Wairarapa DHB 2017/18 Annual Plan

INCORPORATING THE 2017/18 STATEMENT OF PERFORMANCE EXPECTATIONS

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Minister's 2017/18 Letter of Approval to Wairarapa DHB

Hon Dr David Clark

MP for Dunedin North

Minister of Health

Associate Minister of Finance

Sir Paul Collins
Chair
Wairarapa District Health Board
PO Box 96
Masterton 5840

21 DEC 2017

Dear Sir Paul

Wairarapa District Health Board 2017/18 Annual Plan

To formalise ongoing accountability and to provide surety, I have approved and signed your DHB's 2017/18 Annual Plan.

I would like to thank you, your board, and the DHB's staff for their efforts in developing your Annual Plan for 2017/18. I also appreciate your DHB's significant efforts to provide valuable health services to the public in a challenging environment, and I am confident that we can work together to improve outcomes for the population.

I understand your DHB has planned a deficit for 2017/18 and for the following three years. I trust that you have contingencies in place to ensure you achieve this planned result for 2017/18.

As you deliver services for your population, keep in mind that I will shortly be providing a Letter of Expectations to DHBs for the 2018/19 financial year that will provide further clarity on my priorities for DHB planning, such as public provision of health services, improving access to primary care, reducing inequalities and improving mental health services.

Please note that approval of your Annual Plan does not constitute acceptance of proposals for service changes that have not undergone review and agreement by the Ministry of Health. Please ensure that you advise the Ministry as early as possible of any proposals for service change that may require Ministerial approval. Approval of the Plan also does not constitute approval of any capital business cases that have not been approved through the normal process.

I am signing this approval letter in the expectation that you will resolve outstanding issues on your mental health ringfence and other minor matters early in 2018.

Please ensure that a copy of this letter is attached to any copies of your signed Annual Plan that are made available to the public. Thank you again for your leadership and efforts to deliver high quality and equitable health outcomes for your population.

I look forward to working with you in the future.

Yours sincerely

Hon Dr David Clark
Minister of Health

Merry Christmas Paul. Nice to bump into you in the week. Enjoy your break and have a good break and a restful New Year. I hope you're looking forward to working with you in the New Year.
Regards
David.

cc Mrs Adri Isbister, Chief Executive, Wairarapa District Health Board

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SECTION 1: Overview of Strategic Priorities

Strategic Intentions/Priorities

This Annual Plan articulates Wairarapa DHBs commitment to meeting the Minister's expectations, and our continued commitment to our Board's vision of Well Wairarapa – better health for all.

We reaffirm our commitments to the Treaty of Waitangi, the New Zealand Health Strategy, the Healthy Ageing Strategy, the UN convention on the Rights of Persons with Disabilities, and Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014-2018.

Wairarapa DHB has worked with staff, health partners and intersectoral partners to consolidate our strategic priorities for the 17/18 year. An Annual Planning workshop with representatives from across the community including primary and secondary health care, mental health, Iwi, pharmacy, ambulance, NGOs, contracted and private providers, welfare, education and local Councils determined the following areas of priority:

- Equity of health outcomes
- Proactive and preventative care
- Promoting leadership capability
- Access to services
- Working with all our partners
- Social determinants of health
- Smarter patient flow
- Quality

Message from the Board Chair

In this, my first term as Chair of Wairarapa DHB I am pleased to present this concise Annual Plan for the 17/18 year. Despite the considerable challenges ahead, I believe it firmly focuses, in a fiscally responsible way, on our key priority of improved health and wellbeing for the people of the Wairarapa.

As Chair, I acknowledge the responsibility of the Board to operate within the legislative environment and live within our means. I believe a vital part of ensuring this is the promotion of leadership capability in our workforce, and capacity and capability in our operations.

Real gains cannot be made in this sector by health alone. A concerted effort to work with all our stakeholders - Iwi, District Councils, primary and secondary health providers, welfare, education, justice and most importantly our whānau and community will bring about real and sustained change to improve the health of our population.

Grasping the opportunities provided by improved technology is also a key plank. Not just for diagnostic and treatment purposes, but also better collection and use of data; to understand the population we serve and design services to prevent ill health and maintain wellness. The replacement of the DHB's legacy Patient Management System and Financial Management System will undoubtedly bring large leaps in more efficient patient care and use of time and resources.

Working with our neighbours in the Lower North Island has the potential to improve the quality and range of services we offer our population. The enduring benefits of shared services in mental health, laboratory, IT and, increasingly, imaging continue to be demonstrable.

Bringing care closer to home, whether through 'care in place' in a person's home or local healthcare centre, or through introduction of new hospital based outreach services like chemotherapy remains an important priority of the Board.

Our Business Plan for 2017/18 is for a deficit of $3.1 million which compares to a forecast deficit for 2016/17 of $2.9 million.

While we will receive additional funding of $6.2 million we do have uncontrollable cost increases of $5.5 million in Inter District Flows, costs of the pay equity settlement, capital costs (interest, depreciation and capital charges), and costs associated with national employment contract settlements.

We are firmly focused on achieving quality health outcomes for our community and been as efficient and effective as we can be in delivering these. There is no silver bullet but this Plan has the twin objectives of continuing to do what we do well whilst looking at new initiatives aligned to our vision of " Well Wairarapa-better health for all".

Not withstanding the risks posed by our aging workforce and population, legacy systems, deferred maintenance, and vulnerability to IDF fluctuations I look forward to the progress we will make in the 17/18 year.

