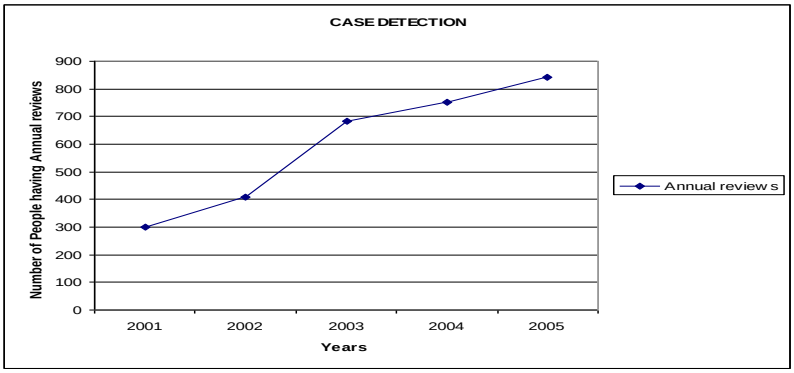
Progress against Strategic Plan
The table below lists actions/initiatives indicated in our Strategic Plan (2005) and notes current status/progress against each. The priority objective is to reduce the incidence and impact of diabetes. To achieve this, the DHB takes both a population health approach and individual treatment approach.

DSP ACTION PROPOSED	**Status in 2007**
Population Approaches	
More targeted health promotion activity – DHB and PHO working to a single health promotion plan	On track
Focus on reducing risk factors – poor nutrition, low physical activity, obesity, smoking, alcohol miss-use	Being addressed through HEHA strategy – on track
Participate in Active Wairarapa Plan	On track – DHB on steering group
Increase whanau ora services	Developing but still to be addressed fully
Increase number of health promoting schools	On track
PHO to increase identification of people most at risk of chronic diseases	Developing but still to be addressed fully
Increase primary prevention for people who already have one chronic disease	Developing but still to be addressed fully
Individual approaches	
Increase access to primary care – lower co-payments	On track
Identify those at risk – well health checks	Partially implemented – on track
Implement Care-Plus	On track
Encourage seamless rather than episodic care	ongoing
Encourage self management	Ongoing – increased use of 'Living a Healthy Life'
Promote 'expert patient' concept	Ongoing
Acknowledge rongoa and other complementary practices in treatment plans	On track. DHB now funds some rongoa
Reduce avoidable admissions to hospital	On track for diabetes
Promote evidence based practice	ongoing

Healthy Eating Healthy Action……..
Strength and balance exercise programmes for older people

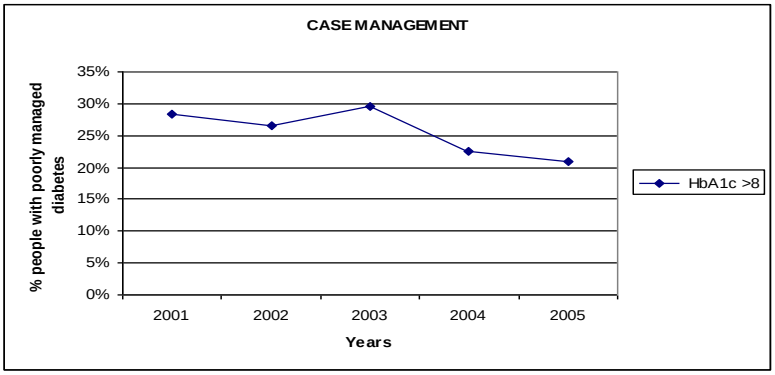
Service outcomes and outputs:
Progress against diabetes performance indicators is improving consistently year by year

Graph 1 Diabetes Recognition and Follow up Trend (All Ethnicities)



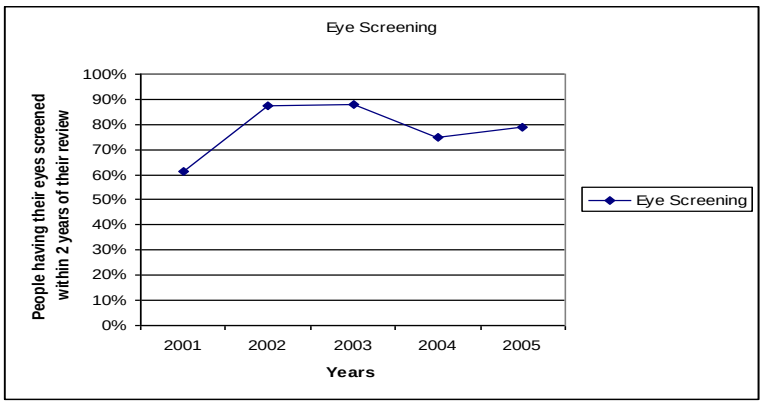
As for the rest of New Zealand, the estimated number of people with diabetes is increasing. Not only are the actual numbers of diabetes checks increasing, but a higher proportion of the number estimated to have diabetes are being checked.

Graph 2 Diabetes Management - Poorly controlled (HbA1C >8)



The proportion of people with diabetes who have poorly managed diabetes is decreasing. Conversely, there are a larger proportion of people with diabetes who have better controlled diabetes.

Graph 3 Retinal Screening Trend (All Ethnicities)



The proportion of people with diabetes who have their eyes screened at least every two years is generally between 80% and 90%.

Quality

The DHB has adopted the Improving Quality (IQ) systems approach which ensures that prioritisation, planning, service development, service delivery and evaluation are aligned with the key dimensions of quality[12]:

- People-centred
- Access and equity
- Safety
- Effectiveness
- efficiency

People Centred

Diabetes related services span the continuum of chronic disease management: Prevention and Early detection, diagnosis and treatment, support and rehabilitation and palliative care. At all phases of the continuum the individual, their family and the community in general are central to achieving the desired outcomes.

A wide range of people are at the centre of prioritisation, planning and evaluation of the effectiveness of diabetes services. On a formal basis, the Wairarapa Local Diabetes Advisory Group includes representation from Diabetes Wairarapa (including youth), Maori Health, practice nurses, GPs, physician, podiatrist, pharmacist, PHO management, Planning and Funding staff. On a less formal basis, feedback from hui, all providers, and the general public assist in prioritisation, planning and evaluation.

Access and Equity

The DHB is active in a range of multi-sector activities (e.g. with Local Councils, Sport Wairarapa, Public Health) and also contracts community providers for specific activity programmes for identified groups (e.g. Maori and Older People).

Early detection of those at most risk is enabled through GP clinics provided for students and whanau at the Kura Kaupapa and a new nurse run clinic initiative at two low decile colleges, commencing February 2007, is also expected to identify those at risk of diabetes.

[12] Improving Quality (IQ): A systems Approach for the New Zealand Health and Disability Sector. Ministry of Health, 2003

Healthy Eating Healthy Action……..

Workplace cafeteria initiatives to identify healthy eating options

- Increasing access to primary health care through reduced co-payments – improving access is measured and reported regularly by the PHO. PHO data shows increase access by Maori, and by people living in decile areas 9 and 10.
- Actively identifying and screening those at risk - through well health checks
- Increasing the numbers of patients with who are monitored regularly in primary care through the diabetes 'Get Checked' programme
- Transport availability continues to challenge the DHB and its community. However, the DHB, PHO, Local Authorities, Red Cross, Wairarapa Organisation for older Persons believe that they have achieved a cost-effective solution through their multi sector approach in the provision of a (Wairarapa wide) Community Transport van service. This service is a combination of voluntary and funded components, provided by Red Cross through PHO and DHB funding and passenger donation. It has greatly helped enhance access to health services from areas outside Masterton (66% passengers). In addition the DHB now separately provides full funding for a three times a week transport service to Wellington for dialysis patients.
- Access to Outpatient Clinics for Maori people with diabetes is four times greater than that of the overall population.
- During 2006 – 07 A review of Wairarapa Palliative Care services has been undertaken and it was noted that access to palliative care for people with chronic disease other than cancer was somewhat limited. A palliative Care plan has therefore now been developed with a wide range of stakeholders. In 2007 – 08, people with diabetes who are entering the palliative care stage of their life will have access to a palliative care service which has a clear point of entry and meets the needs of the individual and their family.

Safety

- The DHB has focused on reducing the risk factors related to the incidence and impact of diabetes through a population based approach to prevention and a personal health approach for individuals to reduce the impacts of their diabetes (e.g. annual review and education). Some of these approaches include:

    - Improving nutrition
    - Increasing physical activity
    - Reducing obesity
    - Reducing smoking and increasing smoke free environments
    - Reducing alcohol mis-use

- Participating in the development and implementation of the multi-agency, intersectoral, Wairarapa Physical Activity Plan
- Increasing whanau ora services
- Increasing health promoting schools
- Working with the PHO to increase identification of people most at risk of developing chronic conditions

Effectiveness

Wairarapa DHB aims to:

- Reduce the number of people developing diabetes through population health programmes such as HEHA
- Increase early identification and intervention for those who have diabetes
- Improvement individuals' management and control of their diabetes
- Reduce the incidence of serious complications

The effectiveness of the Wairarapa diabetes strategy and range of interventions is assessed by looking at the extent to which these aims are met and ensuring that progress is made in the desired direction.

Healthy Eating Healthy Action……..

Support implementation of Masterton District Council Cycling Strategy

It is not possible yet to directly link health promotion initiatives such as HEHA with changes in the prevalence of a specific disease as the causes are multi-factorial, and outcomes are only seen over the very long term.
Early identification and intervention is measured by the gap (if any) between the Ministry of Health estimated number of people in Wairarapa who may have be expected to have diabetes and the number known to be receiving treatment for diabetes through primary health care.

The increasing number of people with HbA1c lower than 8 is used as the measure of improvements in peoples' control of their diabetes.

Reductions in the number of lower limb amputations are a good measure of reductions in serious complications.

Diabetes results are reported by calendar year and targets are set based on actual results achieved the previous year. The national minimum data set for diabetes is used for reporting results and setting targets to ensure a consistent approach with other DHBs.

Effective self management is seen to be the key to good diabetes control. Wairarapa DHB encourages and supports this in several ways:

- Emphasis continues on encouraging and supporting self management through programmes such as "Living a Healthy Life". The 'expert patient' concept will continue to be promoted through education and multi-disciplinary support.
- The DHB has a small but coordinated paediatric diabetes service. Consistent messages by all in the team are enabling young people with diabetes (and their parents) to become 'expert patients'. All children diagnosed with diabetes are taught from the beginning of their treatment to self inject their insulin. This education results in children who are more independent in their own treatment (e.g. when they attend camp).
- Adults who have been diagnosed with diabetes and who need psychological support to accept their diagnosis and undertake good self-management will continue to be able to access the Primary Mental Health Service, "To Be Heard". A separate counseling service is available for children and youth (under 18 years) who don't fit the age group criteria for "To Be Heard".
- Promotion of evidenced based best practice in both primary and secondary health services

Bariatric surgery has a major positive impact on morbidly obese patients who have diabetes. The DHB is evaluating the cost effectiveness of bariatric surgery for four patients funded by the DHB in 2006 – 07. These patients have been prioritised according to a scoring tool which assigns a high weighting to directly related disease such as Type 2 diabetes.

Efficiency
Improving efficiency in achievement of improved diabetes outcomes is addressed through:
- More targeted and coordinated health promotion activity – with the DHB and PHO working to a single health promotion plan
- Developing and implementing preventive strategies with people found to have significant risks and/or early signs of disease. This includes primary prevention for people who already have one chronic condition, in recognition of the fact that if a person has one chronic condition such as diabetes; they are at increased risk of developing another one such as cardiovascular disease.
- Encouraging seamless continuous care rather than episodic care (e.g. for child patients). This approach reduces duplication and ensures that funding supports the use of an efficient patient pathway. Children with diabetes will continue to be supported by the Wairarapa multi-disciplinary paediatric pathway provided by both primary and secondary health professionals (e.g. Diabetes Nurse Specialist, Dietitian, GP and Paediatrician).

Healthy Eating Healthy Action……..
Work collaboratively with Sport Wairarapa in their work with Active Schools

- Arranging group transport for some renal patients to access dialysis at the Wellington Renal Unit. The DHB now contracts a local transport provider to transport these patients on a regular basis. This arrangement enable these patients to be transported in a safe and economic way whilst freeing up the community transport van to provide services for a greater number of people locally.

New initiatives proposed for 2007/08 and expected impacts
Specific initiatives in 2007/08 will focus on healthier lifestyles, increased access to primary care, increased early intervention and improved disease management. Further developments in these areas will be within a multi-sectoral approach and will build on the achievements of the past year.

In addition to maintaining current initiatives which address the incidence and impact of diabetes (e.g. HEHA initiatives and Care Plus), the main diabetes related initiative for 20067-08 will be implementation of the PHO wide Chronic Care Management project. This will be a major project aimed at providing consistency of clinical management across all GP practices in Wairarapa. Expected benefits from this project include:

- An increased number of people with diabetes being identified, and having annual reviews
- People having their HBA1c more actively managed.
- It will also enable a more accurate system for identifying people due for referral for retinal screening on a two-yearly basis.

The post Implementation review of Wairarapa hospital is also expected to contribute to diabetes management through further service developments within the hospital.

Community support services for people with diabetes who have support needs will be included in the development of a single portal for accessing support services (including palliative care). In addition, development of more flexible support packages will contribute to the support of people with diabetes.

How we have set our diabetes targets for 2007/08 (processes and people involved)
Specific targets for key Diabetes indicators are set near the beginning of the calendar year and be based on the actual results of the year before. For these targets will be included in the Long Term Conditions section 4.6 of this annual plan.

Targets are set each year in discussion with the Wairarapa Local Diabetes Advisory Group after the group has reviewed the previous year's results and the trends from previous years. Targets for the coming year are then recommended to the DHB in the group's annual report. All targets need to be realistic and show a clear intention for improvement in the diabetes indicators.

The terms of reference and membership of the Wairarapa Diabetes Advisory Group (Locality Diabetes Team – LDT) are reviewed annually. Although the membership may alter slightly, the range of representation remains constant and reflects the recommendations of the Maori Focus Group.

Core Wairarapa diabetes Advisory group members include:
- General practitioner (Chairman)
- Practice Nurse - Masterton
- Practice nurse – South Wairarapa
- Service Manager, Community and Public Health Services
- Podiatrist
- Community Pharmacist
- Dietician
- Diabetes Nurse Educator, Community and Public Health Services

- Diabetes Nurse Educator, Maori and Pacific Island People
- Whaiora Whanui Disease State Management Nurse
- Consumers, Diabetes Wairarapa (adult and paediatric)
- Wairarapa Community PHO Manager
  (Also a parent of children with type 1 diabetes)
- Wairarapa DHB Portfolio Manager

A Physician and a Paediatrician from Wairarapa Hospital although unable to attend meetings regularly and therefore not members of the core group, are integral to developments in the Wairarapa diabetes service and act in an advisory capacity to the team.

	Wairarapa DHB - Estimated Annual Diabetes Funding 2006 - 07			Wairarapa DHB - Estimated Annual Diabetes Funding 2007 - 08		
	Units	Price	Total	Units	Price	Total
PHO						
Annual Review	1,043	$40	$41,720	1,050	$45	$47,250
Data Mgmt (Provided by Wgtn Regional Diabetes Trust)			$50,000			$51,552
CarePlus	960	$192	$184,003			$481,654
Chronic Care Mgmt			$54,800			$126,000
Fees Capitation, Community Labs, Community Pharmarcy			$1,570,000	10%	$16,304,101	$1,630,410
Services for Improving Access			$36,000			
Retinal Screening			$32,385			$40,200
NGO						
Rongoa Maori			$30,000			$30,000
Carsons Transport (Renal)			$52,000			$53,614
Provider						
Diabetes OP 1st Attendance	50	$ 225.76	$11,288	50	$ 356.27	$17,814
Diabetes OP Follow up	350	$ 183.31	$64,159	350	$ 257.78	$90,223
Paediatric Diabetes OP Follow up	4	$ 295.06	$1,180	12	$ 386.06	$4,633
Podiatry OP	1700	$ 56.00	$95,200	1700	$ 60.30	$102,510
Diabetes Education & Mgmt	950	$ 147.48	$140,106	500	$ 176.24	$88,120
Diabetes Inpatients	33	$ 3,151.00	$103,983	30	$ 3,740.38	$112,211
Total DHB Diabetes Funding			**$2,466,824**			**$2,876,191**

Healthy Eating Healthy Action……..
Increase support for Green Prescriptions

5.2 The NZ Disability Strategy

The needs of people with disabilities cut across all health and population groups. All of the DHB's strategies and actions must reflect the DHB's commitment to implementation of the New Zealand Disability Strategy and achievement of its vision of a fully inclusive society. This is being addressed by the DHB:

- Being an inclusive employer
- Working with the local disability community to ensure they have input to service planning and development and that people with disabilities have equal access to holistic health services, as well as to the disability support services they require to participate in the community
- Ensuring DHB staff receive disability awareness training and practice it
- Providing information in disability accessible formats
- Working with all services and sectors to promote social inclusion and understanding of the needs of disabled people

In addition Wairarapa DHB recognizes its specific responsibility for local implementation of the New Zealand Disability Strategy action 8.4 "Ensure disabled people are able to access appropriate health services within their community". The DHB's disability support advisory committee regularly reviews accessibility of services for people with physical and non-physical disabilities and ensures that barriers identified are addressed.

Wairarapa District Strategic Plan 2005.

The Disability Strategy aims for an inclusive society which focuses on highly valuing lives and continually enhancing full participation of people with disabilities. With the occurrence of disability tending to increase with age, the Health of Older People Strategy has also contributed to addressing the needs of people with disabilities. Wairarapa DHB recognises sign language as an official language of New Zealand and provides sign language interpreter services when required.

Past year achievements

- The Wairarapa DHB Disability Action Plan 2006-2010 developed
- Access to services enhanced through the Wairarapa Community Transport Services
- Improved home based support services through staff training initiatives and appropriate application of the fair travel policy
- Maori Needs Assessor and Service Coordinator, patient coordinator and Maori Disability support provider work together to offer appropriate supports for Maori clients
- Greater support for primary carers through respite, training, and provision of relief careers
- Flexible packages of care responsive to individuals with high and complex needs introduced for older people
- Active community consultation provided through Disability Support Advisory Committee

Plans for the year ahead

In the coming year, the DHB will be progressing its implementation of the Wairarapa Disability Action Plan:

- Address any accessibility gaps identified in the hospital barrier-free audit carried out in 2006 – 07.
- Further develop systems to ensure that patients in hospital have their specific communication needs met through a variety of appropriate media (e.g. spoken word, sign language, interpretation).
- Focus on improving equity and transparency for access to support services for people with disability and those with long term needs arising from their health condition.
- Further progress the long term (2006 – 2009) development of a single point of entry for health and disability support services to enable better integration and smoother processes between health and disability support functions.
- Work with other sectors (e.g. Work and Income) to enable people to move from sickness/invalid benefits into employment
- Continue to develop carer support in Wairarapa for primary carers of disabled people (all ages).
- Use the 2006 – 07 AT&R service review to ensure alignment with Specialist Services for Health of Older People and clarify how best clinical practice (e.g. stroke) will be incorporated into AT&R service developments.
- Survey staff to identify whether those that experience disability encounter any barriers in performing their job.

Healthy Eating Healthy Action……..

Support the implementation of the Active Wairarapa Action Plan

5.3 The NZ Health Strategy

In section 1.6 the DHB identifies the current status of its population against the 13 priorities of the NZ Health Strategy. The table below summarises the initiatives and projects that the DHB plans to undertake in 2007/08 to address those needs.

NZ Health Strategy Priority	Key Projects and Initiatives to be Undertaken in 2007/08
Reduce smoking	• DHB smoke free coordinator will increase smoking cessation activities across hospital services • Nurse visits, as part of the Healthy Homes Project, offer advice and referral for smoking cessation. • Increased focus on smoking cessation across medical practices and Maori health providers
Improve nutrition	• Wairarapa HEHA strategy developed and implemented • DHB will implement its nutrition policy and adopt a *lead by example* approach to HEHA in the workplace • Implement Baby Friendly Community Initiative to increase breast feeding • Work closely with schools and early education providers to implement school nutrition guidelines including administration of the nutrition fund
Increase physical activity	• Increase rates of physical activity through District-wide (multi sector) implementation of the Wairarapa Physical Activity Plan ("Active Wairarapa") • Increased Green Prescriptions • Increased participation in Maori Healthy Lifestyle initiative
Reduce obesity	• Action HEHA and Active Wairarapa Strategies to reduce the incidence and impact of obesity • Reduce the impacts of morbid obesity through prioritised funding for bariatric surgery
Reduce suicide rates	• Develop community wide approach to actioning the Suicide Prevention Strategy • Review mental health and addiction service providers processes aimed at reducing suicide risk • Improve follow up for people admitted to hospital as a result of self harm • Increase mental health services provided for young people at school and in their own communities • Support intersectoral initiatives that improve 'connectedness' of young people at risk
Reduce harm from alcohol and other drugs	• Increase the range of services provided for young people experiencing alcohol and drug abuse issues including access to regional MST programme, locally delivered day programme for youth and access to crisis respite services
Reduce the incidence and impact of cancer	• Implement District Cancer Plan • Participate in the development of a regional cancer network • Implement Wairarapa Palliative Care plan
Reduce the incidence and impact of cardiovascular disease	• Increase Care Plus provision by the PHO • Support implementation of PHO Chronic Care management programme to identify people at risk, increase monitoring, and promote best practice
Reduce the incidence and impact of diabetes	
Improve oral health	• Adolescent Oral Health coordinator will continue to work with dentists to increase the number of adolescents engaging with dental services • Work with Maori health providers to increase enrolments of preschoolers with dental therapists • Action first stage of Oral Health Strategy to develop more effective and efficient school dental services
Reduce violence	• Participate in interagency collaborative groups and projects to reduce family violence, child abuse and neglect
Ensure access to appropriate child health care services	• Use the NIR as a tool to increase immunisation of young children • Work with Maori to support and further develop whanau ora and tamariki ora services • Collaborative approaches between primary, secondary and community based providers to identify and address child health priorities • Implement recommendations resulting form the review of the Wellchild framework including *Ready for School Checks*

Healthy Eating Healthy Action……..

Application of the Nutrition Fund

5.4 The Primary Care Strategy

Government's Primary Health Care Strategy sets the framework for all developments in primary care, with increasing focus on whole population approaches, health promotion and disease prevention. Further implementation of the Primary Health Care Strategy in conjunction with Healthy Eating, Healthy Action provides the foundation for tackling the growing burden of chronic disease.

To date, national and local developments have focused on PHO initial establishment and provision of baseline medical services. We are now moving into a new phase. DHBs and the Ministry of Health have developed a strategic framework to guide the next phase of PHO development, which establishes the PHO operational performance framework and will guide further developments.

A parallel concern is to ensure that primary care referred services expenditure is affordable and managed within DHB population based funding. DHBs and the Ministry are working together on guidelines and pathways for more effective management of budgets for these services (community prescribed pharmaceuticals, laboratory tests and radiology).