Message from the Chief Executive

Wairarapa is a region that has the advantage of a caring community, large parts of which share our vision of 'better health for all'. This vision is driven by our values of respect, integrity, self determination, co-operation and excellence. These values are what drive our behaviour within the services we provide and contract for.

Last year, Wairarapa, Hutt Valley and Capital & Coast Boards all acknowledged the valued, sustainable relationships and services created through integration and reviewed organisational structures focussed on local leadership. This transformed and refreshed leadership in the Wairarapa DHB. In tandem with this, the Ministry of Health re-launched the NZ Health Strategy, setting the framework for the Health System and expectations of future direction. It particularly highlights the need for change.

The Strategy describes an environment where Kiwis can live well, stay well and get well. The themes of this are expectations we place on the work that we do; 'people powered', 'care closer to home', 'value and high performance', 'one team' and 'smart systems'. The ultimate goal of Wairarapa DHB is for greater system integration that puts the patient and their whānau at the core of every decision that is made.

The world is shifting and changing. Wairarapa DHB is ready to come to the table and work with our sector partners on equity, lowering smoking, childhood obesity, adult obesity, access to services, place of care and particularly the health of our children.

There are three key strategies that will direct our efforts in this and the coming years. Improving equity of health outcomes; the 'triple aim' of balancing patient experience with quality and safety and wise use of resources; and taking an intersectoral approach to improving the health of our population. The DHB will be paying closer attention to the social determinants of health and this will enable us to think differently about service development.

While we have made improvements for our population, we have not been able to address the difficult challenge of obtaining the level of intersectoral partnerships and service development needed to improve equity of health outcomes. Wairarapa DHB has invested in this. Our high needs population creates high demand on our system and we propose to generate a path of meaningful change. We have a good partnership with our Māori Relationship Board, Te Oranga O Te Iwi Kainga and this both steers and supports the work we are doing. We have embedded the priorities identified in our Māori Health Plan in this Annual Plan for 2017/18. We intend to identify and analyse issues within the community and propose different ways to interact. Community based smart health is right care, right people, right place, right time; technology is an enabler to 'democratise' innovative health solutions and enhance self care.

Equity of health outcomes is critical. We are learning from others and will find ways to simply and effectively communicate with our partners, whānau and communities. Smart use of tools already being used today will help us create better access, more care, more people served, lower cost and greater equity.

Message from Te Oranga o Te Iwi Kainga Chair

Te Oranga o Te Iwi Kainga (Te Iwi Kainga) is the Māori Relationship Board to the Wairarapa District Health Board. It is made up of eight members mandated by the Manawhenua tribes of the district – Ngāti Kahungunu and Rangitāne.

Across every health indicator that the Ministry tracks, Māori fare worse than non-Māori and this has been the case since data was first collected. Some progress has been made but more is required.

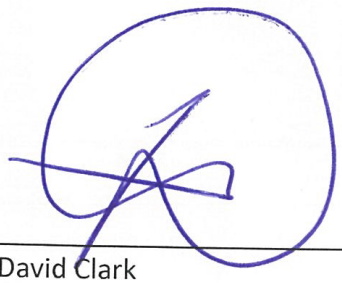
This District Annual Plan now incorporates the Annual Māori Health Plan which was a stand-alone document. With the inclusion of the Maori Health Plan into the District Annual Plan, Te Iwi Kainga expects that the combined plan will raise the importance of Māori health across all activities.

The initiatives within this plan will go some way to improving Māori health but the plan does not cover all determinants that impact on the health and wellbeing of whānau. To address these determinants, Te Iwi Kainga has identified the following priorities: better access to health care, improving health literacy amongst whānau, workforce development both Māori and non-Māori, improving cultural competency for all health workers, investment in our Māori providers, affordable and safe housing, improved air and water quality, regional employment and the prevention of diseases e.g. smoking, diabetes and oral disease.

Te Iwi Kainga also recognises the opportunities that will come for both iwi as they move into their post-Treaty Settlement phases and the impact that this will have for whānau. There are exciting and positive times ahead.

Being co-signatories to this Annual Plan is a further commitment to the partnership between Manawhenua and the Crown (via the DHB Board) and to the ongoing improvement of Māori health.

Agreement for the Wairarapa DHB 2017/18 Annual Plan between



Hon. Dr David Clark
Minister of Health

Date 12/2/18

21 December 2017

Sir Paul Collins
Board Chair
Wairarapa District Health Board

Date

21 December 2017

Adri Isbister
Chief Executive
Wairarapa District Health Board

Date

21 December 2017

Kim Smith
Chair
Te Oranga o Te Iwi Kainga

Date

SECTION 2: Delivering on Priorities and Targets

Government Planning Priorities

Government Planning Priority	Focus Expected for Wairarapa DHB	Link to NZ Health Strategy	Wairarapa DHB Key Response Actions to Deliver Improved Performance		
			Activity	Milestones	Measures
Prime Minister's Youth Mental Health Project	Commit to continue activity to deliver on the Prime Minister's Youth Mental Health Project.	**Value and high performance**	1. Continue provision of School Based Health Services (SBHS) in decile one to three secondary schools, teen parent units and alternative education facilities. Target Māori, Pacific and low decile youth populations. **EOA** 2. Improve follow-up in primary care of youth aged 12-19 years discharged from secondary mental health and addiction services by providing follow-up care plans to primary care providers. 3. Implement actions to meet waiting time targets for access to CAMHS and Youth AOD services.	1. Ongoing 2. Ongoing 3. Ongoing	PP25: Prime Minister's Youth Mental Health Project

Key: **EOA** = Equity of Outcome Action: specifically identified actions aimed at improving equity of health outcomes.