Wairarapa is fortunate to have one PHO encompassing all primary medical practices across the whole district. 98.7% of the 2006 census population are enrolled with the PHO. There are seven practices, with at least one practice located in each town. The practices each provide comprehensive first line medical and nursing services and collaborate to provide after hours services jointly. Other PHO services include: sexual health Care Plus; primary mental health care; services to improve access, and health promotion. PHO utilisation reports show increasing service use since the PHO commenced in January 2004, particularly by Maori, people in low socio-economic groups, and older people.

Wairarapa Community PHO and Wairarapa DHB are working together to address the Minister's priorities for progressing implementation of the Primary Health Care Strategy as follows:

Community participation	Community engagement in PHO governance and operations continues to be facilitated by: • Appointments of four community representatives (nominated by Wairarapa TLAs) to the PHO trust board • Community membership (from a wide range of community organisations) on the PHO services committee that advises on service initiatives, service design, delivery and monitoring • Widely advertised, open, PHO Trust Board meetings and community forums, held at a range of venues across Wairarapa, including Marae. These are well attended by the public • Reporting to and input from approximately 50 community agencies and Non Governmental Organisations serving the Wairarapa • Formation of the Ruamahanga Health Trust to provide a community owned medical facility and health services in Martinborough • Regular meetings between Maori health providers and the PHO, and subcontracts with the Maori providers for health promotion and research The further development of community outreach clinics will target Maori and Pacific health needs and foster increased participation by those groups.
Improving health sector performance	Wairarapa DHB Health Needs Assessment information is developed and reviewed in discussion with the PHO and other community providers. Shared priorities for local service developments, including responses to national priorities, are agreed through iterative and collaborative strategic and annual planning processes that ensure PHO and DHB plans are aligned, widely supported and owned by both parties. The PHO through its shared services agency WIPA is developing its capacity to extract and analyse practice information. This is enabling the DHB and PHO to focus on the areas of demonstrated highest need. Wairarapa Community PHO is participating in the national PHO performance management programme. This programme has been successfully adopted in Wairarapa and contributes to

	ongoing quality improvement across the primary sector.
Reducing inequalities in health outcomes	In 2006/07 the PHO has completed a major report on kaumatua health and undertaken analysis of consultation rates, diagnoses and conditions found in its primary medical practices, by ethnicity and deprivation decile. This has provided a picture of inequalities in access and health status at practice level and provided the impetus for increased focus on reducing inequalities going forward.
Preventing and managing chronic or long term conditions	Services to Increase Access (SIA) funding is being used effectively to increase service utilisation in all high needs groups. The range of initiatives includes provision of a transport service, and free outreach clinics in areas of high deprivation. A Long Term Conditions (chronic disease management) programme developed in one Wairarapa practice is now being implemented across all Wairarapa practices. This programme is expected to result in significantly enhanced levels of responsiveness for Maori, pacific and people who are living in higher areas of deprivation than is possible under traditional regimes of primary care. A programme to deliver 100 pneumococcus vaccinations per annum is included in the Long Term Conditions (LTC) project.
Developing new models of service	The Long Term Conditions (LTC) programme will provide a standardised approach to LTC throughout the Wairarapa, consistent with current international best practice and integrated with DHB and Maori provider services. The model of care will include: • opportunistic risk assessment and advice to patients, • development of the role of practice nurses, • designing programmes to actively promote outreach and collaboration, • affiliation with community based organisations and • actively addressing cultural competence. The DHB and PHO are also collaborating to develop a new model of rural primary care through the appointment of a Nurse Practitioner from USA to work across South Wairarapa practices. It is envisaged that, over time, the role will become an integral part of the rural practice business model. The project also includes offering scholarships to encourage the development of a local primary care nurse practitioner workforce, to ensure a long term sustainable solution to current general practice workforce issues. School health clinics have been implemented in the Kura Kaupapa since 2005 and two Wairarapa colleges from February 2007

Wairarapa PHO and Wairarapa DHB develop their strategies and plans collaboratively, and ensure aims and objectives are closely aligned. PHO actions and strategies that support achievement of the DHB's priorities are summarised below.

Maori Health

The PHO trust deed stipulates Maori representation and participation in PHO governance. Maori comprise one third of PHO Board members and are represented on all PHO committees. The Board of the PHO operates very much in partnership with Maori and actively promotes engagement with Maori. Board meetings are held in a variety of community settings including on local Marae. The PHO works closely with Wairarapa's two Maori providers and sub contracts some services to them.

Implementation of the PHO's Maori Health Plan is continuing.

SIA initiatives in the PHO have focused on improving access for Maori and high needs people. A "packages of care" fund has been placed with Whaiora Whanui (Maori Provider), two outreach clinics target Maori and Pacific people, and the Board of the PHO operates very much in partnership with Maori. The PHO indicators as at 31/12/06 are showing a positive trend for Maori in respect of:

- Flu Vax
- Childhood immunisations
- Cervical and breast screening

Healthy Eating Healthy Action……..

Achieve accreditation in Baby Friendly Community initiative

- Access to primary care
- Access to sexual health care
- Access to SIA funded visits
- Care Plus caseload
- Care coordination (caseload almost 100% Maori)

Outreach clinics which target Maori whanau have been set up at the Kura Kaupapa and at local Marae.
During 2006/07 the PHO, in collaboration with a Maori health provider, completed a needs analysis of South Wairarapa Kaumatua (all Maori age 50 and over). This provides a basis for continuing service developments for Maori throughout the Wairarapa.

The Primary Care Mental Health initiative and Long Term Conditions (Chronic Care Management) Programme are also targeted at Maori people and ensures that the approach adopted is effective for Maori. The LTC project will make people living with long term conditions more "visible" to practice staff and clinicians. This will gradually move practices to a more population based health care delivery.

People in low socio-economic groups
The roll out of access funding across age groups has been supported by WCPHO, with all practices maintaining lower cost fees and most providing free visits for children under six. In addition, the PHO supports increased access and improved health outcomes for people on low incomes by:

- Keeping user part charges as low as possible, and implementing schemes to assist those who have difficulty paying
- Contributing to provision of a free community transport service for people travelling to health appointments
- Providing free nurse led outreach clinics in areas of high deprivation
- Employing a care co-coordinator who assists people to navigate their way to and through services
- Packages of Care funded through Services to Increase Access
- Free sexual health service

Older People
Specific PHO initiatives towards achieving increased access and improved health outcomes for older people include:
- Keeping user part charges as low as possible, and implementing schemes to assist those who have difficulty paying
- Contributing to provision of a free community transport service for people travelling to health appointments
- Care Plus and development of the Long Term Conditions programme – see below
- Packages of Care funded through Services to Increase Access

Children and youth
The PHO contributes strongly to improving child and youth health by:
- Implementation of school health clinics in two secondary schools and one primary school
- Successful implementation and use of the NIR in all practices
- Provision of free sexual health services for young people
- Introduction of family nurse practitioner in South Wairarapa

Most practices in Wairarapa provide free care for under sixes. During 2007/08 the DHB will work with the PHO towards care being free in all practices.

Reducing the burden of chronic disease
At January 2007 the PHO is at 72% of its Care Plus target, and is on track to reach the target of 80% by June 2007. Continuing enrolments have been supported by the appointment of a nurse to assist practices implement Care Plus. This is complemented by the PHO Care Coordinator who works across the primary-secondary interface to ensure patients with complex problems, and/or needing several services, are well supported, and receive integrated care.

Healthy Eating Healthy Action……..
Support further use of Care Plus throughout Wairarapa GP practices

During 2007/08 implementation of a standardised approach to Long Term Conditions (chronic care management) will be complete in all Wairarapa practices. The programme enables improved monitoring, early intervention and support for people who live with, or are at risk of developing chronic illness. It will also provide measures of whole practice population health.

Reducing the burden of mental illness and addictions

The "To Be Heard" pilot service for Wairarapa PHO became fully operational in the 2006/07 year and will continue in 2007/08. As at 31 December 2006 22 providers were signed up to provide services for "To Be Heard" and 116 active Packages of Care (POC) were being provided.

Cancer services

- Wairarapa Community PHO has contributed to the development of cancer services and cancer plans for the district
- WCPHO is committed through the PHO Performance Monitoring framework to obtaining full eligible population uptake of Cervical and Breast Screening.
- WCPHO is on a working party with the DHB to implement improved Palliative Care services for Wairarapa.

Emergency planning coordination

- WDHB provides leadership and to Local Government, PHO, CDEM Groups and other agencies managing the Health and Community response to a Public Health Emergency. There are already firm alliances within the community as a whole, including between the DHB and WCPHO. The PHO will continue to participate in regular meetings, national, regional and local exercises and forums and the continuing development of effective and comprehensive plans.

Performance Measures

The table below shows the measures we will use in 2007/08 to monitor progress towards improving health outcomes through primary health care services.

Outcome desired	Measure	Target/expectation for 2007/08
Continuous quality improvement	Proportion of pharmaceutical and laboratory transactions with a valid NHI (SER-03)	95%
Increased access to primary care services, particularly for high needs groups	Fee increases above annual statement of reasonable referred to fees review Practices comply with fees committee recommendations PHO practices ensure access to fees information (SER-07)	100%
	Ratio of age standardised GP consultations per high needs person compared to non high needs persons. (SER- 01)	≥1.15
	Ratio of proportion of PHO consultations with Maori to proportion of PHO enrollees who are Maori	0.9
	Percentage of PHO enrollees aged 65 years and above who received influenza immunisation	75%
	Percentage of PHO enrolled two year olds fully immunised	78%
Reduction in the burden of chronic conditions	Number of green prescriptions issued	300
	% of PHO enrolled population aged >14 years who smoke (POP-01)	Establish baselines
	Percentages of PHO enrolled population in target age groups who have had their CVD risk recorded in last 5 years (POP- 02)	Establish baselines
	Care Plus enrolled population (SER-02)	85%
	Diabetes follow-up	To be determined
	Cervical screening coverage rate	80%
	Breast screening coverage	65%
	Number who access PHO 'mental health packages of care'	140

Healthy Eating Healthy Action……..

Reduce smoking rates through health promotion, smoking cessation programmes, and smoke free coordinator

5.5 Progressing the Health Information Strategy of New Zealand

Information Systems Strategic Planning is a key tool for the DHB to ensure alignment of information systems developments with the needs of the DHB and the population it serves. The Information Systems Strategic Plan (ISSP) for Wairarapa DHB was completed in 2005 and describes seven core strategies for development of Information Systems at Wairarapa DHB over a four year period. The strategies are:

- Implement an electronic medical record containing the minimum information necessary for clinical decision making.
- Enhance the patient journey with integrated information flows across the healthcare continuum.
- Purchase integrated solutions in well-defined areas such as corporate support functions.
- Support the capacity to act with integrated information and knowledge management systems.
- Give priority to electronic capture of existing data that can inform public health planning.
- Learn from other organisations and converge on regionally proven solutions as much as possible.
- Support all information systems with secure, high-capacity, high-availability technology services.

The work programme in the IS strategic plan for Wairarapa DHB aligns to and is consistent with the HIS-NZ, in that it addresses a proportion of the action zones directly. The relationship between the WDHB ISSP and the HIS-NZ is described in Section 4.4 of the ISSP.

Past year achievements

- Establishment of an Information Systems Clinical User Group
- Implemented an electronic solution for "MH-Smart"
- Participated in a regional DHB project to establish a high-speed shared network
- Laboratory results to Clinical Data Repository (CDR) integration
- CostPro data warehouse framework implemented and interfaces developed
- Implemented systems to meet NNPAC phase 1
- Resolved performance issues with new integrated RIS (Radiology information system) and PACS (Picture Archiving Communication System) system
- Completed the migration of server and telecommunications technology from old hospital to new site.
- Roll out of additional PCs within the clinical areas aiding clinician access to laboratory and imaging results

Plans for the year ahead

The DHB continues to progress the work programme identified within the ISSP. The key focus for the 2007/08 year will be on:

- Progressing the electronic medical record programme
- Completing integration of the Medlab laboratory information system with the DHBs CDR
- Complete planning and commence implementation for an information system for the school dental service
- Continuing the business intelligence programme
- Implement a phase 1 electronic referral solution between primary care providers and Wairarapa Hospital
- Complete planning and commence implementation for a replacement patient management system
- Complete planning and commence implementation for a replacement financial information management system

Alignment with HIS-NZ

The Health Information Strategy for New Zealand (HIS-NZ) contains 12 "action zones" which are intended to serve as areas of focus for future developments. The following table is taken from the ISSP and provides a summary of how the WDHB information systems strategic plan aligns to these action zones. Note that the sections referred to in the table are sections within the WDHB ISSP.

Healthy Eating Healthy Action……..

Maintain the Wairarapa Community Transport Service

Action Zone	What it means	How the WDHB plans aligns
National network strategy	Progressively implementing a secure network to enable the ability for organisations in the healthcare continuum to exchange information securely.	This action zone is aligned with the WDHB strategy to develop robust, secure IT infrastructure and is particularly relevant to the network development plan described in Section 4.2.7
NHI Promotion	Routine use National Health Index numbers in the collection and analysis of healthcare data.	WDHB is accustomed to the use of NHI numbers in all of the hospital provider systems. The work programmes in the electronic medical record strategy will ensure that the routine use of NHI numbers will continue.
HPI implementation	Routine use of Health Practitioner Index identifiers to secure access to clinical systems.	WDHB will follow developments in this area. Hutt Valley DHB is understood to be a pilot organisation for rollout of the HPI, and the use of HPI will be factored into the convergence plan described in Section 4.2.6
ePharmacy	Implementation of electronic prescribing throughout the continuum.	WDHB will address electronic prescribing as part of the Electronic Ordering project in the third major phase of the EMR work programme (Section 4.2.1).
eLabs	Implementation of electronic reporting and test ordering systems	WDHB will implement lab results reporting in Phase I of the EMR strategy, and address electronic test ordering as part of the Electronic Ordering project in the third major phase of the EMR strategy (Section 4.2.1).
Discharge summaries	Implementation of structured systems for sending discharge information electronically.	WDHB has already implemented a version of electronic discharge reporting to general practice. These facilities will be extended under the EMR work programme (Section 4.2.1).
Chronic Care and Disease Management	Electronic support for processes of integrated care across primary and secondary care organisations.	WDHB will implement disease management systems in phase II of the EMR work programme. (Section 4.2.1).
Electronic referrals	Implementation of structured systems for sending referral information electronically.	Basic, unstructured forms of electronic referral will be introduced in the Phase I of the EMR work programme. More sophisticated, structured referrals will be adopted in later phases as the standards are developed (Section 4.2.1).
National Outpatient Collection	Implementation of a national statistical collection system for outpatient data.	Project to meet phase 1 of NNPAC is complete. WDHB will consider the implications of future NNPAC requirements as part of the requirements specification for a replacement for the Galen ADT system (Section 4.2.1).
National Primary Care Collection	Implementation of a national statistical collection system for primary care data.	WDHB will monitor progress of this work, and schedule specific arising activities in the annual refresh of the ISSP.
National System Access	Implementation of facilities for accessing national statistical collections in secure fashion.	WDHB will ensure that the IT infrastructure provides the building block to facilitate implementation of the identified access initiatives (Section 4.2.7).
Anchoring framework	Development of standard national "data dictionary" to provide a standard reference for how data should be stored and used.	WDHB will ensure that the requirements specifications for systems to be acquired take into consideration the emerging standards.

Improving National Collections Systems Data Quality

A data integrity position has been developed to lead improvements in data quality around Hospital systems which feed many National collections including the NHI, NMDS and MWS. This position audits the quality of the data and provides ongoing guidance and training to staff involved in data entry and collection for those systems.

Other positions are responsible for reviewing and addressing data quality issues in specific areas, for example staff in the Mental Health service are responsible for addressing data quality and ensuring that extracts to MHIC are reconciled and errors corrected. The elective services manager audits all processes associated with the elective services contract.

Improved reporting systems are being developed at the DHB in order to provide improved feedback and information to managers. A benefit of this improved feedback is improving awareness of the importance of applying resourcing and education to staff to ensure appropriate data quality.

Healthy Eating Healthy Action……..

Support Healthy Homes programme

Collaboration

As the DHB progresses its Information Systems Strategy it will continue to collaborate in the Information Management area with other DHB's in a number of areas. This includes:

- active participation in the national Chief Information Officer forums
- active participation in the Central Region Chief Information Officer forums
- attendance at Primary Care Information Management Group
- examining options for collaboration on the Patient Administration System and FMIS replacement projects
- sharing IS human resources and knowledge with other DHB's
- leveraging the new Central Region high-speed network to improve access to information systems
- collaborating on specification development and testing for system changes related to National initiatives with other DHB's using common systems
- vendor management

5.6 The Future Workforce

Delivery of health and disability services relies on a dedicated and diverse workforce. The health and disability workforce is our core resource for sustainable service delivery now and in the future. Evidence suggest that simply increasing the numbers of health and disability workers will not be enough. We will have to work differently to ensure our services will be able to meet the health and disability needs of our communities.

Future Workforce is DHBs' joint strategic plan to progress a coherent sector wide approach to developing the health and disability workforce. It provides a clear direction for development and sets eight priorities and actions for development of the health and disability workforce. Future Workforce has an annual work programme. Implementation of ***Future Workforce*** is supported by the another combined DHB initiative – the Health Workforce Information Programme (HWIP)

Past year achievements

- Successful recruitment to all senior medical positions – no vacancies
- Employment of first graduates from the UCoL bachelor of nursing programme
- Establishment of a mentoring programme for Maori nursing students at UCoL
- Robust systems in place to support the Health Practitioners Competence Assurance Act 2003
- Training and education of staff in meeting all core competencies required to work in new models of care across Wairarapa hospital
- Increase in numbers of Maori nurses employed by the DHB and other local providers
- Most local collective agreements that expired this year have been successfully renegotiated – the remainder are close to being settled
- Staff turnover rate tracked below the sector average
- Provided training for wider NGO sector eg diversity training, infection control and other clinical topics
- Clinical Nurse Educators have assisted in the delivery and support of training with service and individual training plans in place
- Links with PHO and other DHBs have supported training programmes

Plans for the year ahead

The development of the new Wairarapa hospital coincided with an extensive process of workforce redesign. Monitoring and refining the workforce design will remain a key focus for the organisation through 2007/08 to ensure that the new workforce and new processes are functioning effectively and meeting the needs of the hospital. A post implementation review of the new hospital was completed in 2007. This review highlighted a number of aspects of the overall hospital design and processes that require further development or refinement. These will be addressed through 2007/08.

The DHB recognizes the importance of management and leadership development for its staff. Currently a number of staff attend a variety of management/leadership related courses.

We will actively follow a strategy of succession planning including, where feasible, training our own staff in critical areas

Employee Relations

2006/07 has been a significant year with the negotiation of the RMO MECA. This MECA expired in June 2007 meaning that another round of negotiations will occur in 2007/08. Negotiations are ongoing at regional and national level for the Clerical, Ambulance and Laboratory documents. These national and regional documents have posed some significant challenges for the DHB in terms of affordability. However, it has also meant that clinical staff within Wairarapa are now remunerated at the same level as those in other DHBs. This has had a significant impact on recruitment and retention.

In addition to the RMO MECA, in 2007/08 there will be negotiations for SMO, NZNO, MRT, MERAS and PSA Allied Health/Nursing collective employment agreements.

Healthy Eating Healthy Action……..

Delivery of the One heart many lives programme

In support of the commitment to being a good employer DHB has developed an effective employee relations strategy. Recruitment and retention of the workforce is affected by how well employee relations are managed. Fair and safe conditions of employment will attract and retain essential skilled staff.

As a small DHB participation in regional and national initiatives is essential to maximize opportunities and use scarce resources wisely. There is an increasing trend for professional groups to move towards MECA arrangements, which require DHBs to work collaboratively.
At an operational level the effective management of employee relations will have a positive impact on turnover rates and job satisfaction. This includes not only fair and equitable conditions of employment but also performance management.

Over the last year focus has been on working with regional and national initiatives with regular participation at meetings and support to national and regional negotiations.

As we look ahead to achieving an efficient and effective workforce it is useful to look to the past for some strategy which has yet to be fulfilled. The workforce vision stated in the 2003 DHB/DHBNZ Workforce Action Plan sets out the desired outcomes.

- **A *flexible workforce***, responsive to consumer need and able to deliver integrated care across a continuum of care; key characteristics continue to include professionalism and technical competence.
- Professional agendas increasingly defined in terms of a ***consumer centred approach***, developing and delivering services with and for communities, families and individual consumers/patients.
- ***Supportive work environments*** providing a context for personal and professional work satisfaction and enhanced productivity.
- A ***resilient workforce*** with individual and team competencies and confidence to explore new ways of working and delivering services to support enhanced sector performance and outcomes.

The focus for the WDHB Provider Arm in 2007/08 will be ensuring new workforce configurations and new hospital systems are operating effectively and efficiently. This will continue to be supported by the development of service and individual training programmes and input from the DHB's own clinical experts e.g. Clinical Nurse Specialists and ongoing support from Clinical Nurse Educators. It will also be supported by a number of initiatives indicated by the Wairarapa Hospital Post Implementation Review.

A new and innovative approach to recruiting and training Registered Medical Officers will be developed. The purpose of this initiative is to attract junior doctors to the Wairarapa and to then make their time in the hospital a worthwhile developmental experience.

Now that the significant milestone of the new Wairarapa Hospital is achieved with a full complement of staff, the DHB's focus for workforce development will widen to include the wider Wairarapa health and disability sector.

The UCOL initiative has been successful in providing the first new local graduate nurses for Wairarapa Hospital in 2007 as well as Primary Care, NGOs and the Aged Care Sector. We look forward to welcoming more graduates in 2008 and 2009 and the Wairarapa health and disability sector benefiting further from this successful strategy of 'growing our own'.

Training opportunities continue to be developed across the sector for nursing. Development of a DHB wide Graduate Programme is underway and will give the guidance and support needed to those nurses entering the workforce once they have registered. The education programme in place for midwives in ongoing. This is also made available to Independent midwives as appropriate. Utilisation of the expertise within the DHB workforce is key to working collaboratively across the sector and ensuring

consistent care across the continuum of care for patients. Mentorship of student nurses will assist them to realise their full potential.

Continued education of advanced acute skills is ongoing. Extension of the nursing role in a small rural hospital is being explored. Ongoing development of nurses in aged care and primary care as well as the Provider Arm will be supported through the Practice Development Unit.

Development of leadership roles, particularly in the Primary Health Care Sector, such as Nurse Practitioner roles are key to advancing nursing across the district.

In a major new initiative in 2006/07 and 2007/08 the DHB is providing funding support to the PHO for the recruitment and employment of a family nurse practitioner in South Wairarapa, and provision of scholarships for three practice nurses to work towards achievement of nurse practitioner status. In due course these developments are expected to alleviate the shortage of general practitioners in the area.

In Mental Health the most pressing need is the recruitment of suitably qualified clinical staff to meet the requirements of the Mental Health Standards and the legal requirements of the Mental Health Act. This will need a concerted and aggressive recruitment effort regionally, nationally and certainly internationally, as the available workforce in NZ is very limited. Alongside this sits the requirement to recruit Maori clinical staff.

There is an ever increasing shift from inpatient/acute to community which will require a shift in service provision. For our MHS this will mean a much clearer focus on clinical and what that means in relation to recovery, and a greater reliance on community organizations (NGO's and Maori organisations) The inclusion therefore of these groups of organisations in workforce development will be crucial to ensuring service users have access to high quality, recovery focused and culturally safe services, while staff will be able to progress to professional qualifications (and possible careers) through developing an interest in clinically provided services

The Employee Relations focus will be on full implementation of the national MECA documents and continuing to build on the constructive engagement processes we have for our bipartite relationships. All major employment groups have MECAs up for negotiation during 2006/07. This will place some significant pressures on the sector in relation to both union expectations and affordability.

A range of national workforce projects will require significant input from the DHB. Under each objective there are actions that will support these national initiatives and actions to enable the achievement of local initiatives.

Health Workforce Information Programme (HWIP)
During the past year the Wairarapa DHB has continued to improve the accuracy of the data supplied to support HWIP. We will continue to support HWIP through:

- Providing timely responses to data requests by ensuring there are trained staff undertaking the data collection, changing, and recording process
- Examine ways in which the HWIP data can assist with the Wairarapa DHB's workforce analysis, planning, and development
- Implementing the HWIP data standard
- Improving the quality of HWIP base data by resourcing any approved activity designed to achieve this
- Engaging with HWIP before undertaking workforce information development and analysis
- Referring request for workforce information to HWIP
- Look for ways to streamline the data collection and dissemination process

Healthy Eating Healthy Action……..
Workplace cafeteria initiatives to identify healthy eating options

5.6.1 Wairarapa Workforce Priorities Action Plan 2007/2008

Sustaining and Nurturing the Health & Disability Workforce

Priority	*Objective*	*National activities*	*Central Region activities*	*Local activities*	*06/07*	*07/08*	*08/09*
I	Fostering supportive environments and positive cultures	Development of national Health Workforce Information Project	Regional Workforce data collection project	Workforce data collection project phase 2 in line with regional project	X	X	X
		Workforce Strategy Groups will develop strategies around 6 key workforces Future Workforce Year 1 projects Development of human resource capability	Benchmarking project (Human Resource Management data) to ensure best practice and assist standardisation of management practice.	Organisational Culture Survey will be completed by August 07	X	X	
			Alignment of human resource policies	Engaged in creation of common policies and standardisation of procedures	X	X	
			Regional mental health projects will be undertaken in alignment with Regional contract management	DHB Service Manager and Portfolio Manager will participate in regional activities		X	X
			Development of an Employment Relations Strategy which links into national approach	Consistent interpretation and application of Multi Employer Collective Agreement terms and conditions	X	X	X
				Continued support of Employment Relations initiatives for negotiation of new employment agreements	X	X	X
				Quarterly Joint consultative meetings with health sector unions will continue to enhance workplace relationships.	X	X	X
				Working party to enhance current harassment and bullying policy	X	X	X
			Recruitment and retention project to enhance regional appointments and recruitment links into national health careers branding project				
		Healthy workplace stocktake recommendations – establish 3 pilots in district health boards. Provide national co-ordination for local/regional initiatives	Healthy workplace initiatives shared and developed on a regional basis to link in with national recommendations and the Healthy Eating Healthy Action Strategy	10,000 steps @ work implemented for 200 DHB staff	X	X	X
				Workplace HEHA initiatives including physical activity and on site catering	X	X	X

Healthy Eating Healthy Action……..

Support implementation of Masterton District Council Cycling Strategy

II	Enhancing people strategies	Health Careers Branding project	Develop regional mentoring opportunities in line with national priorities.	New Graduate programme expanded including implementation of NETP project	X	X	X
				Identify key staff for succession planning and career advancement through LAMP and other programmes.	X	X	X
				Mentoring programme for UCOL student nurses	X	X	X
		Leadership development enhancement	Regional Maori health mgmt group supports Maori staff in completing NZIM Frontline management diploma	5 Wairarapa Maori Health sector staff participate	X		
			Collaboration for Leadership / management development programmes	Implementation of leadership / management programmes that focus on developing skills knowledge and competencies in this area		X	X
III	Education and Training	Establish engagement mechanisms with Training Education Council for supply issues	Development of regional and national aligned mandatory training programmes	Credentialing of DHB staff to meet HPCA requirements	X	X	X
				Development of service specific competencies	X	X	X
		Develop national 'e' learning systems	Development of shared learning opportunities.	Ensure all DHB funded providers enable staff to meet Health Practitioner Competency Assurance Act 2003 Requirements		X	X
				DHB continues to support education and training through the provision of tertiary study funding and leave support, in addiction to funding made available through Clinical Training Agency	X	X	X
				Provide training in Tikanga Best Practice and cultural competency for all health and disability workers in the Wairarapa		X	X
				Scholarship for students undertaking additional studies	X	X	X
				Support for local Maori providers to develop local capacity and competencies		X	X
				Develop collaborative approaches to DHB wide mental health workforce development		X	X

Developing Workforce / Sector Capability

Priority	***Objective***	***National activities***	***Central Region activities***	***Local activities***	***06/07***	***07/08***	***08/09***
IV	Models of Care	Develop Information Technology tools that support the provision of integrated services and a team based approach.	Identification of areas for collaboration	Workforce data collection project in line with regional project to determine workforce capability	X	X	X
				Refine and progress implementation models of care as applied to Wairarapa hospital and its relationship with primary and community based services	X	X	X
			Development of regional service initiatives	Explore shared appointments across the DHB		X	X
V	Primary Health Workforce		Identification of areas for collaboration	Workforce data collection project in line with phase two national/regional projects	X	X	X
				Continue to develop closer partnerships for recruitment and retention opportunities	X	X	
				Assist with PHO nursing leadership development and achievement of professional competency standards as identified in PHO strategic plans.	X	X	
				Support PHO to establish nurse practitioner roles		X	X

Healthy Eating Healthy Action……..
Work collaboratively with Sport Wairarapa in their work with Active Schools

5.7 Continuing to improve quality and safety of all services

Wairarapa District Health Board's quality framework describes our approach to quality assurance and improvement. We focus on a systems approach to quality improvement that is designed to:

- Ensure services provided are safe, and meet national and professional standards.
- Develop systems and organisational culture to achieve high quality outcomes
- View quality as the search for continuous improvement
- Ensure services provided are consistent with best practice and improve consumer's quality of life.

We achieve our quality and safety objectives through use of the following tools and processes:

- Accreditation and certification
- Legislative compliance
- Policies, procedures and patient information publications
- Clinical governance
- Credentialing
- Reportable events and complaints
- Consumer participation – surveys and focus groups
- Monitoring, audit and risk management

Wairarapa District Strategic Plan 2006 – Appendix 3

Past Year Achievements

- Successful migration and implementation of new technologies and processes in the new Wairarapa Hospital
- External audits achieved excellent results including certification (3 years), Physiotherapy ACC Endorsed Provider, ACC Workplace Safety Management Practice (tertiary status awarded). This was complemented by the DHB's Internal Audit Programme undertaken by PWC
- Patient information pamphlets were reviewed and updated
- Education for staff including manual handling, Personal Protective Equipment, managing challenging behaviours
- Ongoing development of the volunteer team
- Legislative Compliance handbook development
- Reportable event management / complaints: PQAA reporting, HDC commendation on open disclosure
- Introduction of bedside dispensing.

Plans for the Year Ahead

The DHB Strategic Quality Plan for 2007/08 will focus on the six priority areas in the revised Improving Quality Action Plan; EpiQual - Ministry of Health. EpiQual will operate under the name Quality and Innovation Committee. It will drive the implementation of these initiatives and scope six programmes for addressing the priorities. The timeframe for implementation of these initiatives within the WDHB is dependent on the committee's work plan, however a number of strategies have been identified which WDHB can advance to complement the national work plan when this is finalised.

1. *The development and implementation of a **nationally consistent approach to the management of healthcare incidents**. This should include a major focus on the "open disclosure" of adverse events.*

- Develop an Open Disclosure Policy which links with the organisation's Complaint and Adverse Event policies.

- Review the organisation's Complaint Management Policy in line with compliance and consistency with other DHB's.
- Align Adverse Event reporting systems to a regional framework.
- Undertake benchmarking as appropriate.
- Comply with PQAA reporting requirements.
- Learnings from adverse outcomes shared with health professionals.

Healthy Eating Healthy Action……..

More Health Promoting Schools

2. *The implementation of a national programme for the **improved management of medications** across all health and disability sectors. The programme should focus on medication reconciliation and high risk medication management.*
   - Implement the national medication chart once finalised
   - Clinical Board to review the Medicines Management Policy.
   - Clinical Board to develop strategies for medication reconciliation, both within the provider and across the DHB.
   - Audit high risk medicine management eg. Controlled drugs, anti-coagulants, antibiotic usage.
   - Review medication errors and identify trends.

3. *The development and implementation of a national programme that is designed to improve the patient centredness and **flow of patients** across the continuum of care; from the primary care sector into the acute sector and back to the primary or community sector.*
   - Identify the number of pathways in place for chronic disease management.
   - Review re-admission rates and reasons
   - Liaison meetings with PHO and provider.
   - Case Manager meeting to review intersectoral and interhealth collaboration activities and patient care.
   - Aged Care Strategy implemented.
   - Continue to support and develop the GP Liaison role to enhance the primary / secondary interface.
   - Implementation of electronic referral system and guidelines.

4. *The development and implementation of a national programme for **infection prevention and control***
   - Develop an Infection Control Plan and report quarterly to Clinical Board against actions.
   - Infection Control Link Programme to include DHB wide staff – provider and community based.
   - Surveillance programme as per Infection Control Annual Plan
   - Continue to offer PPE education sessions to hospital and wider DHB.
   - Hand hygiene education

5. *The provision of **education and training** for all health professionals in quality improvement methods*
   - Adverse event management training for frontline managers.
   - CQI process training for staff
   - Legislative compliance training
   - Scope the development of DHB Excellence Awards.

6. *The implementation of a strategy for **improving consumer participation** in health and disability sector.*
   - Ensure consumer focus groups are implemented for identified services – Te Iwi Kainga and Maori Health Committee includes consumer representation.
   - Clinical Board includes community and primary representation.
   - Consumer feedback system available in multi-media
   - Service level meetings include stakeholder representation
   - Advisory groups include representation of all consumers including age and ethnicity.

Healthy Eating Healthy Action……..
Increase support for Green Prescriptions

DHB Wide initiatives agains 10 IQ Goals

Goal	Describe personal health initiatives / Describe mental health initiatives	Describe effectiveness of initiative
1.There are **more effective service outcomes for Mäori** by acknowledging the special relationship between Mäori and the Crown under the Treaty of Waitangi and applying the principles of participation, partnership and protection.	• Tikanga Best Practice training continues to be undertaken for personal health and mental health staff. • Treaty of Waitangi Training for staff • Redesign of Whare accommodation / cultural centre planned. • Appointment of Kaiawhina to offer support and assistance for Maori patients. • Involvement in DNA follow up from Outpatient clinics for Maori patients.	Increased awareness by staff. Cultural advisors influence design / ongoing consultation.
2. There is **a shared vision towards safe and quality care** that is engendered through committed leadership at all levels, which supports constant maintenance and improvement in service quality, and takes into account Mäori aspirations and priorities.	Consumer feedback processes well established. Quality framework and quality strategic plan reviewed / updated. Scoping project to be undertaken regarding the establishment of DHB Excellence Awards.	In place and ongoing Ongoing
3. **People are encouraged and supported to participate** in the planning, delivery and assessment of health and disability services and programmes, including the active participation of Mäori.	Consumer representation is present on: - Clinical Board - Maori Health Committee - Te Iwi Kainga	Effective participation
4.There is widespread awareness, understanding and commitment to **a quality improvement culture at all levels of the health and disability sector.**	Staff are encouraged to identify initiatives and the development of the DHB Excellence Awards will raise awareness. The redevelopment project provided the opportunity for service level users to identify initiatives and staff were recognised for their input Attendance at National Q&R Managers forum where national initiatives are discussed. The Ministers key priorities regarding quality have been incorporated in to the 07/08 DAP, and initiatives the DHB can work on whilst awaiting the workplan from EpiQual / QIC.	
5. There is evolutionary **redesign of systems** of care to support delivery of quality services.	Major redesign occurred in 05/06 with migration to new Wairarapa Hospital completed by April 2006. A post implementation review has been undertaken.	
6. **Unexpected adverse outcomes are managed in an open and supportive manner** that builds trust and confidence in the system and is fair to all participants.	Hazard identification undertaken annually or as required, as part of Health & Safety programme. ACC Workplace Safety Management audit undertaken. Review of PQAA policy and supporting protocols – Mortality & morbidity process, case review and incident management. Annual PQAA report to MOH. Reportable Event Group overview of case review / Mortality & morbidity review recommendations. Open Disclosure policy drafted. Bereavement card system to send to families offering bereavement support if required	ACC WSM Tertiary Status achieved. Comprehensive reporting process in place.

7. There is **effective and open communication,** co-ordination and integration of service activities that recognise the value of teamwork.	All midwives undertaking midwifery standards review. Debriefing Policy Review Mental Health Local Advisory Group has been reconfigured to include a wider sector group including school counsellors and a wider mix of service users. This group meets quarterly and has accepted responsibility for over all sector improvement. In this capacity, working parties have been established to provide targeted consultation on an as required basis and in this capacity provides input to the development and delivery of DHB Provider Arm services	Effective, all Midwives employed have completed review Effective, staff aware of process. Successful implementation ongoing
8. There is a **supportive and motivating environment that provides the workforce with appropriate tools**, including cultural competency tools, for continuous learning and ongoing improvement in planning, delivery and assessment of health and disability services.	Nurse Educators employed for service areas. Credentialing processes in place, ongoing,.	All Nurse staff have individual development plans. Increased upskilling opportunities. Psychiatrists credentialed.
9. **Useful knowledge and information**, including Mäori satisfaction information and clinical evidence, is readily available and shared to support a quality-conscious culture.	Electronic discharge summaries Digital imaging project	GPs receive electronic discharges in timely manner GPs receive electronic reports for imaging tests Clinicians in hospital can view images in any area of the hospital
10. **Regulatory protections** that assure safe care are in place to support people and service providers.	Certification awarded for 3 year period Laboratory and Ambulance – IANZ accredited Accessibility Audit – Consultant ACC Workplace Safety Audit Medsafe Hospital Pharmacy Licencing Audit NZBS Audit Biomedical audits	

5.8 Elective Services and Wairarapa Hospital initiatives

Why are Elective Services so important to us?
The DHB wants to ensure that:

- the people of Wairarapa receive the same level of care that is available to people living in other districts
- that our population has the right to receive clarity about how long they will have to wait for treatment
- that, with limited resources, we ensure we are treating those with the greatest need first.
- that better integration with Primary Health Providers will improve the health care of our population.

Elective services are those services provided to patients that have a condition that does not require immediate hospital treatment and can be planned. The Wairarapa DHB provides a range of services that fall into this category including general surgery, general medicine, ophthalmology, orthopaedics, urology, gynaecology, ENT and paediatrics. These services are provided by a mix of Wairarapa DHB consultants and visiting specialists.

Access to elective services is based on an assessment of an individual's need and ability to benefit from treatment. Priority is given to people with the greatest need and ability to benefit. Since the adoption of the National Electives Programme Guidelines, the DHB has made significant changes to the way referrals are processed for First Specialist Assessment and decreasing waiting times for elective procedures. However continued efforts are required to ensure that the DHB can provide ongoing sustainable Elective Services to its population.

Past year achievements
Primary /Secondary Care Interface

- Progress made on the electronic referrals project to the stage of advanced product development. Full implementation is expected during 2007/08
- Increased the DHB GP liaison from 0.2FTE to 0.4FTE
- GP liaison projects at the primary/secondary interface included;
  - Initiation of the active review system
  - Clarification of community access to radiology services
  - Primary care advice to many strategic meetings to ensure primary care representation
  - Work on reduction of inter-district flows / increased provision of local services
  - Implementation of a Bariatric surgery programme for morbidly obese patients with co-morbidities
  - Ongoing liaison between primary and secondary providers.

Volumes
Following ESPI compliance there was an allocation of extra resources for Elective procedures. This has enabled the DHB to increase volumes in a number of areas, namely Plastics, ENT, Lithotripsy, Ophthalmology and Orthopaedics.

Plans for the year ahead
The focus for 2007/08 year is to maintain and improve the DHBs performance on Elective Service Patient Flow Indicators (ESPIs) and quality requirements. This will be achieved by:

Continuous quality improvement

- Further involvement of the GP liaison at the primary/secondary interface, including audit of process and quality in areas of referral, patient and provider satisfaction, complaints, patient cancellation and DNA, prioritisation of treatment and clarity of procedure.
- Following the Addressing Disincentives pilot, maintain the improved ratio of FSA to follow-up appointments in Ophthalmology (40%), Urology (28%) and ENT (45%).
- Continue to monitor and review patient flow processes, productivity and efficiencies to ensure delivery of services, meeting volume and financial targets.
- Implement a schedule of audits to augment monitoring of ESPI compliance. These will include regular audits of DNA rates, trends and DHB responses, theatre utilisation, cancellation trends, compliance with management and discharge guidelines.

Healthy Eating Healthy Action……..
Application of the Nutrition Fund

Past year achievements continued…
CQI and ESPI Compliance

- Full compliance on all ESPIs through extra clinics and theatre sessions in Urology, ENT and Ophthalmology
- Improved quality of correspondence with patients
- More timely FSAs for Urology
- Third theatre became fully operational
- Successful funding bid under the *Addressing Disincentives* scheme
- Establishment of Orthopaedic Clinical Nurse Specialist role and subsequent development of Active Review system, improved preassessment and enhanced education to improve recovery
- Random theatre audits conducted to improve theatre utilisation
- Pilot nurse-led preassessment clinics underway

Managing the prioritisation process and the link between priority and treatment

The implementation of the Electronic referrals system will contribute to the ability of the specialists to prioritise in a timely fashion. There will be an improvement in the consistency of prioritisation through use of the standard referral proforma included in the Electronic Referral process. The DHB will regularly monitor the prioritisation process using national or nationally recognised prioritisation tools, for both first assessments and surgery, to ensure patients access specialist services according to priority and within waiting time guidelines. The strengthening partnership between Clinician and DHB decision makers will contribute to the prioritisation process ensuring those most in need are accepted as patients for specialist opinion and treatment.

Developing Innovative strategies or alternative delivery options aimed at increasing elective capacity (including initiatives across the primary/secondary interface)

WDHB has recognised that meeting performance indicators consistently and sustainably will require further development in some specialties. To this end the Orthopaedic service is being enhanced by increasing the number of specialists and by further development of the role of the Orthopaedic Clinical Nurse Specialist. While IDF volumes undertaken outside the district will decrease, Orthopaedic CWD's will increase at Wairarapa Hospital as part of a strategy to do more work locally. Base elective volumes will not be reduced. Training is underway to enable Nurse-led post-op follow up in addition to the other nurse-led initiatives. Further development of nurse-led clinics for pre-assessment for surgery will be rolled out following the assessment of the pilot. Surplus Orthopaedic Initiative funding will be used to provide additional elective services as follows:

- Ophthalmology procedures – 23 caseweights
- Orthopaedic procedures – 46 caseweights.
- Plastics and burns procedures – 50 caseweights.

Past Year Achievements
Orthopaedic and Cataract Initiatives (OI & CI)

- Exceeded targets for :
  Orthopaedic – 10/% over target
  Cataract – 35% over target
- The Orthopaedic Clinical Nurse Specialist has developed Nurse-led clinics where patients are actively reviewed and pre-assessed for surgery. Greater involvement in staff education and inter-disciplinary patient management.
- Reduced waiting times for cataract assessment and surgery.

Future developments at Wairarapa Hospital to improve access to elective services

Wairarapa Hospital is committed to improving local access to hospital services. A number of initiatives and feasibility studies will be undertaken in the 2007/08 year including:

- Developing a Wairarapa urology service by increasing the number of urologists and urology nurse support.
- ENT services that best meet the needs of children will be further developed, including scheduling outpatient clinics and surgery to occur during school holidays and weekend days.
- Increased provision of laparoscopic surgery.

Healthy Eating Healthy Action……..
Achieve accreditation in Baby Friendly Community initiative

Additional Elective Surgery

Extra funding for Elective surgery has been announced for 2007/08 and Wairarapa Hospital has been allocated $692,000. This funding will be used to deliver extra procedures in Ophthalmology, Orthopaedics, Dental, ENT and Plastics. It will also enable more lithotripsy procedures to be performed.

Key Objectives for Elective Services		
Project/plan area of focus	**Objectives**	**Measures - Improved management of elective surgery**
Continuous Quality Improvement • Improved efficiency and effectiveness of preoperative services	• Maintain improvements in FSA/follow up ratio gained in *Addressing Disincentives* pilot. • Implement a schedule of audit to augment monitoring of ESPI compliance. Include regular audits of DNA rates, trends and DHB responses, clinic waiting times, theatre utilisation, cancellation trends, compliance with management and discharge guidelines. • Monitor the impact of the Electronic Referral Project	• Improve the efficiency and effectiveness of Perioperative services. • Improve and streamline elective service processes.
ESPI's Compliance with MoH Elective Services strategy	Maintain sustainable processes that ensure all clients receive assessment or treatment within 6 months of being referred and meeting access criteria for the same, all clients receive clarity relating to access, priority and expected wait time and all clientss are treated in an equitable and consistent manner. • Monitor the impact of the electronic referral process • Monitor and review patient flow processes, productivity and efficiencies to ensure delivery of services and meeting volume and financial targets.	• Ensure the DHB is Compliant with Ministry of Health Elective Services strategy. • Consistently meet all ESPI requirements. *Volumes* • Deliver OI and CI additional volumes ensuring wider access to older people for major joint and cataract procedures
Process Improvements	Identify new opportunities, enhance and streamline current processes that maximize service efficiencies. • Electronic discharge and post operative notes • Enhanced GP follow up • Nurse led clinics • Staff and GP up-skilling • Reduce impact of DNA's on clinic utilisation • Telephone reminders to the most likely clinics to DNA • Clear communication to the public of WDHB DNA policy • Optimum capacity booking of clinics most likely to DNA	IDP: SER07 – Continuous Quality Improvement – elective services Reduced waiting times for elective services. Enhanced elective services delivery OTHER: Average 90% clinic and 80% theatre utilisation. Consistently meet all eight ESPIs across all specialties Deliver agreed 2007/08 OI and CI volume targets.

Healthy Eating Healthy Action……..

Support further use of Care Plus throughout Wairarapa GP practices

5.9 Pandemic Preparedness

A number of countries around the world are experiencing outbreaks of avian influenza (bird flu) affecting mainly poultry (chickens, ducks, geese and turkeys). The virus responsible for the current outbreak is H5N1 - a type of influenza not normally associated with human disease. Small numbers of people have become infected with the H5N1 virus, causing serious illness and/or death.