Government Planning Priority	Focus Expected for Wairarapa DHB	Link to NZ Health Strategy	Wairarapa DHB Key Response Actions to Deliver Improved Performance		
			Activity	Milestones	Measures
Reducing Unintended Teenage Pregnancy BPS (contributory activity)	Continue to build on the substantive activities identified in your 2016/17 annual plan to reduce unintended teenage pregnancy.	**People powered**	1. Continue school based health services in low decile secondary schools. **EOA** 2. Continue to build culturally competent services through Youth Kinex and Carterton Medical's free sexual health services to young people. **EOA** 3. Maintain the Wairarapa primary sexual health subsidy scheme to general practices for under 20 year olds (20 & 21 year olds with a Community Services Card) and free for all ages for sexually transmitted infections. **EOA** 4. Monitor the impact of effective service delivery through pregnancy, birth and termination rates; and through engaging with whānau. 5. Work with secondary schools to develop their Health Plans, so they are effective for all rangatahi, specifically for young men.	1. Ongoing 2. Ongoing 3. Ongoing 4. Ongoing 5. Ongoing	PP38: Delivery of response actions agreed in annual plan

Key: EOA = Equity of Outcome Action: specifically identified actions aimed at improving equity of health outcomes.

Government Planning Priority	Focus Expected for Wairarapa DHB	Link to NZ Health Strategy	Wairarapa DHB Key Response Actions to Deliver Improved Performance		
			Activity	Milestones	Measures
Supporting Vulnerable Children BPS Target	DHBs must commit to continue activity to contribute to the reduction in assaults on children.	One team	1. Continue VIP training for all health professionals 2. VIP continuous quality audit activity. 3. Support Maternal Care, Wellbeing and Child Protection Multi-Agency Group and work with Iwi. 4. Work with health, education, social and justice agencies and Iwi groups to address issues with the most vulnerable populations in specific communities 5. Implement iMoko for 500 identified children. **EOA**	1. Q1-4 2. Reporting Q2 and Q4 3. Ongoing 4. Ongoing 5. Q1	PP27: Supporting Vulnerable Children
Healthy Mums and Babies BPS Target	Please identify two or three actions and associated milestones you will be undertaking that will support delivery of the target: By 2021, 90% of pregnant women are registered with a Lead Maternity Carer in the first trimester, with an interim target of 80% by 2019, with equitable rates for all population groups.	One team	1 Through the Wairarapa Maternity Clinical Governance Group, identify barriers to early enrolment and possible options for addressing these, with specific consideration of the needs of Maori, Pacific and young women. **EOA** 2. Work with local stakeholders and the Ministry of Health to consider options for a new model of integrated maternal, child and family health that is sustainable and flexible and develops a workforce that can flex to meet community and secondary care requirements. 3. Consulation with relevant stakeholders on the proposed options.	1. Q2 & Q3 2. Q3 3. Q4	PP38: Delivery of response actions agreed in annual plan (section 1)

Key: EOA = Equity of Outcome Action: specifically identified actions aimed at improving equity of health outcomes.

Government Planning Priority	Focus Expected for Wairarapa DHB	Link to NZ Health Strategy	Wairarapa DHB Key Response Actions to Deliver Improved Performance		
			Activity	Milestones	Measures
Keeping Kids Healthy BPS Target	Please identify two or three actions and associated milestones you will be undertaking that will support delivery of the target: By 2021, a 25% reduction in hospital admission rates for a selected group of avoidable conditions in children aged 0 - 12 years, with an interim target of 15% by 2019.	**One team**	1. Establish a Wairarapa intersectoral group, including Iwi representation, to develop collaborative approaches to the wellbeing of children **EOA** 2. Implement the iMOKO programme for 500 vulnerable children **EOA** 3. Engage with B4SC teams to proactively target any inequity of access and referral rates for Maori **EOA** 4. Continue to support and promote the Breathe Easy and Healthy Skin programmes provided by Whaiora in collaboration with GPs **EOA** 5. Work with providers and community to focus specifically on Maori whanau declining immunisations **EOA**	1. Q1 2. Q1 3. Q3 4. Ongoing 5. Q4	PP38: Delivery of response actions agreed in annual plan (section 1)
Reducing Rheumatic Fever BPS Target	Ensure systems are in place to effectively follow-up rheumatic fever cases.	**Smart system**	1. Continue to provide confirmation and exception reports on progress in following up rheumatic fever cases.	1. Ongoing	PP28: Reducing Rheumatic Fever

Key: EOA = Equity of Outcome Action: specifically identified actions aimed at improving equity of health outcomes.