The World Health Organization is worried that an avian influenza virus and a human influenza virus might mix, or the avian flu virus could change in another way, resulting in a new strain of influenza virus that can be easily passed from person to person, causing an influenza pandemic.

The global spread of Avian Influenza (H5N1) has provided the impetus for a re-focus on health emergency planning over the past 24 months. Wairarapa DHB has dedicated resources to ensure that a robust district plan is in place. Planning has involved working with all health providers and multi agencies both within the district, regionally and nationally.

In the event of a pandemic event Wairarapa DHB is the lead agency for coordination across the Wairarapa. The plans developed have been endorsed by all Wairarapa stakeholders.

Past year achievements

- Plans have been tested and subsequently revised through desktop exercises
- Staff and community education is ongoing
- Worked intersectorally to ensure district planning for emergencies has included civil defence emergency management groups, PHO, public health and other agencies and ensured alignment to a district wide response to emergency responses
- Agencies provided evidence that they can maintain a medium to long term response capability at national, Regional and local emergency operations centres
- Recovery roles and functions for key sectors and their interdependencies have been identified

Plans for the year ahead

Preparing for the potential of a pandemic event will be ongoing. In the 2007/08 the DHB will:

- Continue to strengthen already firm alliances within the community as a whole by holding regular meetings and participating in National, Regional and local exercise and forums.
- Work will continue to establish Community based assessment centres both static and mobile
- Assessment of the capability and capacity of the DHB, PHO and Local Government, CDEM Groups, PHO and other agencies to respond to and recover from a Public Health Emergency
- Review the processes for coordination, communication, leadership and governance during a Public Health Emergency
- Provide a forum for intersectoral review and discussion of Emergency Plans
- Inform policy, operational process, capability and capacity for 2007 – 2010
- Practice and validate the local decision making and reporting arrangements and their interaction as identified in the respective emergency plans

Healthy Eating Healthy Action……..

Reduce smoking rates through health promotion, smoking cessation programmes, and smoke free coordinator

6. FORECAST SERVICE PERFORMANCE: OUTPUT OBJECTIVES, MEASURES AND TARGETS

The DHB's Strategic Plan identifies seven priority areas where the most progress may be made towards achieving improved health and well-being of people in Wairarapa. This section of the annual plan shows how key actions planned for 2007/08 are expected to contribute to achievement of the DSP priority outcomes, and the Minister's expectations and the key measures we will use to assess progress and performance.

The performance measures used here are a mixture of national and local measures to show progress across DHB's priorities, the Ministry of Health's system level outcomes, and the Minister of Health's expectations.

Performance targets are based on local Wairarapa health status and priorities. Where possible, we have included past performance (baseline data) along with each performance target to give context. In addition outcome targets for future years (2008/09 and 2009/10) are also included to show how Wairarapa DHB intends to make continual improvements.

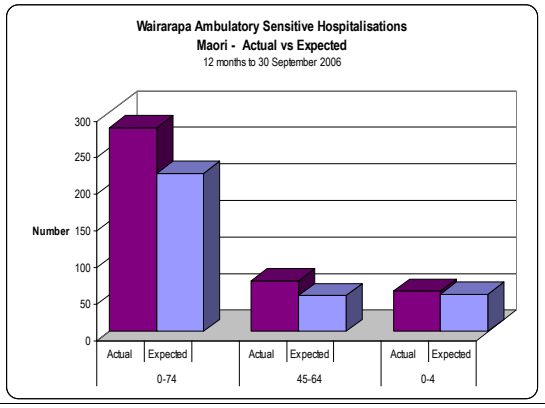
6.1.1 Maori Health

The Wairarapa health status report 2005 indicates that Maori have much worse health status than non-Maori across nearly all indicators. Disparities in health outcome are greater between Maori and non-Maori than between any other population groups. Maori have much higher rates of admission to hospital than do non Maori, and make less use of primary care services. Key actions planned to improve Maori health in 2007/08 are:

- Extension of outreach and marae based clinics
- Review pathways of care for Maori across three services
- Assist Maori provider development of capacity and capability.

<table>
<tr><th colspan="3">DSP Goal: Improved health status for Maori in Wairarapa</th></tr>
<tr><th>Objective 2007/08:</th><th>Performance Measure & Baseline</th><th>Targets</th></tr>
<tr><td rowspan="3">Reduction in ambulatory sensitive admissions of Maori – these are admissions to hospital that are potentially preventable by access to appropriate primary health care. This measure provides an indication of access to, and effectiveness of primary care services for Maori. However, primary care is only one influence.</td><td rowspan="3">(1)
The ratios of observed (actual) to expected ambulatory sensitive hospital admissions of Maori in the age groups 0-4 years, 45-64 years and 0-74 years. The expected rate is the age-group specific national average admission rate for Maori. If actual rates match expected the ratio equals 100. A ratio greater than 100 indicates performance below the national average.

Wairarapa ratios for 2005/06:
0-4 years 108
45-64 years 140 0-74 years 129

 
</td><td>2007/08
0-4 yrs ≤ 109
45-64yrs ≤ 129
0-74yrs ≤ 123</td></tr>
<tr><td>2008/09
0-4 yrs ≤ 108
45-64yrs ≤ 119
0-74yrs ≤ 118</td></tr>
<tr><td>2009/10
0-4 yrs ≤ 107
45-64yrs ≤ 110
0-74yrs ≤ 113</td></tr>
</table>

6.1.2 People in Low Socio – Economic Groups

People who live in relatively deprived areas (the highest deciles as measured by the NZ Index of Deprivation) are twice as likely to die early from avoidable diseases. They are also much more likely to be admitted to hospital for diabetes, asthma and other chronic conditions, compared with the rest of the population. They face greater barriers to accessing health services – user charges and transport pose greater difficulties – than for people in better off groups. About 12% of the total Wairarapa population lives in the most deprived areas (Deciles 9 and 10).

People in low socio-economic groups face particular barriers to accessing primary health care. They are more likely to lack transport, and to have difficulty meeting user part charges. Increasing access to primary care services for these groups is expected to result in improved health outcomes. Supporting the Wairarapa Healthy Homes programme that provides free and subsidised home insulation is expected to lead to improved outcomes for people with chronic conditions including asthma, chronic obstructive respiratory disease and arthritis. Key actions planned to address inequalities in 2007/08 include:

- Increasing the number of schools in which health services are provided
- Working with the PHO to ensure the health equity assessment tool is applied to all funding proposals to ensure funding is actively reducing inequalities.

DSP Goal: Improved health status for people in low socio-economic groups		
Objective 2007/08:	***Performance Measure & Baseline***	***Targets***
Increase in access to primary health care by people living in areas of high deprivation	**(2)** The ratio of primary care consultations by high needs people to primary care consultations by all people. The ratio is expected to be greater than one as people in high needs groups have greater needs for health services than those in non high needs groups. Growth in primary care consultations by people with high needs (those living in areas of high deprivation) indicates increasing access to services. *Wairarapa ratio 2006/07 = 1.09*	**2007/08** 1.20 **2008/09** 1.25 **2009/10** 1.30
Healthier home environments	**(3)** Number of homes insulated each year through the Wairarapa Healthy Homes project The Wairarapa Healthy Homes project provides free or very low cost home insulation and energy efficiency advice to people living in older homes built without insulation to modern standards. Housing insulation reduces risks of respiratory and other illnesses and improves health status of the occupants.	**2007/08** 75 **2008/09** 75 **2009/10** 75

6.1.3 Health of Older People

As people get older their health needs usually increase. Older people's problems are also more likely to be complex with longer and more severe impact, and they are more likely to suffer from chronic conditions. Wairarapa has a proportionally large population of older people. Ambulatory sensitive admissions and rates of falls and fractures for older people are significantly higher in Wairarapa than in New Zealand as a whole. Increasing access to primary and preventive care (such as flu vaccination) is expected to improve health outcomes and reduce avoidable admissions for older people.

Some frail older people require disability support services on a daily basis. Generally they prefer to receive these services in their own homes where this is possible, rather than entering residential care, and research evidence demonstrate people supported in their own homes have better health outcomes that those admitted to residential care. During 2007/08 we will continue to expand service options to enable more people to have the option of remaining in their own homes if they wish. Key actions planned for 2007/08 include:

- Establish single point of entry to support services for older people
- Work with aged care providers to develop restorative models of care across the continuum.

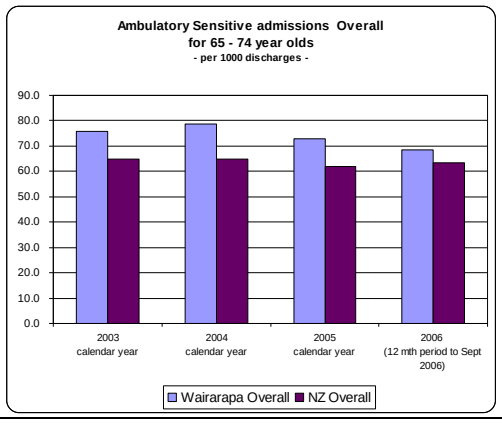
<table>
<tr><th colspan="3">DSP Goal: Improved health status of older people</th></tr>
<tr><th>Objective 2007/08:</th><th>Performance Measure & Baseline</th><th>Targets</th></tr>
<tr><td rowspan="2">Older people increase their use of primary and preventive care</td><td rowspan="2">(4)
Numbers of people aged 65 years and above who have been vaccinated against influenza.

Increasing influenza vaccination rates are related to increasing access and use of primary care Uptake of vaccination reduces the impact of flu among older people where risk of complications is higher.

Number achieved in 2006 – 73%</td><td>2007/08
75%</td></tr>
<tr><td>2008/09
77%</td></tr>
<tr><td>Increased 'aging in place'</td><td>(5)
The percentage of people aged 65 years and above, receiving disability support services, who are supported in their own homes, rather than in residential care.

Percentage achieved 2006/07 – 59%</td><td>2007/08
60%</td></tr>
<tr><td>Reduce ambulatory sensitive admissions of older people - admissions to hospital that are potentially preventable by access to appropriate primary health care. This measure provides an indication of access to, and effectiveness of primary care services for older people.</td><td>(6)
Rate of ambulatory sensitive admissions to hospital of those aged 65 years and above.

Wairarapa rate for 12 months ended September 2006 – 68.6
New Zealand rate 12 months ended September 2006 – 63.2

 
</td><td>2007/08
67

2008/09
65

2009/10
63</td></tr>
</table>

6.1.4 Child and Youth Health

2005 Health Needs Assessment information indicates children and youth in Wairarapa have poorer health than elsewhere. Public consultation has indicated that youth health is considered the most pressing issue. Key actions planned to address child and youth health needs in 2007/08 include:

- Establish an Alcohol and Drug treatment programme for youth
- Provide holistic health assessments for year 9 students in schools with high deprivation scores
- Progress implementation of new model of oral health service provision for children and adolescents

<table>
<tr><th colspan="3">DSP Goal: Improved health status for Wairarapa's children, youth and their parents</th></tr>
<tr><th>Objective 2007/08:</th><th>Performance Measure & Baseline</th><th>Targets</th></tr>
<tr><td>Improving immunisation coverage</td><td>(7)
Progress towards the national target of 95% of two year olds fully immunised.

Higher immunisation rates reduce exposure to vaccine preventable diseases, and indicate more families having regular contact with primary health care services.

Rates achieved in 2005/06

Maori 69%

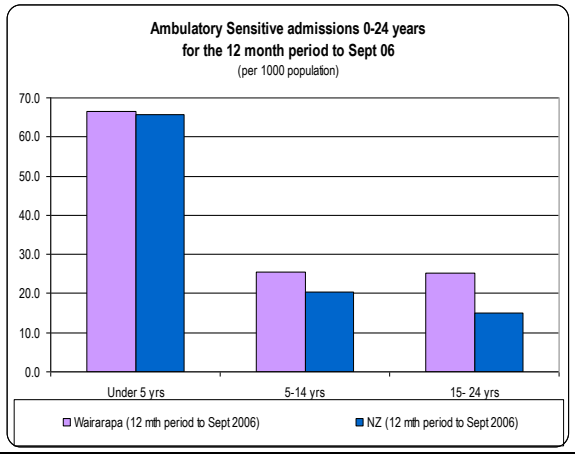
Other 77%</td><td>2007/08
Maori 75%
Other 81%

2008/09
Maori 80%
Other 86%

2009/10
Maori 85%
Other 91%</td></tr>
<tr><td>Reduce ambulatory sensitive admissions of children and youth – these are admissions to hospital that are potentially preventable by access to appropriate primary health care. However, primary care is only one influence</td><td>(8)
Rate of ambulatory sensitive admissions to hospital of those aged o-4 years, 5-14 years, and 15-24 years.

Wairarapa rates for 12 months ended September 2006
0-4 years – 65.8 5-14 years – 25.5 25-24 years – 25.1

New Zealand rates for 12 months ended September 2006
0-4 years – 66.6 5-14 years –20.4 25-24 years – 15.1

 
</td><td>2007/08
0-4yrs ≤ 66.6
5-14 yrs ≤ 24
15-25yrs ≤ 23

2008/09
0-4yrs ≤ 66.6
5-14 yrs ≤ 23
15-25yrs ≤ 20

2009/10
0-4yrs ≤ 66.6
5-14 yrs ≤ 22
15-25yrs ≤ 20</td></tr>
</table>

Improve adolescent oral health	**(9)** Progress towards the national target of utilisation of oral health services by 85% of adolescents. Good oral health is recognised as a precursor of ongoing health and well-being in adulthood. *2005/06 – 67%* *Rate achieved in 2006/07 – 73.3%*	**2007/08** 78% **2008/09** 85% **2009/10** 85%
Improve oral health of children aged 0-12 years	**(10)** Percentage of children who are caries free at age five. *Rate achieved in 2006/07 – 46%* Average number of teeth that are decayed missing or filled (DMF) at age 12 (year 8). *Number DMF achieved in 2006/07 – 1.93*	**2007/08** Caries free 48% DMF – 1.90 **2008/09** Caries free 50% DMF – 1.88 **2009/10** Caries free 52% DMF – 1.85

6.1.5 Reducing the incidence and impacts of chronic disease

Chronic conditions are any ongoing, long term or recurring health problems that can have a significant impact on a person's life. Chronic conditions currently account for 80% of all deaths and 70% of health services expenditure and the numbers of people with chronic conditions are rising dramatically world wide. People live with chronic conditions for along time – this affects all aspects of life for them and their family / whanau, and people affected by chronic conditions need to be better supported by services that are more holistic and better coordinated. Because chronic conditions have common risk factors – inactivity, unhealthy diets, obesity, stress, depression, smoking and alcohol mis-use much chronic illness is preventable. Key actions planned for 2007/08 include:

- Implementation of the district Healthy Eating Healthy Action plan
- Implementation of the district Cancer plan
- Implementation of the PHO chronic care management project
- Implementation of the district Palliative care plan

DSP Goal: Reduce the impact and incidence of chronic diseases		
Objective 2007/08:	***Performance Measure & Baseline***	***Targets***
Reduction in smoking	**(11)** Percentage of 14 and 15 year olds who have never smoked *Rate achieved in 2006 – 46%* Percentage of homes with one or more smoker and one or more children that are smoke free *Rate achieved in 2006 – 71%* Reducing smoking improves respiratory health, risks of cancer and cardio-vascular disease	**2007/08** 53% **2007/08** 75%
Increased early identification of, and intervention with people at risk	**(12)** Percentage of people in each target group who have had their 5 year absolute cardio-vascular risk assessed in the last five years. Regular assessment of risk will identify those patients with significant risk and allow early intervention to occur	**2007/08** Establish baselines **2008/09** Increase by 5 percentage points above baselines **2009/10** Increase by 10 percentage points above baselines
Increased access to primary care by those with chronic conditions	**(13)** Number of people enrolled in Care Plus *Number achieved in 2006/07 – 1518* Care Plus provides low cost enhanced primary care for people with more than one chronic condition. More people enrolled with Care Plus in indicative of more people with chronic conditions accessing appropriate primary care.	**2007/08** 1700 **2008/09** 1800 **2009/10** 2000

<table>
<tr>
<td>Increasing access to diabetes services</td>
<td>(14)
Percentage of the numbers people in all population groups estimated to have diabetes who are accessing free annual checks

Increasing numbers and percentages accessing free annual diabetes checks indicates increasing access to diabetes treatment and monitoring services

<table>
<tr><td></td><td>Overall</td><td>Maori</td><td>Pacific</td><td>Other</td></tr>
<tr><td>2005 /06 Achieved</td><td>64.3%</td><td>47.8%</td><td>54.5%</td><td>69%</td></tr>
<tr><td>2006/07 Target</td><td>65%</td><td>50%</td><td>55%</td><td>69%</td></tr>
</table>
</td>
<td>2007/08

Overall 76%
Maori 59%
Pacific 90%
Other 80%</td>
</tr>
</table>

6.1.6 Mental Health

About 3% of the population have serious ongoing mental illness that requires specialist care and treatment from mental health services, about 12% experience moderate/mild mental illness and problems that require primary health services treatment and care. Access to mental health services in Wairarapa still falls well short of what is required – several more years of increasing services will be needed. Key actions planned to improve mental health services in 2007/08 include:

- Develop residential respite services for youth in crisis
- Develop residential care options for older people with mental illness
- Ensure recovery and relapse prevention plans are in place for all patients across all mental health services

DSP Goal: Reduce the incidence and impact of mental illness		
Objective 2007/08:	***Performance Measure & Baseline***	***Targets***
Increase access to primary mental health services	**(15)** Number of people who have accessed the PHO's primary mental health programme and received packages of care *Number achieved 2006 - 70* Reducing barriers to access to mental health interventions in primary care will enable more people to be treated for depression and other common mild – moderate mental disorders.	**2007/08** 120
All clients of mental health services have up to date relapse prevention plans	**(16)** Percentage of mental health services' long term clients who have up to date relapse prevention plans *Percentage achieved 2006/07 - 85%* Advance planning in how to identify and manage emerging signs of deterioration in mental state empowers clients and families and enables the impact of a serious mental illness to be minimized and crises prevented or ameliorated early.	**2007/08** 95% **2008/09** 100% **2009/10** 100%

6.1.7 Cancer

Cancer covers a very large number of different diseases many of which are increasing as the population ages. While success rates for cancer treatments are improving, the numbers dying from cancer are still increasing as growing numbers of people are affected by cancer. Cancer is a leading cause of hospitalisation and death – the second highest cause of death in Wairarapa. The incidence of cancer is increasing, but cancer survival rates are improving. Many cancers are potentially preventable, and with more health promotion and prevention the rates can be reduced. More screening, and early treatment can reduce the numbers of people who are affected by cancer for a long time, while more co-coordinated and accessible treatment, support and palliative care services can greatly reduce the impacts of cancer on patients and their families. Key actions planned for 2007/08 include:

- Implementation of the district Cancer plan
- Implementation of the district Palliative Care plan

DSP Goal: Reduce the incidence and impact of cancer		
Objective 2007/08:	***Performance Measure & Baseline***	***Targets***
Increase uptake of cancer screening programmes	**(17)** Breast and cervical cancer screening coverage rates *Achieved 2006/07 – Breast -53%, Cervical – 73%* Deaths from breast and cervical cancers can be reduced by increased uptake of screening and early diagnosis and intervention.	**2007/08** Breast – 65% Cervical -75% **2008/09** Breast – 78% Cervical -80% **2009/10** Breast – 85% Cervical -85%

6.2 DHB provider efficiency and effectiveness (hospital, community, mental and public health services)

The DHB is the major provider of health services in Wairarapa. To remain a clinically and financially sustainable provider, it must ensure that it continues to improve operating efficiency and effectiveness, and meets all contract requirements within budget. Key actions for 2007/08 include:

- Increasing volumes of elective surgery
- Review and updating of harassment and bullying policies
- Improved management of acute demand and reduction in unnecessary call-backs to the emergency department

Goal: Hospital Efficiency and Effectiveness		
Objective 2007/08:	***Performance Measure & Baseline***	***Targets***
To continue to improve quality, safety and patient satisfaction	**(18)** Percentages of 'good' and 'very good' responses received to patient surveys Achieved – 2006/07 -	**2007/08** ≥ 90%
Improved management of elective services	**(19)** Level of compliance with Elective Services Patient Flow Indicators Achievement of Green status on all indicators demonstrates patients have timely access to assessment and treatment and are prioritised appropriately. *Status achieved 2006/07 – Green on all indicators*	**2007/08** Green **2008/09** Green **2009/10** Green
To meet funder expectations and deliver fully on the Service Level Agreement	**(20)** Actual delivery of services as a percentage of the Service Level Agreement expectation	**2007/08** 98% -102%
To fully implement the attributes of a good employer	**(21)** Number of reported incidents of harassment and bullying	**2007/08**

6.3 Governance and Administration

The DHB is responsible for identifying needs, allocating funding, and providing services so as to meet needs and improve health outcomes for the people of Wairarapa. The performance of these responsibilities must be well informed, guided, overseen and monitored by an effective governance Board.

Goal: Good Governance		
Objective 2007/08:	***Performance Measure & Baseline***	***Targets***
Wairarapa Health Needs Assessment and DHB Strategic Plan reviewed and updated	Delivery of revised/updated Health Needs Assessment (HNA) and Strategic Plan (DSP) against agreed project plan milestones and timelines.	**2007/08** HNA completed by March 2008 Draft DSP completed by June 2008
All Board members receive Treaty of Waitangi and Governance training	Number of Board members who have completed Governance and Treaty training	**2007/08** 11
To meet all financial targets and maintain financial breakeven.	Actual financial performance – net operating result, compared with expected.	**2007/08** $296,000

7. Managing Financial Resources

This Plan for the 2007/08 financial year highlights the improvement in financial performance over recent years with a projected small surplus of $3,000 for the parent DHB and $56,000 for the consolidated group[13]. This Plan also projects small surpluses for the 2007/08 and 2008/09 financial years of $16,000 and $19,000 for the parent DHB and $74,000 and $77,000 for the consolidated group.

Over the last 4 years Wairarapa DHB has moved from an annual deficit to a breakeven result. This has reflected both internal efficiency and effectiveness improvements and additional funding to address previously identified shortfalls. The delivery of the efficiency programme identified in the business case for the development of Wairarapa Hospital results in the breakeven position reflected in the forecast for 2006/07 and the projected financial results covering the 3 years within this Plan. If the efficiency programme had not been delivered the DHB would be facing ongoing deficits of $4.5-5 million each financial year.

7.1 Managing Within Budget

Wairarapa DHB is committed to operating long term sustainable health and disability services within the funding provided.

Wairarapa DHB, for the parent DHB is projecting a small surpluses of $3,000 for the 2007/08 financial year, $16,000 for the 2008/09 financial year and $19,000 for the 2009/10 financial year.

7.2 Efficiency Gains

Wairarapa DHB has made significant efforts to ensure its health and disability services are provided in the most effective and efficient manner within the funding available.

Wairarapa DHB has, over the past 3 years, undertaken a number of efficiency projects as identified in the business case for the development of the new Wairarapa Hospital. At the time of writing this Plan the total efficiency gains have been achieved. Without these gains the DHB would be faced with an estimated $4.5-5 million deficit for the 2007/08 financial year.

This Plan continues the efforts of management to achieve ongoing improvements. It reflects the efficiency gains made as well as additional efficiencies that are required to offset higher than expected cost increases.

7.3 Overall Financial Projections

The financial projections have been prepared on the basis of assumptions as to future events that the Board reasonably expects to occur, associated with actions the Board reasonably expects to take, as at the date the statements were prepared.

Wairarapa DHB comprises the parent DHB and its 100% owned subsidiary Biomedical Services New Zealand Limited. The financial projections presented below are shown for the parent DHB and for the consolidated group. Refer to section 6.8 for a full set of financial statements projections.

The financial projections are the first incorporated into the District Annual Plan under the New Zealand equivalents to the International Financial Reporting Standards (NZ-IFRS). The financial projections contained herein are based on the NZ-IFRSs that are current at the time this Plan has been completed.

[13] The consolidated group comprises the parent DHB and Biomedical Services New Zealand Ltd which is a 100% owned subsidiary.

Parent DHB

Wairarapa District Health Board
Forecast Statement of Financial Performance
For the year ended 30 June

	2005/06 Actual $000's	2006/07 Forecast $000's	2007/08 Projection $000's	2008/09 Projection $000's	2009/10 Projection $000's
Revenue					
Revenue	90,586	93,736	103,583	106,173	108,827
Total Revenue	**90,586**	**93,736**	**103,583**	**106,173**	**108,827**
Expenditure					
Provider Expenditure	(45,189)	(49,878)	(56,387)	(57,797)	(59,242)
Operating Expenditure	(44,643)	(39,537)	(42,616)	(43,715)	(44,852)
Depreciation	(1,351)	(2,272)	(2,442)	(2,503)	(2,566)
Interest	(1,026)	(1,411)	(1,485)	(1,492)	(1,498)
Capital Charge	(458)	(634)	(650)	(650)	(650)
Total Expenditure	**(92,667)**	**(93,732)**	**(103,580)**	**(106,157)**	**(108,808)**
Net Surplus/(Deficit)	**(2,081)**	**4**	**3**	**16**	**19**
Gain/(Loss) on Sale of Assets	-	-	-	-	-
	2,182	-	-	-	-
Income Tax	-	-	-	-	-
Net Surplus/(Deficit)	**101**	**4**	**3**	**16**	**19**

DHB Parent – Output Class

Wairarapa District Health Board (Parent) - Output Class
Forecast Statement of Financial Performance
For the year ended 30 June

	2005/06 Actual $000's	2006/07 Forecast $000's	2007/08 Projection $000's	2008/09 Projection $000's	2009/10 Projection $000's
Revenue					
Funder	84,813	90,660	97,255	99,686	102,179
Governance	1,579	1,604	1,737	1,780	1,825
Provider	43,112	45,254	45,459	46,596	47,760
Elimination	(38,918)	(40,782)	(40,868)	(41,889)	(42,937)
Total Expenditure	**90,586**	**96,736**	**103,583**	**106,173**	**108,827**
Expenditure					
Funder	(84,107)	(90,660)	(97,255)	(99,686)	(102,179)
Governance	(1,572)	(1,604)	(1,737)	(1,780)	(1,825)
Provider	(43,724)	(45,250)	(45,456)	(46,580)	(47,741)
Elimination	38,918	40,782	40,868	41,889	42,937
Total Expenditure	**(90,485)**	**(96,732)**	**(103,580)**	**(106,157)**	**(108,808)**
Net Surplus/(Deficit)	**101**	**4**	**3**	**16**	**19**

Consolidated DHB

Wairarapa District Health Board
Forecast Statement of Financial Performance
For the year ended 30 June

	2005/06	2006/07	2007/08	2008/09	2009/10
	Actual $000's	Forecast $000's	Projection $000's	Projection $000's	Projection $000's
Revenue					
Revenue	91,661	94,707	104,570	107,180	109,834
Total Revenue	**91,661**	**94,707**	**104,570**	**107,180**	**109,834**
Expenditure					
Provider Expenditure	(45,189)	(49,878)	(56,387)	(57,797)	(59,242)
Operating Expenditure	(45,602)	(40,352)	(43,434)	(44,539)	(45,676)
Depreciation	(1,431)	(2,357)	(2,532)	(2,600)	(2,663)
Interest	(1,026)	(1,411)	(1,485)	(1,492)	(1,498)
Capital Charge	(458)	(634)	(650)	(650)	(650)
Total Expenditure	**(93,706)**	**(94,632)**	**(104,488)**	**(107,078)**	**(109,729)**
Net Surplus/(Deficit)	**(2,045)**	**75**	**82**	**102**	**105**
Gain/(Loss) on Sale of Assets	-	-	-	-	-
	2,182	-	-	-	-
Income Tax	(28)	(23)	(26)	(28)	(28)
Net Surplus/(Deficit)	**109**	**52**	**56**	**74**	**77**

7.4 Assumptions

The Ministry of Health has provided Wairarapa DHB with revenue advice for the 2007/08 financial year and an indication of revenue for the 2008/09 and 2009/10 financial years and this has been used in developing the assumptions for the three years in the planning cycle.

The key underlying assumptions in preparing the financial projections for the group and parent are:

- All pressures for additional expenditure must be managed within Wairarapa DHB's allocated funding envelope for 2007/08 of $96,346,142.
- Future Funding Track provided in the DHB's funding envelope for 2007/08 is 2.6% increase on base funding. A further 0.5% increase on base funding is provided for investment in technology.
- Generally price increases will be managed within 2.6%, and the technology component of 0.5% will only be applied in specific areas of expenditure where there are financial pressures arising from introduction of new technologies.
- For Aged Care DSS:
  - The national price increase to be agreed for Aged Residential Care Services, from 1 July 2007, will result in increased cost to the DHB, no greater than 2.6%
  - Volume growth in utilisation of aged care services in 2007/08 will be no greater than 5%
  - The financial impact of changes in DSS boundaries, and any further contracts/funding responsibilities devolved to the DHB will be cost neutral
- Other than for Aged Care DSS, there will be no significant changes to previous year's contracted service volumes, except where additional funding has been provided to the DHB (eg mental health Blueprint, orthopaedic initiative)
- Growth in 2007/08 in the DHB's total expenditure on wages and salaries, including step increases, any increments for staff on independent employment agreements, and all changes in collective employment agreements will be within 2.6%.
- IDF prices and volumes will be as forecast

- Costs of any new government/Ministry of Health policies and initiatives that have financial impact on the DHB will be offset fully by increased funding from the Ministry
- Price increases for services provided by the DHB, NGOs and other community providers will be no greater than 3.1% (FFT)
- Should a pandemic occur government will provide additional funding to meet fully the additional costs to the DHB
- Interest rates will be within Treasury's forecasts
- Wairarapa DHB will retain early payment status
- Depreciation has been assumed at the rates shown in the statement of accounting policies contained within this Plan
- The capital charge is based on 8% of equity

7.5 Key Risks & Sensitivity Analysis

Key issues and risks that affect the delivery of the financial targets specified have been discussed in section 2 of this Plan. These key issues are summarised below:

Inter District Flows (IDFs)
As a small DHB we are dependent on access to other districts for tertiary and complex secondary services. Our expenditure on these out of district services is subject to great volatility, which we have very limited ability to manage. The number of patients is determined by need, and how much they cost to treat is determined by patient acuity. Both of these can and do fluctuate sharply between time periods.

Prices for IDFs are set nationally and tend to grow faster than FFT.

IDF outflows for specific treatments such as radiotherapy and various cardiac procedures are increasing as new technologies develop. They will increase further as regional service planning and investment in new capacity such as another linear accelerator take effect. This will impact most in 2008/09 and beyond but poses some risk to Wairarapa's financial position in 2007/08.

DSS for Older People – strong growth in population and needs
Wairarapa has increasing numbers of people aged 80 years and above. The majority of people in this age group require aged care services, often with high levels of need for residential care. The DHB is experiencing growth in needs for aged care services greater than the growth in DHB funding. Over the period 2006-2011 the Wairarapa population aged 80 years and above is forecast to grow by 34%.

DSS for Older People – provider viability issues
Nationally and locally the price inadequacies of the aged care sector are a continuing problem. In Wairarapa most aged residential care providers struggle to survive as they are small operations without purpose built facilities. If one or more collapses then the DHB, as provider of last resort, must develop new arrangements for the residents, both immediately and longer term. This could not be managed within available funding.

Expenditure on Pharmaceuticals and Pharmacy Services
There are continuing high risks arising from uncapped demand for fee-for-service payments for primary care referred services. At present Wairarapa DHB is experiencing growth of 12% per annum in expenditure on pharmaceuticals and pharmacy services. PHARMAC data suggests that growth in prescriptions, as the Primary Health Care Strategy is rolled out progressively, is greater than was expected. During 2007/08 we may expect further growth as low cost primary care access for people aged 25-44 years takes effect, and Care Plus uptake grows further.

Last year we analysed Wairarapa's pharmaceutical expenditure in detail to try to understand why expenditure growth in Wairarapa is faster than that elsewhere. Total drug costs per capita are lower in Wairarapa than New Zealand as a whole, and are growing at the national rate. However Wairarapa shows a very different pattern for pharmacy fees (dispensing fees and retail margin). While expenditure on drugs has matched national trends, the

number of items dispensed per capita is much higher for Wairarapa and has grown faster than elsewhere. The reasons for this are likely to be related to Wairarapa's older and more rapidly aging population.

There are further financial risks, for all DHBs, associated with the budget for pharmaceutical cancer treatments.

MECAs
National and regional wage settlements continue to create significant threats to the financial status of the DHB as salary expectations and market rates are growing more strongly than the DHB's baseline funding. Given health sector employee expectations, plus labour shortages across the health sector there is significant risk of industrial action and Wairarapa DHB being pressured to agree to MECAs that would make it impossible to reach our financial targets. We will work with national programmes to avoid this.

Sensitivity Analysis

	Financial Impact on 2007/08 Projections $000s
Change of 1% on Personnel costs	$285
Change of 1% on Supply costs	$165
Change of 1% on IDFs	$150
Change of 1% on Pharmaceutical demand driven costs	$95
Change of 1% on DSS costs	$110
Change of 1% on DSS volumes	$90

7.6 Asset Planning & Investment

Wairarapa DHB has developed an Asset Management Plan (AMP) with a view to a more strategic approach to asset maintenance, replacement and investment. The AMP reflects the joint approach taken by DHB's and current best practice. The DHB will be undertaking a detailed review of its AMP during the 2007/08 financial year and an updated AMP will be completed by the end of the financial year.

Currently the DHB has allocated funding at a lower level than depreciation for the 2007/08 financial year and over the 3 years covered by the plan. This allocation of funding is for investment in normal asset replacement and new assets.

Revaluations
All land and buildings have valued in accordance with FRS-3[14]. The Wairarapa Hospital is valued at the total cost of $29.5 million which is assumed to be equivalent to a revaluation amount under FRS-3. It is assumed that there is no material change in the carrying value of the land and buildings under NZ-IAS 16[15]. Wairarapa DHB is required, under the current accounting policies (refer section 7.9) to revalue its assets every three years. The three year cycle occurs during the planning period at 30 June 2009. The DHB does not expect a change in valuation at that date and has, therefore, not accounting for any change in the carrying value in the financial statements included in this Plan.

Business Cases
The DHB has submitted a business case for investment in Oral Health, including facilities and mobile dental units in accordance with the guidelines issues by the MOH in late 2006. The business case requests additional funding for capital equipment and ongoing operational funding to deliver the services identified within the business case. At the time of writing the results of the submission are not known.

[14] FRS-3: Financial Reporting Standard Number 3: Property, Plant & Equipment as promulgated by the New Zealand Institute of Chartered Accountants.
[15] NZ-IAS 16: NZ equivalent to Internal Accounting Standard Number 16: Property, Plant & Equipment as promulgated by the New Zealand Institute of Chartered Accountants.

Other than the oral health business case, no business cases requiring notice to the Regional Capital Committee, National Capital Committee or Ministry of Health are planned.

Alternate funding
As capital investment proposals are finalized managers will review the most appropriate financing option currently available for a particular item. This may result in items being acquired via donation or leasing options and therefore not being purchased via the capital expenditure programme.

Asset disposals
Wairarapa DHB actively reviews assets to ensure that it has no surplus assets. No significant assets are scheduled for disposal during the plan period as a result of being surplus.

7.7 Debt & Equity

Wairarapa DHB relies on a mix of debt and equity to fund assets utilized in the delivery of health services.

Government policy requires Wairarapa DHB to source all long-term debt and equity from the Crown. DHB's are also allowed to maintain a working capital facility with a trading bank.

Wairarapa DHB has a facility with the Crown Health Financing Agency (CHFA) for its long-term debt portfolio. The total facility available is $25.75 million. Of this facility $6 million has not been drawn down and is set aside to cover the cash required should the DHB lose its early payment status. At the time of writing no significant changes in the terms and conditions or covenant ratios associated with the facilities are expected.

The following table shows the covenant ratios agreed with the CHFA. As noted above, the covenant ratios are not expected to alter from those in place at the time of writing.

Wairarapa District Health Board (Parent)
Loan Covenants

	2005/06	2006/07	2007/08	2008/09	2009/10
Interest Coverage (target >2.25)	2.22	2.61	2.64	2.67	2.70
Gearing ratio (target <73%)	67.2%	72.9%	72.9%	72.8%	72.8%

Finance lease arrangements are in place with the Community Health Trust. This arrangement provides partial funding for the implementation of the RIS/PACS[16] system and funding for the replacement of two ambulances. The total of the finance lease arrangements are $250,000 for the RIS/PACS system and $240,000 for both ambulances.

A working capital facility is maintained with the ANZ Bank to a value of $4 million. ANZ also provide transactional banking facilities for Wairarapa DHB.

No new debt or equity is planned for the three years in the planning period.

[16] Radiology Information System and Picture Archival Communications System. This is a digital imaging solution for radiology.

7.8 Projected Financial Statements

The projected financial statements have been prepared in accordance with the accounting policies adopted by the Board and included within this Plan. The accounting policies reflect the move to NZ-IFRS and therefore may not be consistent with those in the prior year. These statements, including the appropriateness underlying assumptions, were approved by the Board of Wairarapa DHB in May 2007.

Assumptions used in the prepared of the projected financial statements have been disclosed in section 7.4 of this Plan and the associated risks discussed in section 7.5.

The actual results achieved for the period covered by the financial projections are likely to vary from the information presented, and the variations may be material. The financial projections comply with section 142(1) of the Crown Entities Act 2004 and Financial Reporting Standard 42 (FRS-42), and the information may not be appropriate for any other purpose.

International financial reporting standards impact
As previously mentioned in this Plan, the prospective (forecast) financial statements contained herein have been prepared in accordance with NZ-IFRSs applicable at the time of writing. If changes are made to the NZ-IFRSs are made prior to the commencement of the 2007/08 financial year then some there may be some variation from the financial projections contained in this Plan.

The financial projections for the statement of financial position for the 2006/07 financial year have been restated under NZ-IFRS and vary from those presented under NZ-GAAP. The provisional opening balance sheet at 1 July 2006 has been reviewed by Audit NZ to enable comparatives to be made within the first Annual Report completed under NZ-IFRS, the 2007/08 financial year. The impact of moving to NZ-IFRS will be included in the 2006/07 Annual Report.

Wairarapa District Health Board
Forecast Statement of Financial Performance
For the year ended 30 June

	2005/06		2006/07		2007/08		2008/09		2009/10	
	Consolidated $000's	Parent $000's	Consolidated $000's	Parent $000's	Consolidated $000's	Parent $000's	Consolidated $000's	Parent $000's	Consolidated $000's	Parent $000's
Revenue										
Revenue	91,661	90,586	94,707	93,736	104,570	103,583	107,180	106,173	109,834	108,827
Total Revenue	**91,661**	**90,586**	**94,707**	**93,736**	**104,570**	**103,583**	**107,180**	**106,173**	**109,834**	**108,827**
Expenditure										
Provider Expenditure	(45,189)	(45,189)	(49,878)	(49,878)	(56,387)	(56,387)	(57,797)	(57,797)	(59,242)	(59,242)
Operating Expenditure	(45,602)	(44,643)	(40,352)	(39,537)	(43,434)	(42,616)	(44,539)	(43,715)	(45,676)	(44,852)
Depreciation	(1,431)	(1,351)	(2,357)	(2,272)	(2,532)	(2,442)	(2,600)	(2,503)	(2,663)	(2,566)
Interest	(1,026)	(1,026)	(1,411)	(1,411)	(1,485)	(1,485)	(1,492)	(1,492)	(1,498)	(1,498)
Capital Charge	(458)	(458)	(634)	(634)	(650)	(650)	(650)	(650)	(650)	(650)
Total Expenditure	**(93,706)**	**(92,667)**	**(94,632)**	**(93,732)**	**(104,488)**	**(103,580)**	**(107,078)**	**(106,157)**	**(109,729)**	**(108,808)**
Net Surplus/(Deficit)	**(2,045)**	**(2,081)**	**75**	**4**	**82**	**3**	**102**	**16**	**105**	**19**
Gain/(Loss) on Sale of Assets	-	-	-	-	-	-	-	-	-	-
	2,182	2,182	-	-	-	-	-	-	-	-
Income Tax	(28)	-	(23)	-	(26)	-	(28)	-	(28)	-
Net Surplus/(Deficit)	**109**	**101**	**52**	**4**	**56**	**3**	**74**	**16**	**77**	**19**

Wairarapa District Health Board
Forecast Statement of Movements in Equity
For the year ended 30 June

	2005/06		2006/07		2007/08		2008/09		2009/10	
	Consolidated $000's	Parent $000's	Consolidated $000's	Parent $000's	Consolidated $000's	Parent $000's	Consolidated $000's	Parent $000's	Consolidated $000's	Parent $000's
Opening Equity	2,466	2,088	9,969	9,789	7,721	7,493	7,777	7,496	7,851	7,512
Equity Injection/(Repayment)	7,600	7,600	(2,300)	(2,300)	-	-	-	-	-	-
Change in Revaluation Reserve	-	-	-	-	-	-	-	-	-	-
Net Surplus/(Deficit) for the Period	109	101	52	4	56	3	74	16	77	19
Net Surplus/(Deficit)	**10,175**	**9,789**	**7,721**	**7,493**	**7,777**	**7,496**	**7,851**	**7,512**	**7,928**	**7,531**

Wairarapa District Health Board
Forecast Statement of Financial Position
As at 30 June

	2005/06		2006/07		2007/08		2008/09		2009/10	
	Consolidated $000's	Parent $000's	Consolidated $000's	Parent $000's	Consolidated $000's	Parent $000's	Consolidated $000's	Parent $000's	Consolidated $000's	Parent $000's
Public Equity										
Equity	18,095	18,095	15,795	15,795	15,795	15,795	15,795	15,795	15,795	15,795
Revaluation Reserve	772	772	772	772	772	772	772	772	772	772
Retained Earnings	(8,865)	(9,078)	(8,846)	(9,074)	(8,790)	(9,071)	(8,716)	(9,055)	(8,639)	(9,036)
Total Equity	**10,002**	**9,789**	**7,721**	**7,493**	**7,777**	**7,496**	**7,851**	**7,512**	**7,928**	**7,531**
Represented by:										
Current Assets										
Bank in Funds	146	-	259	-	330	-	417	-	417	-
Receivables	3,456	3,317	2,481	2,378	2,399	2,262	2,512	2,316	2,569	2,374
Other Current Assets	2,842	2,842	953	953	953	953	953	953	953	953
Total Current Assets	**6,444**	**6,159**	**3,693**	**3,331**	**3,682**	**3,215**	**3,882**	**3,269**	**3,939**	**3,327**
Current Liabilities										
Bank Overdraft	(1,737)	(1,737)	(3,114)	(3,114)	(3,000)	(3,000)	(2,500)	(2,500)	(2,000)	(2,000)
Payables & Provisions	(14,555)	(14,420)	(14,074)	(13,888)	(13,173)	(12,943)	(12,639)	(12,335)	(12,241)	(11,938)
Short Term Borrowings	(121)	(121)	(70)	(70)	(70)	(70)	(70)	(70)	(70)	(70)
Total Current Liabilities	**(16,413)**	**(16,278)**	**(17,258)**	**(17,072)**	**(16,243)**	**(16,013)**	**(15,209)**	**(14,905)**	**(14,311)**	**(14,008)**
Net Working Capital	**(9,969)**	**(10,119)**	**(13,565)**	**(13,741)**	**(12,561)**	**(12,798)**	**(11,327)**	**(11,636)**	**(10,372)**	**(10,681)**
Non Current Assets										
Property, Plant & Equipment	40,247	40,079	41,708	41,551	40,760	40,611	39,600	39,465	38,722	38,529
Other Investments	-	103	-	103	-	103	-	103	-	103
Trust Funds	43	43	45	45	45	45	45	45	45	45
Total Non Current Assets	**40,290**	**40,225**	**41,753**	**41,699**	**40,805**	**40,759**	**39,645**	**39,613**	**38,767**	**38,677**
Non Current Liabilities										
Borrowings	(19,918)	(19,918)	(20,060)	(20,060)	(20,060)	(20,060)	(20,060)	(20,060)	(20,060)	(20,060)
Provisions	(358)	(356)	(362)	(360)	(362)	(360)	(362)	(360)	(362)	(360)
Trust Funds	(43)	(43)	(45)	(45)	(45)	(45)	(45)	(45)	(45)	(45)
Total Non Current Liabilities	**(20,319)**	**(20,317)**	**(20,467)**	**(20,465)**	**(20,467)**	**(20,465)**	**(20,467)**	**(20,465)**	**(20,467)**	**(20,465)**
Net Assets	**10,002**	**9,789**	**7,721**	**7,493**	**7,777**	**7,496**	**7,851**	**7,512**	**7,928**	**7,531**

Wairarapa District Health Board
Forecast Statement of Cash Flows
For the year ended 30 June

	2005/06		2006/07		2007/08		2008/09		2009/10	
	Consolidated $000's	Parent $000's	Consolidated $000's	Parent $000's	Consolidated $000's	Parent $000's	Consolidated $000's	Parent $000's	Consolidated $000's	Parent $000's
Operating Cash Flows										
Cash Receipts	96,409	95,326	95,225	94,252	104,461	103,467	107,246	106,227	109,904	108,885
Payments to Providers	(49,793)	(49,793)	(50,657)	(50,657)	(55,837)	(55,837)	(57,442)	(57,442)	(59,168)	(59,168)
Payments to Employees & Suppliers	(38,508)	(37,500)	(45,272)	(44,443)	(44,402)	(43,561)	(45,173)	(44,323)	(46,139)	(45,249)
Interest Paid	(1,041)	(1,041)	(1,411)	(1,411)	(1,485)	(1,485)	(1,492)	(1,492)	(1,498)	(1,498)
Capital Charge Paid	(552)	(552)	(634)	(634)	(650)	(650)	(650)	(650)	(650)	(650)
Net Operating Cash Flows	**6,515**	**6,440**	**(2,749)**	**(2,893)**	**2,087**	**1,934**	**2,489**	**2,320**	**2,449**	**2,320**
Investing Cash Flows										
Cash Received from Sale of Fixed Assets	5	-	2,492	2,492	-	-	-	-	-	-
Cash Paid for Purchase of Fixed Assets	(24,078)	(23,950)	(3,288)	(3,206)	(1,832)	(1,750)	(1,832)	(1,750)	(1,879)	(1,750)
Net Investing Cash Flows	**(24,073)**	**(23,950)**	**(796)**	**(714)**	**(1,832)**	**(1,750)**	**(1,832)**	**(1,750)**	**(1,879)**	**(1,750)**
Financing Cash Flows										
Additional Loans Drawn	40,410	40,410	-	-	-	-	-	-	-	-
Equity Drawn	7,600	7,600								
Equity Repaid	-	-	2,300	2,300	-	-	-	-	-	-
Loans Repaid	(31,949)	(31,949)	(70)	(70)	(70)	(70)	(70)	(70)	(70)	(70)
Net Financing Cash Flows	**16,061**	**16,061**	**2,230**	**2,230**	**(70)**	**(70)**	**(70)**	**(70)**	**(70)**	**(70)**
Net Cash Flows	**(1,497)**	**(1,449)**	**(1,315)**	**(1,377)**	**185**	**114**	**587**	**500**	**500**	**500**
Opening Cash Balance	(94)	(288)	(1,591)	(1,737)	(2,906)	(3,114)	(2,721)	(3,000)	(2,134)	(2,500)
Closing Cash Balance	**(1,591)**	**(1,737)**	**(2,906)**	**(3,114)**	**(2,721)**	**(3,000)**	**(2,134)**	**(2,500)**	**(1,634)**	**(2,000)**
Represented by:										
Bank in Funds	146	-	259	-	330	-	417	-	417	-
Bank Overdraft	(1,737)	(1,737)	(3,114)	(3,114)	(3,000)	(3,000)	(2,500)	(2,500)	(2,000)	(2,000)
Total Cash on Hand	**(1,591)**	**(1,737)**	**(2,855)**	**(3,114)**	**(2,670)**	**(3,000)**	**(2,083)**	**(2,500)**	**(1,583)**	**(2,000)**

7.9 Statement of Accounting Policies

Notes to the consolidated financial statements

Significant accounting policies

Reporting entity

Wairarapa District Health Board ("DHB") is a Health Board established by the New Zealand Public Health and Disability Act 2000. Wairarapa DHB is a crown entity in terms of the Crown Entities Act 2004, owned by the Crown and domiciled in New Zealand. Wairarapa DHB is a reporting entity for the purposes of the New Zealand Public Health and Disability Act 2000, the Financial Reporting Act 1993, the Public Finance Act 1989 and the Crown Entities Act 2004.