Government Planning Priority	Focus Expected for Wairarapa DHB	Link to NZ Health Strategy	Wairarapa DHB Key Response Actions to Deliver Improved Performance		
			Activity	Milestones	Measures
Increased Immunisation BPS and Health Target 	Continue current activity, in accordance with national immunisation strategies and service specifications, to maintain high (target) coverage rates for all immunisation milestones	**People powered**	1. Assess the value of opportunistic and regular immunisation services being delivered after hours or on weekends, where demand for outreach immunisation services is high and seek to implement an appropriate service. 2. Implement a 'week day' review of inpatients and 'weekly' review of outpatients to identify unvaccinated children and, where clinically appropriate, provide immunisations by paediatric nurses; or refer the child to general practice or outreach. 3. Work with providers and community to support track and tracing of individual children and co-visiting where relevant for Immunisation. **EOA** 4. Work with providers and community to focus specifically on Māori whānau declining immunisations. **EOA**	1. Q2 Assessment Q4 Implemen-tation 2. From Q1 3. Q2 4. Q4	Immunisation Health Target PP21: Immunisation Services

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Government Planning Priority	Focus Expected for Wairarapa DHB	Link to NZ Health Strategy	Wairarapa DHB Key Response Actions to Deliver Improved Performance		
			Activity	Milestones	Measures
Shorter Stays in Emergency Departments Health Target 	Provide a prioritised list of the service improvement activities you will implement in 2017/18 to improve acute patient flow within your hospital(s).	Value and high performance	1. Embed the admission to a short stay bed policy for those patients who do not need to be admitted but who require further investigation or treatment to ensure comfort and safety of these patients. This will ensure target continues to be met. 2. Triage bypass of all category 3, 4, 5 patients directly to Nurse Practitioners during peak demand periods. Queues will be minimised and target maintained. **EOA** 3. Undertake workshops and process mapping to establish dual flow models to allow expediting both First in First Out and Order of Acuity patient streams to ensure wait times minimised. 4. Over the 2017/18 financial year determine the feasibility of establishing an integrated urgent care service in partnership with primary care on the hospital site. This may form part of a longer term approach to sustainable acute care models built upon the embedded Nurse Practitioner Model.	1. Q1 2. Q1 3. Q4 4. Q4	ED Health Target
Improved Access to Elective Surgery Health Target 	Deliver agreed service volumes in a way that meets timeliness and prioritisation requirements and improves equity of access to services.	Value and high performance	1. Recruit an ophthalmologist to improve access to ophthalmology services. 2. Deliver 2,417 elective surgical discharges in order to meet both the Health Target and Elective Initiatives targets. 3. Manage patient flow by working with primary care, whānau and community, to promote equity of access while meeting ESPI targets. **EOA** 4. Continued development and implementation of primary care referral pathways in order to maximise efficiencies of patient flow. 5. Revise communication with patients and whānau (channels and collateral) to enhance health literacy, and reduce late presentation and DNA rates **EOA**	1. Q1 2. Q4 3. Q1-Q4 4. Q1-Q4 5. Q1-4	Electives Health Target; SI4: Standardised Intervention Rates OS3: Inpatient Length of Stay (Electives) Electives and Ambulatory Initiative Bariatric Initiative Additional Orthopaedic and General Surgery Initiative Elective Services Patient Flow Indicators

Key: EOA = Equity of Outcome Action: specifically identified actions aimed at improving equity of health outcomes.

Government Planning Priority	Focus Expected for Wairarapa DHB	Link to NZ Health Strategy	Wairarapa DHB Key Response Actions to Deliver Improved Performance		
			Activity	Milestones	Measures
Faster Cancer Treatment Health Target 	Identify the sustainable service improvement activities you will implement to improve access, timeliness and quality of cancer services.	**One team**	1. Weekly case reviews between cancer care co-ordinator and CMO, and between care co-ordinator and surgeons. 2. Identify and remove all barriers that may increase cancer waiting times, particularly for Māori. **EOA** 3. Most cancer treatment services are dependent on other DHBs. Regular communication made to expedite cancer treatment wherever possible. Note: Given small numbers, it is noted that only 1- 2 breaches will have significant negative effect on overall performance figures. 4. Work with other DHBs and their support services to ensure whānau receive support/information; increase literacy about services they can access.	1. Q1-4 2. Q2 Identify Q4 Remove 3. Q1-4 4. Q1-4	Cancer Health Target PP30: Faster Cancer Treatment (31 day indicator) PP29: Improving waiting times for diagnostic services - CT & MRI
Better Help for Smokers to Quit Health Target 	Provide an integrated approach to delivery of ABC between primary care services.	**Smart system**	1. Continue to support our Business As Usual 'bottom up' approach to screening so that achievement against targets is consistent and enduring. 2. Smoking cessation: Directed approach towards supporting priority groups (Māori women and pregnant women). **EOA** 3. Review and focus outcomes against the overall trajectory of Quit rates, by ethnicity and across the district, towards 'Smokefree NZ by 2025'. **EOA**	1. Q1-4 2. Q1-4 3. Q1-4	Tobacco Health Target PP31: Better Help for Smokers to Quit in Public Hospitals
Raising Healthy Kids Health Target 	Identify what actions you will take to ensure that the clinical referral pathway and processes established in 2016/17 achieves the Raising Healthy Kids target by December 2017.	**Closer to home**	1. Engage with health providers to proactively target any inequity of access and referral rates for Māori, Pacific and other risk populations. **EOA** 2. Continue to monitor, review and refine referral pathways to address any real or perceived barriers to referral 3. Provide training to support and improve Primary Care teams and whānau weight management approaches.	1. Ongoing 2. Q2 3. Q2 4. Ongoing	Healthy Kids Health Target