Wairarapa DHB is a public benefit entity, as defined under NZIAS 1.

The consolidated financial statements of Wairarapa DHB for the year ended 30 June 2008 comprise Wairarapa DHB and its subsidiary Biomedical Services New Zealand Limited (together referred to as "WDHB") and joint venture the Central Region Technical Advisory Service Limited (TAS) which is one sixth owned.
Wairarapa DHB's activities involve delivering health and disability services and mental health services in a variety of ways to the community.

The financial statements were authorised for issue by the Board on 8 December 2006.

Statement of compliance

The consolidated financial statements have been prepared in accordance with Generally Accepted Accounting Practice in New Zealand (NZGAAP). They comply with New Zealand equivalents to International Financial Reporting Standards (NZIFRS), and other applicable Financial Reporting Standards, as appropriate for public benefit entities.

Basis of preparation

The financial statements are presented in New Zealand Dollars (NZD), rounded to the nearest thousand. The financial statements are prepared on the historical cost basis except that the following assets and liabilities are stated at their fair value: derivative financial instruments (foreign exchange and interest rate swap contracts), financial instruments classified as available-for-sale, land and buildings and investment property.

Non-current assets held for sale and disposal groups held for sale are stated at the lower of carrying amount and fair value less costs to sell.

The accounting policies set out below have been applied consistently in preparing this opening NZIFRS Statement of Financial Position at 1 July 2006 for the purposes of the transition to NZIFRS

The preparation of financial statements in conformity with NZIFRSs requires management to make judgements, estimates and assumptions that affect the application of policies and reported amounts of assets and liabilities, income and expenses. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstances, the results of which form the basis of making the judgements about carrying values of assets and liabilities that are not readily apparent from other sources. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

Basis for consolidation

Subsidiaries

Subsidiaries are entities controlled by Wairarapa DHB. Control exists when Wairarapa DHB has the power, directly or indirectly, to govern the financial and operating policies of an entity so as to obtain benefits from its activities. In assessing control, potential voting rights that presently are exercisable or convertible are taken into account. The financial statements of subsidiaries are included in the consolidated financial statements from the date that control commences until the date that control ceases.

Joint ventures

Joint ventures are those entities over whose activities WDHB has joint control, established by contractual agreement. The consolidated financial statements include WDHB's interest in joint ventures, using the equity method, from the date that joint control commences until the date that joint control ceases.

Transactions eliminated on consolidation

Intragroup balances and any unrealised gains and losses or income and expenses arising from intragroup transactions, are eliminated in preparing the consolidated financial statements. Unrealised gains arising from transactions with associates and jointly controlled entities are eliminated to the extent of WDHB's interest in the entity. Unrealised losses are eliminated in the same way as unrealised gains, but

Notes to the consolidated financial statements

Significant accounting policies

only to the extent that there is no evidence of impairment.

Budget figures

The budget figures are those approved by the health board in its District Annual Plan and included in the Statement of Intent tabled in parliament. The budget figures have been prepared in accordance with NZGAAP. They comply with NZIFRS and other applicable Financial Reporting Standards as appropriate for public benefit entities. Those standards are consistent with the accounting policies adopted by WDHB for the preparation of these financial statements.

Goods and services tax

All amounts are shown exclusive of Goods and Services Tax (GST), except for receivables and payables that are stated inclusive of GST. Where GST is irrecoverable as an input tax, it is recognised as part of the related asset or expense.

Revenue

Crown funding

The majority of revenue is provided through an appropriation in association with a Crown Funding Agreement. Revenue is recognised monthly in accordance with the Crown Funding Agreement payment schedule, which allocates the appropriation equally throughout the year.

Revenue relating to service contracts

WDHB is required to expend all monies appropriated within certain contracts during the year in which it is appropriated. Should this not be done, the contract may require repayment of the money or WDHB, with the agreement of the Ministry of Health, may be required to expend it on specific services in subsequent years. The amount unexpended is recognised as a liability.

Goods sold and services rendered

Revenue from goods sold is recognised when WDHB has transferred to the buyer the significant risks and rewards of ownership of the goods and WDHB does not retain either continuing managerial involvement to the degree usually associated with ownership nor effective control over the goods sold.

Revenue from services is recognised, to the proportion that a transaction is complete, when it is probable that the payment associated with the transaction will flow to WDHB and that payment can be measured or estimated reliably, and to the extent that any obligations and all conditions have been satisfied by WDHB.

Rental income

Rental income from investment property is recognised in the statement of financial performance on a straight-line basis over the term of the lease. Lease incentives granted are recognised as an integral part of the total rental income over the lease term.

Expenses

Operating lease payments

Payments made under operating leases are recognised in the statement of financial performance on a straight-line basis over the term of the lease.

Finance lease payments

Minimum lease payments are apportioned between the finance charge and the reduction of the outstanding liability. The finance charge is allocated to each period during the lease term on an effective interest basis.

Net financing costs

Net financing costs comprise interest paid and payable on borrowings calculated using the effective interest rate method, interest received and receivable on funds invested calculated using the effective interest rate method, dividend income and gains and losses on hedging instruments that are recognised in the statement of financial performance.

The interest expense component of finance lease payments is recognised in the statement of financial performance using the effective interest rate method.

Dividend income is recognised in the statement of financial performance when the shareholder's right to receive payment is established.

Non-current assets held for sale

Immediately before the classification of assets as held for sale, the measurement of the assets (and all assets and liabilities in a disposal group) is brought up-to-date in accordance with applicable NZIFRSs. Then, on initial classification as held for sale, a non-current asset and/or a disposal group is recognised at the lower of its carrying amount and its fair value less costs to sell.

Impairment losses on initial classification as held for sale are included in the statement of financial performance, even when the asset was previously revalued. The same applies to gains and losses on subsequent remeasurement.

Notes to the consolidated financial statements

Significant accounting policies

Business combinations involving entities under common control

A business combination involving entities or businesses under common control is a business combination in which all of the combining entities or businesses are ultimately controlled by the same party or parties both before and after the business combination, and that control is not transitory.
WDHB applies the book value measurement method to all common control transactions.

Income tax

WDHB is a crown entity under the New Zealand Public Health and Disability Act 2000 and is exempt from income tax under section CB3 of the Income Tax Act 1994.

The wholly owned subsidiary company, Biomedical Services New Zealand Limited, is subject to income tax. Income tax expense is charged in the group statement of financial performance in respect of its current year's earnings after allowing for permanent differences. Deferred taxation is determined on a comprehensive basis using the liability method. Deferred tax assets attributable to timing differences or tax bases are only recognized where there is virtual certainty of realisation.

Foreign currency

Foreign currency transactions

Transactions in foreign currencies are translated at the foreign exchange rate ruling at the date of the transaction. Monetary assets and liabilities denominated in foreign currencies at the balance sheet date are translated to NZD at the foreign exchange rate ruling at that date. Foreign exchange differences arising on translation are recognised in the statement of financial performance. Non-monetary assets and liabilities that are measured in terms of historical cost in a foreign currency are translated using the exchange rate at the date of the transaction. Non-monetary assets and liabilities denominated in foreign currencies that are stated at fair value are translated to NZD at foreign exchange rates ruling at the dates the fair value was determined.

Property, plant and equipment

Classes of property, plant and equipment

The major classes of property, plant and equipment are as follows:

- freehold land
- freehold buildings
- medical equipment
- information technology
- motor vehicles
- other plant and equipment
- work in progress.

Owned assets

Except for land and buildings and the assets vested from the hospital and health service (see below), items of property, plant and equipment are stated at cost, less accumulated depreciation and impairment losses. The cost of self-constructed assets includes the cost of materials, direct labour, the initial estimate, where relevant, of the costs of dismantling and removing the items and restoring the site on which they are located, and an appropriate proportion of direct overheads.

Land and buildings are revalued to fair value as determined by an independent registered valuer with sufficient regularity to ensure the carrying amount is not materially different to fair value, and at least every five years. Any increase in value of a class of land and buildings is recognised directly to equity unless it offsets a previous decrease in value recognised in the statement of financial performance. Any decreases in value relating to a class of land and buildings are debited directly to the revaluation reserve, to the extent that they reverse previous surpluses and are otherwise recognised as an expense in the statement of financial performance.

Additions to property, plant and equipment between valuations are recorded at cost.

Where material parts of an item of property, plant and equipment have different useful lives, they are accounted for as separate components of property, plant and equipment.

Property, Plant and Equipment Vested from the Hospital and Health Service

Under section 95(3) of the New Zealand Public Health and Disability Act 2000, the assets of Wairarapa Health Limited (a hospital and health service company) vested in Wairarapa DHB on 1 January 2001. Accordingly, assets were transferred to Wairarapa DHB at their net book values as recorded in the books of the hospital and health service. In effecting this transfer, the health board has recognised the cost (or in the case of land and buildings – the valuation) and accumulated depreciation amounts from the records of the hospital and health service. The vested assets will continue to be depreciated over their remaining useful lives.

Notes to the consolidated financial statements

Significant accounting policies

Disposal of Property, Plant and Equipment

Where an item of plant and equipment is disposed of, the gain or loss recognised in the statement of financial performance is calculated as the difference between the net sales price and the carrying amount of the asset.

Properties Intended for Sale

Properties intended for sale are valued at the lower of cost or net realisable value.

Leased assets

Leases where WDHB assumes substantially all the risks and rewards of ownership are classified as finance leases. The assets acquired by way of finance lease are stated at an amount equal to the lower of their fair value and the present value of the minimum lease payments at inception of the lease, less accumulated depreciation and impairment losses.

The property held under finance leases and leased out under operating lease is classified as investment property and stated at fair value. Property held under operating leases that would otherwise meet the definition of investment property may be classified as investment property on a property-by-property basis.

Subsequent costs

Subsequent costs are added to the carrying amount of an item of property, plant and equipment when that cost is incurred if it is probable that the service potential or future economic benefits embodied within the new item will flow to WDHB. All other costs are recognised in the statement of financial performance as an expense as incurred.

Depreciation

Depreciation is charged to the statement of financial performance using the straight line method. Land is not depreciated.
Depreciation is set at rates that will write off the cost or fair value of the assets, less their estimated residual values, over their useful lives. The estimated useful lives of major classes of assets and resulting rates are as follows:

Class of Asset	Estimated Life
Freehold buildings	2 to 50 years
Medical equipment	2.5 to 15 years
Information technology	2.5 to 15 years
Motor vehicles	5 to 12.5 years
Other plant and equipment	2.5 to 15 years

The residual value of assets is reassessed annually.
Work in progress is not depreciated. The total cost of a project is transferred to the appropriate class of asset on its completion and then depreciated.

Intangible assets

Intangible assets comprise computer software products acquired by WDHB and are stated at cost less accumulated amortisation and impairment losses.

Subsequent expenditure

Subsequent expenditure on intangible assets is capitalised only when it increases the service potential or future economic benefits embodied in the specific asset to which it relates. All other expenditure is expensed as incurred.

Amortisation

Amortisation is charged to the statement of financial performance on a straight-line basis over the estimated useful lives of intangible assets unless such lives are indefinite. Intangible assets with an indefinite useful life are tested for impairment at each balance sheet date. Other intangible assets are amortised from the date they are available for use. The estimated useful lives are as follows:

Type of asset	Estimated life	Amortisation rate
• Software	2 to 3 years	33-50%

Impairment

The carrying amounts of WDHB's assets, inventories and inventories held for distribution are reviewed at each balance date to determine whether there is any indication of impairment. If any such indication exists, the assets' recoverable amounts are estimated.

For intangible assets that have an indefinite useful life and intangible assets that are not yet available for use, the recoverable amount is estimated at each balance sheet date and was estimated at the date of transition.

Notes to the consolidated financial statements

Significant accounting policies

If the estimated recoverable amount of an asset is less than its carrying amount, the asset is written down to its estimated recoverable amount and an impairment loss is recognised in the statement of financial performance.

An impairment loss on property, plant and equipment revalued on a class of asset basis is recognised directly against any revaluation reserve in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation reserve for the same class of asset.

When a decline in the fair value of an available-for-sale financial asset has been recognised directly in equity and there is objective evidence that the asset is impaired, the cumulative loss that had been recognised directly in equity is recognised in the statement of financial performance even though the financial asset has not been derecognised. The amount of the cumulative loss that is recognised in the statement of financial performance is the difference between the acquisition cost and current fair value, less any impairment loss on that financial asset previously recognised in the statement of financial performance.

Calculation of recoverable amount

The estimated recoverable amount of receivables carried at amortised cost is calculated as the present value of estimated future cash flows, discounted at their original effective interest rate. Receivables with a short duration are not discounted.

Estimated recoverable amount of other assets is the greater of their fair value less costs to sell and value in use. Value in use is calculated differently depending on whether an asset generates cash or not. For an asset that does not generate largely independent cash inflows, the recoverable amount is determined for the cash-generating unit to which the asset belongs.

For non-cash generating assets that are not part of a cash generating unit value in use is based on depreciated replacement cost (DRC). For cash generating assets value in use is determined by estimating future cash flows from the use and ultimate disposal of the asset and discounting these to their present value using a pre-tax discount rate that reflects current market rates and the risks specific to the asset.

Impairment gains and losses, for items of property, plant and equipment that are revalued on a class of assets basis, are also recognised on a class basis.

Reversals of impairment

Impairment losses are reversed when there is a change in the estimates used to determine the recoverable amount.

An impairment loss on an equity instrument investment classified as available-for-sale or on items of property, plant and equipment carried at fair value is reversed through the relevant reserve. All other impairment losses are reversed through the statement of financial performance.

An impairment loss is reversed only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised.

Investments

Investments, including those in subsidiary and associated companies, are stated at the lower of cost and net realisable value. Any decreases are recognised in the Statement of Financial Performance.

Trade and other receivables

Trade and other receivables are initially recognised at fair value and subsequently stated at amortised cost less impairment losses. Bad debts are written off during the period in which they are identified.

Inventories

Inventories are stated at the lower of cost and net realisable value. Net realisable value is the estimated selling price in the ordinary course of business, less the estimated costs of completion and selling expenses.

Cost is based on weighted average cost.

Inventories held for distribution

Inventories held for distribution are stated at the lower of cost and current replacement cost.

Cash and cash equivalents

Cash and cash equivalents comprises cash balances, call deposits and deposits with a maturity of no more than three months from the date of acquisition. Bank overdrafts that are repayable on demand and form an integral part of WDHB's cash management are included as a component of cash and cash equivalents for the purpose of the statement of cash flows.

Notes to the consolidated financial statements

Significant accounting policies

Interest-bearing borrowings

Interest-bearing borrowings are recognised initially at fair value less attributable transaction costs. Subsequent to initial recognition, interest-bearing borrowings are stated at amortised cost with any difference between cost and redemption value being recognised in the statement of financial performance over the period of the borrowings on an effective interest basis.

Employee benefits

Defined contribution plans

Obligations for contributions to defined contribution plans are recognised as an expense in the statement of financial performance as incurred.

Defined benefit plan

WDHB's net obligation in respect of defined benefit pension plans is calculated separately for each plan by estimating the amount of future benefit that employees have earned in return for their service in the current and prior periods; that benefit is discounted to determine its present value, and the fair value of any plan assets is deducted. The discount rate is the yield at the balance sheet date on New Zealand government bonds that have maturity dates approximating to the terms of WDHB's obligations. The calculation is performed by a qualified actuary using the projected unit credit method.

When the benefits of a plan are improved, the portion of the increased benefit relating to past service by employees is recognised as an expense in the statement of financial performance on a straight-line basis over the average period until the benefits become vested. To the extent that the benefits vest immediately, the expense is recognised immediately in the statement of financial performance.

All actuarial gains and losses as at 1 July 2006, the date of transition to NZIFRSs, were recognised. Likewise, all actuarial gains and losses that arise subsequent to the transition date in calculating WDHB's obligation in respect of a plan are recognised in the statement of financial performance.

Comment [B1]: Confirm wording subsequent to concluding accy treatment ie if immaterial then provision is not disclosed

Long service leave, sabbatical leave and retirement gratuities

WDHB's net obligation in respect of long service leave, sabbatical leave and retirement gratuities is the amount of future benefit that employees have earned in return for their service in the current and prior periods. The obligation is calculated using the projected unit credit method and is discounted to its present value. The discount rate is the market yield on relevant New Zealand government bonds at the balance sheet date.

Annual leave, ~~conference leave~~, sick leave and medical education leave

Annual leave, sick leave and medical education leave are short-term obligations and are calculated on an actual basis at the amount WDHB expects to pay. WDHB accrues the obligation for paid absences when the obligation both relates to employees' past services and it accumulates.

Provisions

A provision is recognised when WDHB has a present legal or constructive obligation as a result of a past event, and it is probable that an outflow of economic benefits will be required to settle the obligation. If the effect is material, provisions are determined by discounting the expected future cash flows at a pre-tax rate that reflects current market rates and, where appropriate, the risks specific to the liability.

Restructuring

A provision for restructuring is recognised when GRP DHB has approved a detailed and formal restructuring plan, and the restructuring has either commenced or has been announced publicly. Future operating costs are not provided for.

Trade and other payables

Trade and other payables are stated at amortised cost using the effective interest rate.

The cost of service statements, as reported in the statement of service performance, report the net cost of services for the outputs of GRP DHB and are represented by the cost of providing the output less all the revenue that can be allocated to these activities.

Cost Allocation

WDHB has arrived at the net cost of service for each significant activity using the cost allocation system outlined below.

Cost Allocation Policy

Direct costs are charged directly to output classes. Indirect costs are charged to output classes based on cost drivers and related activity and usage information.

Criteria for Direct and Indirect Costs

Direct costs are those costs directly attributable to an output class.

Notes to the consolidated financial statements

Significant accounting policies

Indirect costs are those costs that cannot be identified in an economically feasible manner with a specific output class.

Cost Drivers for Allocation of Indirect Costs

The cost of internal services not directly charged to outputs is allocated as overheads using appropriate cost drivers such as actual usage, staff numbers and floor area.

8. Appendix

8.1 Appendix 1 Crown Funding Agreement Indicators of DHB Performance 2007/08

Measure	Definition	Frequency	Targets, Expectations and Deliverables 2007/08
HKO - 01	Local Iwi/Māori are engaged and participate in DHB decision-making and the development of strategies and plans for Māori health gain	Six monthly (Q2, Q4)	**Ongoing partnership model with local Iwi and Māori and the implementation of the Māori Health Plan.** **Associated Deliverables** DHBs to report providing the following information: 1. Percentage of PHOs with Māori health plans that have been agreed to by the DHB 2. Report on the percentage of DHB members that have undertaken Treaty of Waitangi training 3. Provide a copy of the Memorandum of Understanding (MoU) between the DHB and its local Iwi/Māori health relationship/ partner, and report achievements against key objectives in the MoU 4. Report on how local Iwi/Māori are supported by the DHB to participate in the development and implementation of the strategic agenda, service delivery planning, development, monitoring and evaluation (include a section on PHOs) 5. Report on how MHPs are being implemented by the PHOs and monitored by the DHB 6. Report on when Treaty of Waitangi training (including any facilitated by the Ministry has, or will take place for Board members 7. Identify at least two key milestones from your Māori Health Plan to be achieved in 2007 / 2008. For example in Q2, provide a progress report on the milestones, and in Q4, report against achievement of those milestones. The performance report for measure 3 above has been **endorsed** by the local Iwi/ Māori health relationships.
HKO - 02	Development of Māori Health Workforce and Māori Health Providers	Six monthly (Q2, Q4)	**Implementation of the Māori Strategic Health Plan, including workforce and provider development.** Associated deliverables 1. Report the number of (i) management (ii) clinical (iii) administrative and (iv) other FTEs held by Māori out of the total numbers of (i) management (ii) clinical (iii) administrative and (iv) other FTEs in the DHB respectively 2. Provide a copy of the DHB Māori Health Workforce Plan or the timeframe to complete the Plan 3. Report on achievements based on key deliverables in the DHB (or Regional) Māori Workforce Plan, or if the plan is being developed, describe at least two key DHB Māori health workforce initiatives that the DHB has achieved

<table>
<tr><th>Measure</th><th>Definition</th><th>Frequency</th><th>Targets, Expectations and Deliverables 2007/08</th></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td>HKO - 03</td><td>Improving mainstream effectiveness</td><td>Six monthly (Q2, Q4)</td><td>To assist the ongoing monitoring and development of the capacity of mainstream and other providers to address Māori health priorities

Associated deliverables
1. Report on the reviews of pathways of care that have been undertaken in the last 12 months that focussed on improving health outcomes and reducing health inequalities for Māori
2. Report on example(s) of actions taken to address issues identified in the reviews</td></tr>
<tr><td>HKO - 04</td><td>DHBs will set targets to increase funding for Māori Health and disability initiatives</td><td>Annual (Q4)</td><td>To increase funding for Māori health and disability initiatives -Associated deliverables

1. Actual expenditure on Māori Health Providers by GL code
2. Actual expenditure for Specific Māori Services provided within mainstream services targeted to improving Māori health by Purchase Unit
3. Total expenditure for Iwi / Māori- led PHOs
4. Actual expenditure for maintstream PHO services targeted at improving Māori health

Expenditure on Maori Health
<table>
<tr><th></th><th></th><th>2004/05 Actual</th><th>2005/06 Actual</th><th>2006/07 Actual (Est)</th><th>2007/08 DAP Target</th><th>2008/09 Target</th><th>2009/10 Target</th></tr>
<tr><td>1</td><td>Mainstream PHO services for Maori</td><td>70,000</td><td>85,000</td><td>195,155</td><td>195,155</td><td>195,155</td><td>195,155</td></tr>
<tr><td>2</td><td>Maori providers (incl Mental Health Svs</td><td>1,227,500</td><td>1,367,000</td><td>1,322,906</td><td>1,392,906</td><td>1,392,906</td><td>1,392,906</td></tr>
<tr><td>3</td><td>Maori specific in mainstream</td><td>330,430</td><td>414,000</td><td>546,000</td><td>563,000</td><td>563,000</td><td>563,000</td></tr>
<tr><td>4</td><td>Maori workforce development</td><td>10,000-</td><td>13,000</td><td>50,000</td><td>50,000</td><td>50,000</td><td>50,000</td></tr>
<tr><td>5</td><td>Iwi PHO</td><td>-</td><td></td><td></td><td>-</td><td>-</td><td>-</td></tr>
<tr><td>6</td><td>Funding increase</td><td></td><td></td><td></td><td></td><td>70,000</td><td>70,000</td></tr>
<tr><td></td><td>TOTAL EXPENDITURE</td><td>1,637,944</td><td>1,879,000</td><td>2,114,061</td><td>2,201,061</td><td>2,271,061</td><td>2,341,061</td></tr>
</table></td></tr>
<tr><td>PAC - 01</td><td>Pacific peoples are engaged and participate in DHB decision making and the development of strategies and plans for Pacific health gain</td><td>Six monthly (Q2, Q4)</td><td>Strategies and plans for Pacific health gain
Associated deliverables

Provide a report responding to the following key points:
1. The percentage of DHB strategies and plans on which Pacific communities or representatives were consulted
2. The percentage of DHB working groups and steering groups that included representation from Pacific communities
3. The number of (i) management (ii) clinical (iii) administrative and (iv) other FTEs held by Pacific peoples out of the total numbers of (i) management (ii) clinical (iii) administrative and (iv) other FTEs respectively in the DHB
4. Describe how Pacific peoples have been involved in the development of strategic planning at different levels (eg, steering group, consultation fono, service delivery by Pacific health providers, or Pacific DHB staff members</td></tr>
</table>

<table>
<tr><th>Measure</th><th>Definition</th><th>Frequency</th><th colspan="3">Targets, Expectations and Deliverables 2007/08</th></tr>
<tr><td rowspan="12">POP - 01
POP - 02
POP - 03</td><td rowspan="12">Diabetes
Cardiovascular
Disease
Stroke</td><td rowspan="6">Annual
(Q3)</td><td colspan="3">Outcome 1: Reduced development of contributory risk factors</td></tr>
<tr><td>Indicator</td><td>Risk reduction
- obesity -</td><td>The number and type of agencies, organisations, and providers that have an influence on the environment, and the type of programmes and initiatives that are planned or underway, together with any evaluations and monitoring of implementation</td></tr>
<tr><td></td><td>Risk reduction
- smoking -</td><td>The percentage of PHO enrolled people over 14 who smoke</td></tr>
<tr><td colspan="3">Baseline to be established</td></tr>
<tr><td colspan="3">Outcome 2: Increased early recognition and response to individuals with chronic conditions</td></tr>
<tr><td>Indicator</td><td>CVD Risk recognition</td><td>The number of people in each target group who have had their five-year absolute CVD risk recorded in the last five years.
<u>Target Groups:</u>
- Māori/Pacific & Indian subcontinent men ><u>35</u> years
- Māori/Pacific & Indian subcontinent women ><u>45</u> years
- NZ European & other men ><u>45</u> years
- NZ European & other women ><u>55</u> years</td></tr>
<tr><td rowspan="6">Annual
(Q3)</td><td colspan="3">Baseline to be established</td></tr>
<tr><td colspan="3">Outcome 3: Slowed rate of progression, reduced incidence of avoidable complications</td></tr>
<tr><td>Indicator</td><td>Diabetes follow-up</td><td>The percentage of people with type I or II diabetes on a diabetes register, whose date of their annual free check is during the reporting period

Targets<table><tr><th>Overall</th><th>Māori</th><th>Pacific</th><th>Other</th></tr><tr><td>76%</td><td>59%</td><td>90%</td><td>80%</td></tr></table></td></tr>
<tr><td></td><td>CVD follow up Statins</td><td>The percentage of people where CVD risk >=15% where Statins have been prescribed in the past year.</td></tr>
<tr><td colspan="3">Baseline to be established</td></tr>
<tr><td colspan="3"></td></tr>
</table>

<table>
<tr><th>Measure</th><th>Definition</th><th>Frequency</th><th>Targets, Expectations and Deliverables 2007/08</th></tr>
<tr><td></td><td></td><td>Annual (Q3)</td><td>
<table>
<tr><td colspan="3">Outcome 4: Increased co-ordination across providers, processes and community resources</td></tr>
<tr><td>Indicator</td><td>Diabetic retinopathy screening</td><td>The percentage of people with type I or II diabetes who have received retinal screening within the last two years.

Targets
<table>
<tr><th>Overall</th><th>Māori</th><th>Pacific</th><th>Other</th></tr>
<tr><td>79%</td><td>77%</td><td>93%</td><td>79%</td></tr>
</table></td></tr>
<tr><td></td><td>Cardiac rehabilitation programme</td><td>The percentage of people who have suffered Acute Coronary Syndrome who attend a cardiac rehabilitation outpatient programme.

Target - 55% (Breakdown by ethnicity not available)</td></tr>
<tr><td></td><td>Organised Stroke Services</td><td>The percentage of people who have suffered a stroke event, who have been admitted to organised stroke services and remained there for their entire hospital stay
Target - 60% (The small numbers of patients involved distorts target setting by ethnicity)</td></tr>
<tr><td colspan="3">Outcome 5: Strengthened self-management capability of individuals, family and whanau</td></tr>
<tr><td></td><td>Diabetes management</td><td>The percentage of people with type I or II diabetes who have HBA1c blood tests are less than or equal to 8% *

Targets
<table>
<tr><th>Overall</th><th>Māori</th><th>Pacific</th><th>Other</th></tr>
<tr><td>72%</td><td>61%</td><td>59%</td><td>74%</td></tr>
</table></td></tr>
</table>
</td></tr>
<tr><td>POP - 04</td><td>Oral Health - Mean DMFT score at Year 8</td><td>Annual (Q3)</td><td>To reduce the average Decayed / Missing / Filled Teeth score for children at year 8

The total number of permanent teeth of year 8 children, decayed, missing (due to caries), or filled at the commencement of dental</td></tr>
</table>

<table>
<tr><th>Measure</th><th>Definition</th><th>Frequency</th><th>Targets, Expectations and Deliverables 2007/08</th></tr>
<tr><td></td><td>(Form 2)</td><td></td><td>care, at the last dental examination

Targets
DMF score at Yr 8 – fluoridated
<table>
<tr><th>Overall</th><th>Māori</th><th>Pacific</th><th>Other</th></tr>
<tr><td>1.2</td><td>1.6</td><td>1.9</td><td>1.3</td></tr>
</table>
DMF score at Yr 8 – non fluoridated
<table>
<tr><th>Overall</th><th>Māori</th><th>Pacific</th><th>Other</th></tr>
<tr><td>1.2</td><td>1.6</td><td>1.0</td><td>1.3</td></tr>
</table></td></tr>
<tr><td>POP-05</td><td>Oral Health - Percentage of children caries free at age five years</td><td>Annual (Q3)</td><td>To increase the percentage of children caries free at age 5

Targets
% 5 yr olds caries free – fluoridated
<table>
<tr><th>Overall</th><th>Māori</th><th>Pacific</th><th>Other</th></tr>
<tr><td>50%</td><td>35%</td><td>30%</td><td>60%</td></tr>
</table>
% 5 yr olds caries free – non- fluoridated
<table>
<tr><th>Overall</th><th>Māori</th><th>Pacific</th><th>Other</th></tr>
<tr><td>60%</td><td>30%</td><td>60%</td><td>70%</td></tr>
</table></td></tr>
<tr><td>POP - 06</td><td>Improving the health status of people with severe mental illness (Total)</td><td>Quarterly</td><td>To increase access to treatment and support services for people with severe mental illness.

The average number of people domiciled in the DHB region, seen per year rolling every three months being reported (the period is lagged by 3 months*) for:

Targets
<table>
<tr><th></th><th>Māori</th><th>Pacific</th><th>Other</th></tr>
<tr><td>Child & Youth (0-19)</td><td>2.4</td><td>2.4</td><td>2.4</td></tr>
<tr><td>Adults (20-64)</td><td>3</td><td>3</td><td>3</td></tr>
<tr><td>Older people (65+)</td><td></td><td></td><td></td></tr>
</table></td></tr>
<tr><td>POP - 07</td><td>Alcohol and other drug service waiting</td><td>Quarterly</td><td>To improve the availability and access to addiction services

Reduced waiting times, clients staying engaged with services for longer, resulting in improved treatment results.</td></tr>
</table>

<table>
<tr><th>Measure</th><th>Definition</th><th>Frequency</th><th>Targets, Expectations and Deliverables 2007/08</th></tr>
<tr><td></td><td>times</td><td></td><td></td></tr>
<tr><td>POP - 08</td><td>Progress towards 95% of two year olds fully immunised</td><td>Quarterly and Annually</td><td>Timely childhood vaccinations and increased childhood immunisation coverage.

Associated Deliverables
Percentage of children immunised with DTaP dose 3 by one year of age
Target - 92%

Percentage of children immunised with MMR dose 1 by 18 months of age
Target – 86%

Percentage of children fully immunised by two years of age
Targets
<table>
<tr><th>Māori</th><th>Pacific</th><th>Other</th></tr>
<tr><td>75%</td><td>N/A</td><td>81%</td></tr>
</table>
</td></tr>
<tr><td>POP - 09</td><td>Ambulatory Sensitive Admissions - Children and Older People – Discharge rate per 1000 population</td><td>Six monthly (Q2, Q4)</td><td>To reduce admissions that are potentially preventable by appropriate primary care and to assist with planning to reduce disparities.

Targets
<table>
<tr><td>Ethnicity</td><td>Age group</td><td>Target</td></tr>
<tr><td>Maori</td><td>0-4 years</td><td>Remain at or below national level</td></tr>
<tr><td></td><td>45-64 years</td><td>32.8% above national level</td></tr>
<tr><td></td><td>0-74 years</td><td>25.1% above national level</td></tr>
<tr><td>.</td><td></td><td></td></tr>
<tr><td>Other</td><td>0-4 years</td><td>Remain at or below national level</td></tr>
<tr><td></td><td>45-64 years</td><td>Remain at or below national level</td></tr>
<tr><td></td><td>0-74 years</td><td>14.6% above national level</td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td>Pacific</td><td>NA</td><td>NA</td></tr>
</table>
</td></tr>
<tr><td>POP - 10</td><td>Radiation oncology and chemotherapy treatment</td><td>Monthly and Quarterly</td><td>To improve the quality of cancer treatment service

Targets
1. All Patients (100%) to wait less than 8 weeks between first specialist assessment and the start of radiation oncology</td></tr>
</table>

<table>
<tr><th>Measure</th><th>Definition</th><th>Frequency</th><th>Targets, Expectations and Deliverables 2007/08</th></tr>
<tr><td></td><td>waiting times</td><td></td><td>treatment (excluding category D)

2. All patients to receive radiation oncology treatment within 8 weeks of their first specialist assessment (excluding category D)</td></tr>
<tr><td>POP -11</td><td>Oral Health – Utilisation of DHB funded dental services by adolescent from Year 9 up to and including age 17 years</td><td>Annual (Q3)</td><td>Progress towards 85% adolescent oral health utilisation

Targets
The total number of completion and non-completions for adolescent patients plus additional adolescent examinations with other DHB funded dental services

<table><tr><th>Overall</th><th>Māori</th><th>Pacific</th><th>Other</th></tr><tr><td>80%</td><td>75%</td><td>75%</td><td>90%</td></tr></table></td></tr>
<tr><td>QUA - 01</td><td>Quality Systems</td><td>Annual (Q3)</td><td>To improve outcomes for consumers by maximising the quality of services provided by DHB provider arms through planned initiatives, effective monitoring and audit, and the promotion of an organisational culture.

Associated deliverables
The DHB provider arm demonstrates an organisational wide commitment to quality improvement and effective clinical audit by reporting a high level summary of key quality improvement and clinical audit initiatives and results, focusing on those that are effective an/or ineffective against the goals in Improving Quality (IQ): A Systems Approach for the New Zealand Health and Disability Sector</td></tr>
<tr><td>QUA - 02</td><td>Results for people with enduring severe mental illness

Targets to be set late Feb 07</td><td>Annual (Q2)</td><td>To enhance the mental health and quality of life of those who experience mental illness.

Associated Deliverables
Report on:
1. The number of adults with enduring serious mental illness
2. The number of long term clients with up-to-date crisis prevention plans and describe how this is assured
3. The number of long-term clients in full time work (> 30 hours)
4. The number of long-term clients with no paid work
5. The number of long-term clients undertaking some form of education</td></tr>
</table>

Measure	Definition	Frequency	Targets, Expectations and Deliverables 2007/08
QUA - 03	Improving the quality of data provided to the National Collections Systems	Quarterly	**Provide high quality data to the National Collections Systems.** **Associated deliverables** 1. The percentage of NHI duplicate records that require merging by NZHIS **Target – 1%** 2. The percentage of NHI records created with ethnicity status of "not stated" or "other **Target – 3%** 3. The number of versions of text descriptor per code **Target – Ratio >=3** 4. The number of discharge events with an error DRG **Target – Ratio <4%** 5. The number of MHINC records able to be successfully loaded into the MHINC **Target – 98%**
RIS - 01	Service Coverage	Quarterly	**Timely and equitable access for all New Zealanders to a comprehensive range of health and disability services, regardless of ability to pay, and a high performing system in which people have confidence.** **Associated deliverables** Report progress achieved during the quarter towards resolution of gaps in service coverage identified in the District Annual Plan and not approved as long term exceptions, and any other gaps in service coverage identified by the DHB or Ministry through: 1. Analysis of explanatory indicators 2. Media reporting 3. Risk reporting 4. Formal audit outcomes 5. Complaints mechanisms

Measure	Definition	Frequency	Targets, Expectations and Deliverables 2007/08
			6. Sector intelligence
SER - 01	Accessible and appropriate services in Primary Health Organisations	Quarterly	**Progress is made towards improving access to appropriate primary health care services.** **Associated deliverable** Ratio of age-standardised rate of GP consultations per high need person compared to non-high need person. **Target Ratio – 1.15**
SER - 02	Care plus enrolled population	Quarterly	**To improve care for individuals with known high health needs.** **Associated deliverables:** Percentage of PHOs expected Care Plus enrolled population that is enrolled **Target - 85%**
SER - 03	The proportion of laboratory test and pharmaceutical transactions with a valid NHI	Quarterly	**To improve tracking of expenditure and usage of pharmaceutical and laboratory test transactions by DHB populations** **Associated deliverable** 1. The percentage of government subsidised community pharmaceutical items dispensed by pharmacies in the DHB district that have a valid NHI number submitted **Target – 97.5%** 2. The percentage of tests carried out by community laboratories in the DHB district with a valid NHI submitted **Target – 98%**
SER - 04	Continuous Quality improvement – Improving elective services	Six monthly (based on Q2 and Q4 results)	**To improve patient flow management and prioritisation** **Associated deliverables** Quantitative indicator – standardised discharge ratios for 11 elective procedures as published on the Ministry website each quarter (excluding hip and knee replacements, and cataracts covered by separate initiatives) **Qualitative indicator** Report demonstrating 1. For any SDR that is more that 5% below the national average, what analysis the DHB has done to review the appropriateness of its rate 2. The reason that the DHB considers the rate to be appropriate for its population, or an action plan as to how it will address

Measure	Definition	Frequency	Targets, Expectations and Deliverables 2007/08
			its relative under delivery of that procedure
SER - 07	Low or reduced cost access to first level primary care services	Quarterly	**To improve access to primary care services for low income people** **Associated Deliverable** Number of PHO practices that demonstrate that all increased subsidies translate into low or reduced cost access for eligible patients **Target - 100%**

8.2 Wairarapa Te Kokiri Implementation Plan

Te Kokiri - The Mental Health and Addiction Action Plan 2006-2015 Wairarapa District Health Board Implementation Plan[17]		
Te Kokiri specific actions	**DHB Led milestones**	**Wairarapa District Health Board response**
Promotion and prevention		
1.2 Ministry of Health and DHBs will work with PHOs to include mental health and wellbeing in their work	Mental health is included in PHO health promotion plans	A Wairarapa wide Health promotion plan is being developed and will include a focus on mental health and addiction. This project is being led by the PHU and implementation of it will get underway in 2007.08
1.3 Implement other public health strategies that promote the impact of general health and wellbeing on mental health and wellbeing (eg HEHA	Implementation of other public health strategies that impact on mental health	The HEHA implementation plan incorporates a mental health workgroup. In 2007/08 this group will be established and an action plan developed that will implement HEHA among the MH sector
1.7 Roll out the NZ Suicide Prevention Strategy and develop and implement an action plan for the first five years	Action plan is developed and implemented	An intersectoral and community wide action plan will be developed in 2007/08 with work begun to implement the action plan immediately. This plan will align with the Wairarapa health promotion plan and the HEHA plan
Building mental health services		
2.3 Strengthen the linkages between specialist mental health and addiction services and primary health care to ensure continuity and quality of care and appropriate integration	Locally agreed pathways and protocols exist between specialist mental health and addiction services and primary health care, which include information sharing DHBs support specialist services to improve the linkages with primary health care and specialist mental health services	During 2007/08 the DHB Provider Arm Mental Health Services will lead a review of pathways between all specialist and primary care mental health and addiction providers to ensure optimum continuity and integration between services. The review will incorporate a focus on transition arrangements between all services
2.4 Develop transition arrangements between all mental health services and addiction services, and between mental health and addiction and other health services, with special emphasis on transfers involving: • Child and youth services to adult services • Early intervention psychosis services to adult services • Adult services to older people's services	All DHBs have transition protocols in place that are used	
2.5 Expand the range of effective and integrated services to include:	DHBs can demonstrate expansion in the range of services through routine reporting	A review of the continuum of acute care for all age groups, within the Wairarapa will be undertaken. This will give consideration to the need for a broader range of home

[17] Te Kokiri identifies the Lead stakeholder in each of the identified specific actions. Those actions included in this document are those that are DHB led, and fall within the next three year timeframe.

• Psychological therapies • Service user-led services within mainstream services • Independent peer-led services for service users and families / whanau, which include support, recovery education and advocacy • Home-based support services • Family / whanau support services • Community and home –based acute services • Respite services	mechanisms	based acute services and opportunities to make greater use of skills within the community mental health team at the time eg fully utilise occupational therapists skills. During 2007/08 establish new residential support services for youth and older people funded through 2007/08 blueprint funding
2.6 Ensure continuity of care between mental health services, between mental health and addiction services, between mental health and addiction and other health services, and between health and wider government social services	All providers can demonstrate mechanisms are in place for communication and coordination between multiple services involved in a service user's care	Acute service providers will continue to attend each others weekly multi disciplinary team meetings During 2007/08, develop and implement an action plan to ensure optimum use of shared case management opportunities between all acute services
2.7 Continue to develop and contribute to intersectoral activities that support recovery	DHBs can demonstrate in DAPs and regional plans their involvement in intersectoral initiatives that support recovery	An intersectoral mental health work group will be established to implement the HEHA strategy in Wairarapa for people affected by mental illness An MoU between Wairarapa Justice and Addiction Service providers will be finalised and actioned to ensure better referral and continuity of care for people presenting to the courts with alcohol and drug issues.
2.8 All providers will ensure that service users, tangata whaiora receive seamless service delivery and are supported to make informed choices	All providers can demonstrate: • The availability of information on services in a way that is easily accessible by service users and families /whanau • Service users are informed of their choices and options for care	The development of a website in Maori and English that provides full information about services available in Wairarapa, will 'go live' in 2007/08 A review of needs assessment, service coordination and brokerage processes will be undertaken with a view to establishing a single pint of entry for support services
2.11 Increase access to specialist mental health and addiction services for children and youth	Agreed access targets are implemented	Community Mental Health Teams and CAMHS teams will explore options to increase outreach services in South Wairarapa and will establish outreach services in Martinborough in 2007/08. Improved linkages to secondary school students will result from new Health Clinics being established in 2 low decile colleges Program for youth experiencing difficulties with alcohol and drug use, particularly in the school environment will be in place early in 2007/08

		Paediatric liaison meetings will be held monthly
2.12 Continue to contribute to intersectoral projects	DHBs can demonstrate their contribution through DAPS; the MoH can demonstrate its contribution through reporting	Mental health services will work with Provider arm to advance family violence initiatives CAMHS and NGO providers will continue to work to improve working relationships with CYFS, justice and police DHB will continue to participate in intersectoral leadership forum to improve housing, transportation and social issues influencing recovery
2.13 Implement initiatives to develop child/youth/whanau participation in service development and evaluation	Initiatives are implemented	Wairarapa Youth Council adopts intersectoral approach from February 2007. Provides consultation / advice to DHB on youth related issues and has adopted HEHA and AOD projects to be completed in the course of this school year.
2.16 Increase access to specialist mental health and addiction services for older people	Agreed access targets are implemented	The continuum of care for older people will be reviewed in a joint aged care / mental health project. Resources may be reconfigured to ensure greater support for older people who are living in aged care services and experiencing episodes of mental illness.
2.18 Expand the range, quality and capacity of services available for people with high and complex needs, including recovery focused rehabilitation services, according to need, in the least restrictive setting	Each DHB can demonstrate the provision of a broader range of services for people with high and complex needs	Mental Health Services will undertake a project to improve specific interventions and effective responses for people with high and complex needs> The focus will be on long term clients who have been in the service for over 5 years.
2.19 increase access to specialist mental health and addiction services for adults	Agreed access targets are implemented	
2.20 improve access to acute emergency response services	DHBs will report through DAPs on how they will improve access and measure improvements	An evaluation of the impact that the mental health line has had on access to services, after hours input from staff, and customer satisfaction surveys will be undertaken at the end of the first 12 months of services have been provided
2.21 the physical health needs of people most severely affected by mental illness are appropriately addressed, including regular screening for medication and other health-related complications	Each DHB can demonstrate that it is working with providers to ensure that the physical health needs of peple with mental illness are being appropriately met	Longer term service users (2.18) linkage to this project MH working group for HEHA Care Plus is applied to all long term mental health service users where applicable Provide access to Provider arm house surgeons for crisis respite service users
Responsiveness		
3.1 All services are able to respond to the unique needs of specific population groups through planning for the provision of services based on: • A sound evidence base • Knowledge of specific cultural and clinical needs • Cultural and clinically relevant recovery models of practice • Service user expectations	DHBs can demonstrate a match between the mental health and addiction needs of their communities and the services provided Guidelines to inform service provision and practice are developed and implemented Memoranda of understanding and access	DHB funded services will work with the Wairarapa community to identify, prioritise and address specific needs. Needs analysis and literature reviews are used routinely in all service fuding and developing issues including: • Increased services provided in secondary schools • Improved acute AOD services for youth • A review of the pathways of care for Maori tangata whaiora will be completed during 07/08