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Government Planning Priority	Focus Expected for Wairarapa DHB	Link to NZ Health Strategy	Wairarapa DHB Key Response Actions to Deliver Improved Performance		
			Activity	Milestones	Measures
Bowel Screening	Implement requirements for Tranche 1 of the national bowel screening programme, incorporating quality, equity and timeliness expectations and IT integration activity, while ensuring appropriate access across all endoscopy services.	**Value and high performance**	1. Committing to implementation of 2017/18 rollout as per standards and embed pathways and protocols that will increase access across all endoscopy services for Māori. 2. Establish baseline quality data that can be broken down by ethnicity for ongoing performance monitoring, improvement and reporting, then implement monitoring. 3. Develop a range of strategies (communications and engagement) for ongoing whānau participation giving consideration to equity. **EOA** 4. Collaborate with sector IT stakeholders to integrate register changes + national Bowel Screening solution. 5. Transition plan preparation that ensures patient care and greater access for whānau.	1. Q1-4 2. Q1 3. Q1-4 4. Q3-4 5. Q1-2	PP29: Improving waiting times for diagnostic services – Colonoscopy National Bowel Screening quality, equity and performance indicators
Mental Health	Improve the quality of mental health services including reducing the rate of Māori under community treatment orders.	**People powered**	1. Access decision support analysis of the last three years data, including ethnicity breakdown, to understand and reinforce the downward trend in CTOs in Wairarapa. **EOA** 2. Work with our clinical teams, primary care and Iwi to determine ways to reduce CTOs. Hui undertaken by end Q3 **EOA** 3. Ensure all MHAID Service 3 DHB staff attend core cultural competence training on employment, and at skills and refresher training. **EOA** 4. Increase Māori employment in mental health services by implementing the new positive employment protocol **EOA** 5. Raise the profile of addiction services to facilitate early engagement of addiction clients and their whānau.	1. Q1 2. Q1-3 3. Q4 4. Q1-4 5. Q4	PP36: Reduce the rate of Māori on the mental health Act: section 29 community treatment orders relative to other ethnicities.

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Government Planning Priority	Focus Expected for Wairarapa DHB	Link to NZ Health Strategy	Wairarapa DHB Key Response Actions to Deliver Improved Performance		
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	Improve population mental health, especially for priority populations including vulnerable children, youth, Māori and Pacifica, by increasing uptake of treatment and support earlier in the course of mental illness, further integrating mental and physical health care, and co-ordinating mental health care with wider social services.	Value and high performance	1. Investment approach: Develop the whole of system approach for Mental Health, Addictions and Intellectual Disability that supports the Closing the Loop approach, develops integrated health and social service approaches and guides earlier interventions using a locality based approach commencing in the Porirua area. **EOA**	1. Q4	PP38: Delivery of response actions agreed in annual plan.

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Government Planning Priority	Focus Expected for Wairarapa DHB	Link to NZ Health Strategy	Wairarapa DHB Key Response Actions to Deliver Improved Performance		
			Activity	Milestones	Measures
Healthy Ageing	Deliver on priority actions identified in the Healthy Ageing Strategy 2016, where DHBs are in lead and supporting roles, including: - working with ACC, HQSC and the Ministry of Health to further develop and measure the progress of your integrated falls and fracture prevention services as reflected in the associated Outcome Framework and Healthy Ageing Strategy - working with the Ministry and sector to develop future models of care.	**Closer to Home**	The DHB commits to participating in national developments related to implementation of the outcomes of the IBT settlement agreement and the equal pay negotiations. We confirm that we will implement relevant actions to deliver of the DHB's Regional Service Plan commitments. Service development will align with the priorities for action for the Healthy Ageing Strategy. The DHB will work towards a sustainable, culturally appropriate and person-centred approach for supporting the health and wellbeing of people as they age.**EOA** 1. Continue to support and educate older people and their whānau to age safely and as independently as possible in their own home and community (*Ageing well*). 2. Enable increased uptake of having Enduring Power of Attorney (EPOA) arrangements through education, promotion and enabling an assistance scheme (*Living Well with Health Conditions*). • EPOA information for older people promoted through Age Concern contract, Primary Care, Iwi NGOs and Expo in October 2017. • Promotion of Advanced Care Planning, particularly to whānau. 3. Use interRAI data to identify carer stress and match to allocation and usage of culturally appropriate services to support them *(Support for people with high and complex needs).* • Quarterly cohort analysis by ethnicity, TLA, relationship to carer, usage of support and entry to ARC. 4. Implementation of the Falls Risk Assessment and Reduction Health Pathway *(Acute and Restorative care)*. 5. As the first stage of adopting the interRAI Palliative care assessment tool, Implement interRAI Palliative care (PC) assessment for older people with palliative care needs *(respectful end of Life).*	1. Ongoing 2. Ongoing 3. Q1-4 4. Q4 5. Q2 depending on national training availability	PP23: Improving Wrap Around Services – Health of Older People

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Government Planning Priority	Focus Expected for Wairarapa DHB	Link to NZ Health Strategy	Wairarapa DHB Key Response Actions to Deliver Improved Performance		
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Living Well with Diabetes	Continue to implement the actions in *Living Well with Diabetes – a plan for people at high risk of or living with diabetes 2015-2020* in line with the Quality Standards for Diabetes Care.	Closer to home	1. Promote integrated and proactive care planning in primary health for people living with diabetes. Identify the baseline number and ethnicity of patients identified at high risk of complications and/or hospitalisation who have interdisciplinary team input into their care plan within the primary health setting. **EOA** 2. Use self-assessment against the Quality Standards for Diabetes Care to inform service development: • Complete pathways development for Diabetes screening & management. **EOA** 3. Use self-assessment against the Quality Standards for Diabetes Care to inform education in practices: • CPD in retinal screening guidelines for referral – GPs & PNs. • CPD in the benefit of how to diagnose early blood ketones and prevent the onset ketoacidosis in patients already diagnosed as having type 1 diabetes. • CPD in proactive planning for long term conditions ("year-of-care") that is appropriate for all whanau. 4. Self-management education for patients and their whānau. Introduce Snomed for recording self-management education session in practices. **EOA**	1. Q2 2. Q1: Describe target population, actions to improve access, expected outcomes Q4: achieve outcomes 3. Q4 4. Q1: Describe target population, actions to improve access, expected outcomes Q4: achieve outcomes	PP20: Improved management for long term conditions (CVD, acute heart health, diabetes and stroke) - Focus area 2: Diabetes services

Government Planning Priority	Focus Expected for Wairarapa DHB	Link to NZ Health Strategy	Wairarapa DHB Key Response Actions to Deliver Improved Performance		
			Activity	Milestones	Measures
Childhood Obesity Plan	Commit to progress DHB-led initiatives from the *childhood obesity plan*.	**Closer to home**	1. Continue to develop and deliver culturally appropriate B4SC checks for whānau and further integrate with primary care to ensure appropriate referrals are made to services. 2. Continue to support the Triple P family activity programme. 3. Promote and support the Green Prescription programme. **EOA** 4. Establish a Wairarapa intersectoral group that includes Iwi representation to guide development of collaborative community-based options to support healthy lifestyles. **EOA** 5. Health providers use every touch point where whānau enter the healthcare pathway as an opportunity to promote healthy lifestyles. **EOA**	1. Q1-4 2. Q1-4 3. Q1-4 4. Q1 5. Ongoing	PP38: Delivery of response actions agreed in annual plan
Child Health	Undertake planning and diagnostic work to identify barriers for accessing timely care for young people and their families who are served by Oranga Tamariki. Commit to support national work under way to improve the health outcomes for children, young people and their families serviced by Oranga Tamariki, particularly young people in care.	**Value and High Performance**	1. Undertake analysis to identify barriers for accessing timely care for young people and their families who are served by Oranga Tamariki, specifically focusing on Māori and Pacfic populations. **EOA** 2. We commit to support national work under way to improve the health outcomes for children, young people and their families serviced by Oranga Tamariki, particularly young people in care.	1. Q3 2. Ongoing	PP38: Delivery of response actions agreed in annual plan

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Government Planning Priority	Focus Expected for Wairarapa DHB	Link to NZ Health Strategy	Wairarapa DHB Key Response Actions to Deliver Improved Performance		
			Activity	Milestones	Measures
Disability Support Services	Identify the mechanisms and processes you currently have in place to support people with a disability when they interact with hospital based services (such as inpatient, outpatient and emergency department attendances). These could include: - communication tools (particularly for those with an intellectual disability or sensory impairment) - training for ward staff in individual specific personal care - clarification of the role of the persons support workers/caregivers during a hospital appointment or inpatient stay (both formal and informal) - other issues you have addressed (informed consent, supported decision making etc).	**One team**	1. **Workforce Development- Disability Literacy Education:** Use eLearning, video scenarios and staff training across all disciplines to increase disability education. Introduce mandatory training, including cultural competency, for staff using these tools as part of disability policy. Focus on tools/mechanisms for clinical settings. Encourage understanding of critical support needs of people, particularly Māori, with long term conditions and/or impairments, when receiving acute medical or rehabilitation services. 2. **Dashboard of Indicators:** Develop a qualitative dashboard, including ethnicity breakdown, to better understand the patient journey at Wairarapa DHB including tracking use of the new health passport and staff and patient feedback. Links to overall sub regional disability plan performance framework. 3. **Co Design through Consumer Engagement:** Increase community and whānau engagement of locality leads on the SRDAG (governance group reporting to CPHAC/DSAC and Boards). Involvement of Wairarapa consumers in the design of new projects and consumer council.**EOA** 4. **Improve service access for people with a learning disability**. Develop a resource targeted to staff working with whānau with learning disabilities in collaboration with quality team and other staff.	1. Q1-4. 2. Q1: Investigate Q2: Collect info from Q2. 3. Q1-4 4. Q2: Investigate Q3: Design Q4: Implement	PP38: Delivery of response actions agreed in annual plan

Key: EOA = Equity of Outcome Action: specifically identified actions aimed at improving equity of health outcomes.

Government Planning Priority	Focus Expected for Wairarapa DHB	Link to NZ Health Strategy	Wairarapa DHB Key Response Actions to Deliver Improved Performance		
			Activity	Milestones	Measures
Primary Care Integration	DHBs must describe activity to demonstrate how they are working with their district alliances to move care closer to home for people through improved integration with the broad health and disability sector (eg primary care, disability services, ambulance services).	Closer to home	1. Establish a Wairarapa intersectoral group that includes Iwi representation to guide development of collaborative community-based options to support healthy lifestyles, including culturally appropriate options for Māori and Pacific populations in order to improve equity of health outcomes. **EOA** 2. Implement an integrated, transparent and clearly defined acute and urgent service flow for the community and whānau, using place as the organising system for health. 3. Based on the evaluation of the Carterton Integration Pilot, implement an integrated community model of care in other Wairarapa centres. 4. Leverage existing projects to move and co-locate community focussed services within the broader health and disability sector. • Establish an outreach chemotherapy service at Wairarapa DHB	1. Q1 2. Q3 3. Q1 4. Q1 - 4	PP22: Delivery of actions to improve system integration including SLMs
	Please reference your jointly developed and agreed with all appropriate stakeholders System Level Measure Improvement Plan that is attached as an Appendix.	Value and high performance	The following targets are included in our 17/18 System Level Measures Plan: 1. ASH rates 0-4 year olds. **EOA** 2. Acute hospital bed days per capita. 3. Patient experience of care. 4. Amenable mortality rates. 5. Proportion of babies who live in a smoke-free household at six weeks post-natal. 6. Youth System Level Measures.	1. Q1 Define actions to close equity gap.	PP22: Delivery of actions to improve system integration including SLMs