• A recovery-focused workforce for mental health service users • As assessment and treatment focused workforce for addiction services users • Links with specific population plans	referral protocols exist between specific population group services and mental health and addiction services	• Increased relationship with primary care providers through the firmly established 'To Be Heard' project • Training for primary care providers including application of MoH guidelines will be undertaken through 'To Be Heard'
3.2 Recovery plans will be developed in a collaborative process with service users/ tangata whaiora and their family, whanau and support networks, addressing their broader physical, spiritual, social and psychological needs and aspirations	DHB audits of all providers show the presence and use of integrated recovery plans	Providers and service users will be encouraged to participate in workshops to develop collaborative recovery planning eg WRAP MHS will develop a relapse plan that incorporates service reentry information, and a system to ensure that this is in place for all tangata whaiora.
3.4 DHBs will address the specific needs of women in the planning, development and delivery of mental health and addiction services	DHBs will proactively involve women in service planning and development	
3.5 Develop effective partnerships with Pacific communities to support active participation across all levels	DHBs can demonstrate through DAPS and regional plans engagement with and participation by Pacific peoples	Wairarapa represented on Central Region Pacific Advisory Group (led by TAS) with the aim of creating improved networks and development opportunities with the Pacific Community in the Central Region Will continue to work with the Wairarapa Pacific Steering Group to develop linkages and services to support Pacific Island peoples
3.16 Build the knowledge and skills of the workforce to respond to people with mental illness and disability, including those with sensory disabilities such as deafness and those with brain injury impairments	Training and development are provided	Follow up training for staff working with service users who also experience difficulties with brain injury impairments will be provided for all services
3.17 Implement the NZDS	DHBs can demonstrate implementation through existing reporting requirements All employees will have access to diversity awareness training	Diversity training provided for workforce including NGOs
3.19 Implement initiatives that recognise the importance of family and whanau, and that act to increase family and whanau participation in: Recovery, whanau ora • Assessment and treatment • Service planning, delivery and evaluation • Workforce and leadership roles	Development and support of family advisory positions is continued DHBs can demonstrate initiatives to increase family and whanau participation across all levels, including assessment and treatment Training is provided for mental health workers on effective work with family and whanau	Adult MHS will retain family advisory role on its quality improvement team CAMHS Service will establish a family advisor position on its quality improvement team. MHS will conduct a satisfaction survey of family members to identify ways that the service can improve its responsiveness to family Case notes will be audited quarterly on a random basis
3.20 Implement initiatives that recognise and respond to the specific needs of family and whanau, such as: • Assessment and referral for family and whanau to appropriate supports and services • The provision of education for family and whanau	• DHBs can demonstrate that family and whanau needs have been considered and provided for through auditing of case notes • Family and whanau express	

on recovery and the recovery process • Family whanau views about the responsiveness of services	satisfaction with services received	
3.21 Develop effective partnerships with tangata whenua / Maori community to support active participation across all levels	DHBs can demonstrate engagement with and participation by Maori through DAPs and regional plans	Cultural assessments will be available to consumers at time of service entry Regular engagement with Maori via the Maori Health Committee including a review of pathways of care for Maori accessing MHS
3.22 Provide services that are based on Maori frameworks /models of health that promote clinical and cultural competency	DHBs can demonstrate services provided are based on Maori models of health	
Workforce and culture for recovery		
4.7 Continue to build leadership capacity within all mental health and addiction services	Increased mental health sector involvement in management and leadership development programmes through either general health workforce or mental health workforce initiatives The NGO and tangata whaiora leadership programme for NGO and service users will continue to be implemented and will be supported by DHBs Workforce involvement in the DHBNZ leadership and management programme is encouraged by DHBs	LAG identified mental health sector leadership development as a priority for its work plan for 2007/08. Actions that will advance this will be incorporated into LAG workplan for this year will be agreed by the LAG at its first meeting for the year early in March 2007 Participation in regional program to support NGO development. MHS staff participate in LAMP DHB participation in the Ministry led **Let's get real**, project as it is developed and implemented during the 2007/08 year
4.8 Roll out training for mental health workers as noted in mental health workforce development programme and the responsiveness leading challenge	Training is developed and implemented for DHBs and NGOs to work more effectively with families, whanau Feedback from families and whanau reflects their satisfaction with services	
Maori mental health		
5.1 continue implementation of Te Puawaitanga; review and update	DHBs can demonstrate implementation through DAPS and regional plans	
5.2 Continue implementation of He Korowai Oranga and related action plans	DHBs can demonstrate implementation through existing reporting requirements	
5.3 Increase the number of high quality Maori mental health and addiction services across the continuum of care	Implement the Improving Quality Strategy and associated action plan All services will demonstrate compliance with the MHSS, particularly those that apply	2 Maori FTEs filled Encourage nurturing role of Maori Health Unit, monitor service appropriateness for Maori, and support recruitment and retention of Maori staff

	to Maori	
5.4 All providers will ensure that service users and tangata whaiora receive seamless service delivery and are supported to make informed choices	All providers can demonstrate: • The availability of information on services in a way that is easily accessible to service users and families, whanau • Service users, tangata whaiora are informed of their choices and options for care • Evidence of practice based on whanau ora and Maori models of care	
5.5 Plan and deliver effective and culturally relevant, Maori focused treatment practices across the continuum of care in both mainstream and Maori services that promote: • Whanau ora • Traditiona Maori treatment processes • Cultural and clinical competency • Whanau-inclusive practices	DHBs will deliver training in cultural and clinical completencies for services providers DHBs will be able to demonstrate the use of Maori-relevant: • Assessment tools • Best practice guidelines /quality indicators • Traditional Maori treatment processes • Evaluation methods • Outcomes measures	
5.7 DHBs will have in place early intervention strategies for Maori, including tamariki and rangatahi	Early intervention strategies will be in place and demonstrated through DAPs	During 2007/08 most year 9 students in low decile secondary schools will undergo comprehensive health and social assessments. Follow up services will be provided through school based health clinics or referrals to specialist services
5.8 DHBs will work with all providers to ensure that education and information are available to Maori communities on mental illness and where services can be accessed	DHBs will provide evidence as part of regular quarterly reporting processes against the Primary Health Care Strategy	Website in both languages
5.9 Implement the NMHIS as it relates to Maori	Reliable ethnicity data will be used to inform DHB funding and planning	
5.10 Ensure continuity of care between mainstream and kaupapa Maori services, between mental health and addiction services, between mental health and addiction and other health services and between health and wider government social services	Locally agreed pathways and protocols exist for all mainstream and kaupapa Maori mental health and addiction services, across the range of providers	Pathways of care for Maori reviewed by Maori Health committee. Recommendations actioned
Develop effective partnerships with tangata whanau/ Maori community to support active participation across all levels	DHBs can demonstrate engagement with and participation by Maori in DAPs and regional plans	

Primary health care		
6.1Provide advice to the Government on the future direction of primary mental health care, including funding and possible models, using information from: • PHO demonstrations • Review of international models • The Mental Health Epidemiology study • Primary Health Care Strategy evaluation • Targeted primary health care services to improve access (SIA) • The review of Care Plus • Integration of mental illness with the care co-ordination programme development work	PHO/primary care mental health network meetings continue to develop PHOs will demonstrate the use of the PHOs service development Toolkit for Mental Health in primary health care	PHO and DHB will continue to participate in network meetings. PHO project steering committee will continue to meet monthly to provide input into 'To Be Heard' project. PHO will provide training for primary health care service staff in application of Tool kits and guidelines
6.3 DHBs and primary health care providers will address the physical health needs of people most severely affected by mental illness and those suffering the service ongoing physical consequences of alcohol and/or drug use, in the context of an holistic health approach	DHB audits of PHO plans will demonstrate linkages with specialist services	Increased medical input into Addiction Services will be in place by July 2007 providing regular health checkups for people affected by the physical consequences of alcohol and drug use. Target – doctor on site for 3- 5 days per week.
6.4 Engage mental health and addiction service user participation in the planning and development of primary mental health and addiction services	PHOs demonstrate service user engagement in the planning and development of primary mental health and addiction services	Service users participate in 'To Be Heard' Steering committee
6.5 Strengthen the linkages between primary health care and specialist mental health and addiction services other community agencies to ensure continuity and quality of care and appropriate integration	Locally agreed pathways and protocols exist between primary health care and specialist mental health and addiction services and other community agencies, which will include information sharing DHBs support specialist services to improve the linkages with primary health care and specialist mental health and addiction services and other community agencies	MoU between PHO providers and Mental Health Services will be reviewed to improve outcomes. Mental health services and employment services MoU will be reviewed to improve partnerships between case managers, employment support services and service users.
PHOs will make mental health and wellbeing and mental illness and addiction an integral part of PHO/ primary health promotion	PHOs demonstrate in their planning documents a focus on mental health promotion and addiction prevention	See 1.2
Addiction		
7.1 Improve access to addiction services	Gaps at local and regional levels in service provision are identified and plans developed	Increase in outreach clinics provided in South Wairarapa, secondary schools.

	to address the gaps	Increase role of Kaupapa Maori Service in recovery plans for tangata whaiora accessing main stream services.
7.2 Develop a plan to address respite and acute services	A plan is developed and implemented	2007/08 plan for youth respite and residential support services will be developed
7.3 Develop a plan to address and strengthen residential treatment services	A plan is implemented and developed	
7.4 Clarify agency responsibilities and develop a common approach to the care of intoxicated people	MOH & DHBs demonstrate the initiatives they have undertaken through annual reporting on the implementation of this plan	Clarify agency responsibility and develop and agree common approaches to intoxicated people
7.5 Implement agreed access targets to opioid treatment	Agreed access targets are implemented	Target – zero waiting list
7.8 All providers will ensure that service users and tangata whaiora receive seamless service delivery and are supported to make informed choices	All providers can demonstrate: The availability of information on services in a way that is easily accessible by service users Service users are informed of their choices and options for care Evidence of a holistic treatment/intervention approach	See 2.8 Regional specialty services training opportunities will be maximised
Transparency and Trust		
9.3 Review findings of the NZ Survey of Mental Health and Wellbeing epidemiology study, with a view to creating a between match between mental health service delivery and population need	DHBs demonstrate changes in the funding and planning of services based on the review findings	• The MHS will implement its Quality plan and any audit or certification recommendations that may result during the year. • Consumer satisfaction survey information from all services will be used to enhance services as appropriate • Areas where historically the DHB has not complied with the MHSS will be addressed in particular with respect to family whanau and consumer involvement in service development and planning
9.5 DHBs will continue to provide an environment and ensure mechanisms exist for continuous learning and ongoing quality improvement in the planning and delivery of mental health and addiction services	Funders and providers will make use of service utilisation and outcome data to facilitate quality improvement, and for planning and service review purposes All services will demonstrate compliance with the MHSS	
9.6 Complete the review of sector standards: • Review and update audit workbook • Update the audit processes guidelines	New standards produced, audit workbooks developed and requirements implemented by all providers	
9.8 All providers will actively foster a research and evaluation-based approach to recovery practice	Providers will implement formative and summative evaluation processes where appropriate	
9.10 All service providers will implement collaborative note-taking and recovery planning for mental health service users and tangata whaiora and treatment /	Recovery plans will be in place and evidenced through case notes and audit processes	Quarterly random review of case notes will be undertaken by all services Project to consider single care plan across all services will be undertaken in 2007/08

intervention planning for addiction service users		
9.11 Service users, family, whanau and other agencies know and understand what they can expect from mental health and addiction services	All DHBs, at service locations and on their websites, will have information on the range of contracted mental health services, referral criteria and processes, complaints procedures, access to consumer and family advisors, and mechanisms in place for feedback	Website updated and maintained Service brochures maintained accurately and available across the Wairarapa
9.12 Roll out the national service user satisfaction survey tool using the hospital benchmarking process	Information gained is used by DHBs to contribute to improved quality of services	Service user satisfaction tool is in place, feedback monitored by LAG and used to improve services
9.13 Complete NGO information systems project (to allow input into MH-SMART)	Project to develop systems to meet NGO information needs is implemented	DHB will work with MoH to develop NGO information systems.
Working together		
10.1 Clarify the role, expectations and accountabilities of Regional Mental Health Networks	A joint DHB / Ministry of Health project to clarify the role of regional networks is established, and recommendations are implemented	
10.2 Strengthen the partnership relationships between DHB mental health and addiction services through, for example: • Sharing best practice • Peer review and supervision • Information sharing	DHBs can demonstrate that mechanisms are in place and being used to improve their partnership relationships	Local Advisory Group Terms of Reference and work plan ensures: Wide range of community input is achieved AOD sector well represented in membership, and backed by robust service user groups Collaborative approaches to service development, workforce development is achieved AOD service users and staff encouraged to participate in central region addiction sector network hui
10.3 Continue to provide local and regional fora for service providers, workers, service users and tangata whaiora to provide input into mental health and addiction service development	DHBs can demonstrate that systems are in place and implemented for meaningful input into sector development The participation of the addiction sector in the regional networks and local advisory groups is increased	
10.4 Develop contracts that include the requirement for explicit linkages across health and wider government sector agencies	This action is included in the NSF review and reviews of contracting processes Changes to contracts are implemented as required	

8.3 WDHB Alliances with Neighbouring DHBs & others

Alliances

Group	Alliance	Hospital	Function
Orthopaedics	Formal	MidCentral	Clinical forum and peer support Provided 1:3 acute call/cover
General Surgery	Formal	Hutt Valley	Peer review and clinical supervision, clinical audit
Urology	Formal	MidCentral	Visiting consultant providing peer support. Provision of urology outpatients and surgery
	Informal (private arrangements with clinician)	Capital Coast	Provision of urology outpatients and surgery
ENT	Formal	Hutt Hospital	Provision of ENT outpatients and surgery
	Informal (private arrangements with clinicians)	MidCentral	Provision of ENT outpatients and surgery
Ophthalmology	Formal	Capital Coast	Clinical forums, peer review and clinical supervision
Dental	Formal	Surgical Bus	Dental surgery
	Formal	Capital Coast	Dental surgery
	Formal	MidCentral	Dental Officer – provides professional oversight and advice for school dental service
Paediatrics	Formal	Capital Coast	Clinical forums, peer review and clinical supervision
Gynaecology	Formal	Capital Coast	Second trimester termination of pregnancy
	Formal	Capital Coast	Colposcopy
Obstetrics	Informal and formal arrangement under discussion	Counties Manakau	Clinical support provision of obstetric services
	Informal	Capital Coast	Ultrasound
Anaesthesia	Informal	Capital Coast	Clinical support
Emergency	Clinical	MidCentral Health	Clinical oversight for Emergency Department Peer review and supervision
Assessment, Treatment and Rehabilitation	Informal	Hutt Valley DHB	Clinical support for senior medical staff. Clinical support for nursing.
High Dependency Unit	Clinical. At discussion stage	Hutt Valley DHB	To maintain and upskill clinical practice for nurses as needed.
Cardiology	Under discussion.	Capital & Coast DHB	Capital & Coast DHB to undertake tertiary clinic at Wairarapa DHB.
Cardiopulmonary	Informal	Hutt Valley DHB	Upskilling and skill maintenance for cardiopulmonary nurse as needed.

Dietician	Informal	Hutt Valley DHB	Wairarapa DHB assists Hutt Valley DHB with advice.
Renal	Formal	Cap & Coast DHB	District Nurse clinical support & service provision of CAPD / renal patients
Oncology	Formal	Cap & Coast DHB Mid-Central DHB	Provision of Oncology, Haematology & Radiology Outpatient Services Provision of Oncology, Haematology & Radiology Outpatient Services
Palliative Care	Formal	Te Omanga Hospice	Provision of specialist palliative care
Neonatal	Clinical	Capital & Coast DHB	Upskilling and maintenance of clinical practice for nurses
Resuscitation Training	Clinical	Capital & Coast DHB	Resuscitation Coordinators assist with training in one another's DHB, i.e. for WDHB and CCDHB
Psychogeriatrician	Formal	Hutt Valley DHB	HVDHB Psychogeriatrician provides assessments and advice in Wairarapa on a visiting basis.

Ambulance Services

Group	Alliance	Participants	Function
DHB Ambulance Services	Clinical outcomes	Taranaki, Wairarapa Ambulance Services and the Ambulance Medical Advisors of each Service	Re-write of Ambulance Officer Protocols
Ambulance New Zealand	National advisory committee and project group	Wellington Free; St John, DHB Ambulance Services and air providers	National body to ensure consistency among providers on sector standards, etc. measures
Ambulance Education Council	Clinical training and workforce development	Wellington Free; St John, DHB Ambulance Services and air providers	Industry Training Organisation to meet educational needs of Service to achieve Ambulance New Zealand Sector Standards and compliance with ACC and MOH contracts
Auckland University of Technology and Whitirea polytechnic in Porirua	Clinical training and tutor development	Offer of training positions to students from other areas (including St John Community Services personnel who cover community events as first aid cover)	To train and upskill workforce from National Certificate level to Degree level for best patient care outcomes and to comply with contractual obligations and sector standards
Ambulance New Zealand	Operational parameters and cross boundary co-operation at major incidents	Wellington Free; St John, DHB Ambulance Services and air providers	Re-write of the Ambulance National Major Incident and Disaster Plan Completed
Emergency Care Co-ordinating Team, Central Region	Contractual compliance for quality process in ACC contracts	Representatives from Ambulance Services, Emergency Departments, Air providers in the Central Region as well as Capital Coast and Wellington Regional Council Emergency Management personnel	Inter-agency co-operation and development of seamless processes for treatment and transfer of patients
Wairarapa Road Safety Council	Community involvement	Representatives from each territorial authority, Ambulance, Fire, Police,	To oversee and co-ordinate activities of Road Safety Co-ordinator and road safety projects within our

		Choice Health, Maori Community, Road users groups like AA	Region
Wairarapa Emergency Services Co-ordinating Committee	Co-ordinated Incident Management System model of inter-agency co-operation To facilitate local solutions to local issues	Fire, Police and Ambulance, Civil Defence officers from 3 territorial authorities, Wellington Regional Council Emergency Management personnel	To exercise, train and develop relationships within CIMS parameters

Clinical Alliances

Group	Function	Status
Allied Health	Community groups provide resource, support and referrals e.g. Disabled Persons Assembly, Wellington Regional Council, IHC, CCS, Foundation for the blind, Driving Assessment Services, Child Youth and Family	Informal
Allied Health	Te Omanga Hospice	
Social Work	Clinical alliance with social work services at MidCentral DHB and Capital & Coast DHB for DHB patients undergoing Radiation Therapy and Chemotherapy treatments.	
Laboratory	CCDHB provide pathologist support, registrar send away test NZBS provide blood products and software support	Formal
Radiology	Pacific Radiology provide clinical support and procedures	Formal

Mental Health

Regional Alliances

Service	DHB	Frequency	Staff	Type
Acute and intensive care in patient beds	Hutt valley and Midcentral	As required	NA	Formal
Regional Acute / Intensive Care services, incl. Adolescent Unit.	MidCentral & Hutt for Adult services Capital & Coast for Adolescent services	Every 2 months – alternating @ Wairarapa & Wellington	Senior Staff Team Leaders SMOs Clinical staff	Face to face and video-conference. Assessment, containment, consultation. MoU Access to Acute / ICU Unit & ECT occasionally as required.
Regional Specialty services: Personality Psychotherapy	Capital & Coast	1 to 2 months & as required @ Wairarapa.	SMOs Clinical staff	Face to face , phone & Video conference. Assessment limited to only 2 services.

Maternal MH Early Intervention Eating Disorders Dual Diagnosis A&D Dual Diagnosis IDD				Consultation, liaison, training. MoU
Regional Rehabilitation	Capital & Coast Wanganui	2 months at Wellington & Wanganui	Senior staff SMOs Clinical staff	Face to face & video conference. Assessment, treatment, consultation, liaison. MoU

Regional Forensic service	Capital & Coast	2 months at Wairarapa. Forensic Liaison Nurse based @ Wairarapa.	SMOs Clinical staff	Face to face & phone. Assessment, training, case management, consultation. MoU
Child, Adolescent & Family Intensive Clinical Programme	Hutt Valley	As required at Wairarapa.	SMOs Clinical staff	Face to face, phone, assessment, consultation, liaison.

Sub-sector meeting	Hutt Valley Wairarapa Capital & Coast	2 months @ Hutt Valley	Service Managers, General Managers, Planning & Funding as required, MoH	Consultation, liaison, peer support, regional planning.
SMOs Peer Review / CME / Supervision	Capital & Coast MidCentral	Weekly & as required @ Wellington or Palmerston North.	SMOs	Peer supervision, review, CME. Some clinical supervision @ Wairarapa.
Director of Area MH Services (DAMHS) DAO Coordinator	Capital & Coast Hutt Valley	Every month @ Wairarapa or by video conference. Training 4X per year @ Wellington or Hutt.	SMOs, DAOs, Senior staff	Face to face, phone & video conference. Training, consultation, advice. Access to training @ Wellington and Hutt.
District Inspector	Capital & Coast	Every month @ Wairarapa or as required.	SMOs, DAOs, Senior staff	Face to face & phone. Training, consultation & advice. Monitoring of MH Act process.
Acute inpatient services Specialty Certificate in Mental Health Nursing	Hutt Valley DHB	Ongoing as programme requires	New Graduate nurses	Provision of clinical placements; clinical supervision during those placements

Ambulance Services

Alliances

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Community and Public Health Services

Alliances

Group	Alliance	DHB/NGO/Maori Provider	Function
Public Health	Formal group. Meets monthly. Developing Terms of Reference	All Central Region Health Promotion leaders in DHBs	To improve health promotion practice by strengthening workforce development and competencies
Public Health	Joint Venture Ministry of Health have approved funding for this JV to improve immunisation rates Detailed work to set up the working arrangements are underway	Whaiora Whanui Trust	Improved outreach for Maori clients