Key: EOA = Equity of Outcome Action: specifically identified actions aimed at improving equity of health outcomes.

Government Planning Priority	Focus Expected for Wairarapa DHB	Link to NZ Health Strategy	Wairarapa DHB Key Response Actions to Deliver Improved Performance		
			Activity	Milestones	Measures
Pharmacy Action Plan	Commit to implement any decisions made during 2017/18 in relation to pharmacy contracting arrangements	**One team**	Wairarapa DHB commits to implementation of decisions flowing from pharmacy contracting arrangements. Wairarapa DHB will: 1. Undertake a needs analysis of local pharmacist services requirements, including how they work with Iwi, by August 2017. 2. Determine priorities and a strategy for local pharmacist services in the community by 30 November 2017 in conjunction with the Alliance Leadership Team. 3. Undertake a procurement process for local culturally appropriate priority pharmacist services in 2017/18 by 30 April 2018. **EOA**	1. Q1 2. Q2 3. Q4	PP38: Delivery of response actions agreed in annual plan
Improving Quality	Demonstrate, including planned actions, how you will improve patient experience as measured by the Health Quality & Safety Commission's national patient experience surveys. You can do this by selecting one of the four categories of the adult inpatient survey to focus on and providing actions to improve patient experience in this area. Commit to either establish (including a date for establishment) or maintain a consumer council (or similar) to advise the DHB.	**Value and high performance**	1. Review and establish a process for regular and in-depth review and organisation wide sharing of national patient experience survey data by ethnicity and results that will identify focus areas as part of the continuous quality improvement plan. 2. Identify opportunities to improve patient experience of communication. Develop and implement a plan to improve our capability in customer care and culturally appropriate services, investigating the use of patient stories to do so. **EOA** 3. Actions to be taken to develop actual plan will include consultation with consumers, liaison with Māori Health Directorate, working in consultation with HR to identify training opportunities 4. Develop Terms of Reference and implement a Consumer Forum/ Council, acknowledging the role of Iwi māori and the cultural diversity of our whole community **EOA**	1. Q1 2. Q2 3. Q3 4. Q3	PP38: Delivery of response actions agreed in annual plan

Key: EOA = Equity of Outcome Action: specifically identified actions aimed at improving equity of health outcomes.

Government Planning Priority	Focus Expected for Wairarapa DHB	Link to NZ Health Strategy	Wairarapa DHB Key Response Actions to Deliver Improved Performance		
			Activity	Milestones	Measures
Living Within our Means	Commit to manage your finances prudently, and in line with the Minister's expectations, and to ensure all planned financials align with previously agreed results.	**Value and high performance**	Wairarapa DHB is committed to: 1. Operating within agreed budget targets. 2. Strengthening the financial accountability through the organisation. 3. Investing in technology to improve process and gain efficiencies eg: risk management.	1. Q1-4 2. Q1-4 3. Q1-4	Agreed financial templates.
Delivery of Regional Service Plan	Identify any significant DHB actions the DHB is undertaking to deliver on the Regional Service Plan priorities of: - Cardiac Services - Stroke - Major Trauma - Hepatitis C.	**NA.**	1. **Cardiac:** improve access to vulnerable echocardiography services by developing joint DHB ownership of shared echo waiting lists in the region. 2. **Stroke:** achieve 8% or more of eligible patients thrombolysed. 3. **Major Trauma:** Develop agreed regional clinical guidelines and inter-hospital transfer processes to manage major trauma patients within the region, ensuring whānau care is supported.. 4. **Hepatitis C:** Support the implementation and use of a clinical Healthcare Pathway, for identification, assessment and treatment of patients with Hepatitis C . **EOA**	1. Q1-4 2. Q4 3. Q4 4. Q4	NA.

Financial Performance Summary

PROSPECTIVE STATEMENT OF FINANCIAL PERFORMANCE (COMPREHENSIVE INCOME) FOR THE FOUR YEARS ENDED 30 JUNE 2018, 2019, 2020 AND 2021

Statement of Comprehensive Income	2015/16 Audited Actual	2016/17 Forecast	2017/18 Plan	2018/19 Plan	2019/20 Plan	2020/21 Plan
	$000	$000	$000	$000	$000	$000
Revenue						
Ministry of Health Revenue	138,727	141,791	148,496	150,956	153,458	156,003
Other Government Revenue	2,338	2,433	2,277	2,311	2,334	2,357
Other Revenue	5,334	5,307	4,490	4,537	4,582	4,628
Total Revenue	**146,399**	**149,530**	**155,263**	**157,804**	**160,375**	**162,988**
Expenditure						
Personnel	45,421	46,805	47,644	48,470	49,310	50,280
Outsourced Services	3,825	5,023	3,628	3,564	3,503	3,443
Clinical Supplies	10,169	10,106	10,286	9,978	9,678	9,388
Infrastructure and Non Clinical	8,064	8,097	9,079	8,807	8,543	8,287
Payments to Non-DHB Providers	43,679	43,871	47,313	48,023	48,743	49,475
Inter District Flows	34,166	35,666	36,552	37,100	37,657	38,221
Interest, Depreciation and Amortisation	2,990	2,827	3,918	3,918	3,918	3,918
Total Expenditure	**148,314**	**152,393**	**158,422**	**159,861**	**161,353**	**163,013**
Total Comprehensive Income/(Deficit)	**(1,915)**	**(2,863)**	**(3,159)**	**(2,056)**	**(978)**	**(24)**

PROSPECTIVE STATEMENT OF MOVEMENT IN EQUITY FOR THE FOUR YEARS ENDED 30 JUNE 2018, 2019, 2020 AND 2021

Statement of Movement in Equity	2015/16 Audited Actual	2016/17 Forecast	2017/18 Plan	2018/19 Plan	2019/20 Plan	2020/21 Plan
	$000	$000	$000	$000	$000	$000
Balance at 1 July						
Prior year equity closing balance correction	6,078	7,165	31,045	33,886	31,830	30,852
Net surplus / (deficit) for the year	(1,915)	(2,863)	(3,159)	(2,056)	(978)	(24)
Other Movements in Equity	2	0	0	0	0	0
Total comprehensive income	**(1,913)**	**(2,863)**	**(3,159)**	**(2,056)**	**(978)**	**(24)**
Equity injection from the Crown	3,000	26,743	6,000	0	0	0
Movements in equity for the year	**3,000**	**26,743**	**6,000**	**0**	**0**	**0**
Balance at 30 June	**7,165**	**31,045**	**33,886**	**31,830**	**30,852**	**30,828**
Total comprehensive income attributable to:						
Wairarapa District Health Board	(1,915)	(2,863)	(3,159)	(2,056)	(978)	(24)

PROSPECTIVE STATEMENT OF FINANCIAL POSITION (BALANCE SHEET) FOR THE FOUR YEARS ENDED 30 JUNE 2018, 2019, 2020 AND 2021

Statement of Financial Position	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
	Audited Actual	Forecast	Plan	Plan	Plan	Plan
	$000	$000	$000	$000	$000	$001
Equity						
Crown equity	42,037	68,780	74,780	74,780	74,780	74,780
Revaluation reserve	5,558	5,558	5,558	5,558	5,558	5,558
Retained earnings	(40,430)	(43,293)	(46,452)	(48,508)	(49,486)	(49,510)
Total equity	**7,165**	**31,045**	**33,886**	**31,830**	**30,852**	**30,828**
Liabilities						
Term loans & borrowings	19,802	235	152	56	(0)	(0)
Employee benefits (non-current)	620	619	619	619	619	619
Trust funds	274	318	318	318	318	318
Total non-current liabilities	**20,696**	**1,172**	**1,089**	**993**	**937**	**937**
Current liabilites						
Cash & cash equivalents - Overdraft	1,412	1,937	2,520	4,466	5,264	4,963
Interest-bearing loans & borrowings	6,324	74	79	85	85	(0)
Payables & accruals	9,345	10,810	10,531	10,531	10,531	10,531
Employee benefits	7,720	7,961	8,041	8,041	8,041	8,041
Total current liabilities	**24,801**	**20,782**	**21,170**	**23,122**	**23,920**	**23,534**
Total liabilities	**45,497**	**21,953**	**22,259**	**24,115**	**24,857**	**24,471**
Total equity & liabilities	**52,662**	**52,998**	**56,145**	**55,945**	**55,709**	**55,299**
Assets						
Property, plant & equipment	45,197	45,517	45,277	45,124	45,135	44,872
Intangible assets	1,089	915	4,351	4,304	4,057	3,910
Investments	917	949	949	949	949	949
Total non-current assets	**47,203**	**47,380**	**50,577**	**50,377**	**50,141**	**49,731**
Cash & cash equivalents	8	4	4	4	4	4
Inventories	903	1,024	1,024	1,024	1,024	1,024
Trade & other receivables	4,498	4,540	4,540	4,540	4,540	4,540
Assets classified as held for sale	50	50	0	0	0	0
Total current assets	**5,459**	**5,618**	**5,568**	**5,568**	**5,568**	**5,568**
Total assets	**52,662**	**52,998**	**56,145**	**55,945**	**55,709**	**55,298**

PROSPECTIVE STATEMENT OF CASHFLOW FOR THE FOUR YEARS ENDED 30 JUNE 2018, 2019, 2020 AND 2021

Statement of Cashflow	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
	Audited Actual	Forecast	Plan	Plan	Plan	Plan
	$000	$000	$000	$000	$000	$001
Cash flows from operating activities						
Operating receipts:						
Government & crown agency revenue	140,600	144,983	151,177	153,677	156,206	158,778
Other	5,213	4,504	3,998	4,038	4,079	4,119
Payments to suppliers & employees	(144,611)	(148,384)	(154,423)	(155,941)	(157,434)	(159,094)
Capital charge paid	(226)	(281)	(2,179)	(1,900)	(1,900)	(1,900)
Income tax paid	0	0	0	0	0	0
Goods and Services Tax (net)	(61)	68	0	0	0	0
Net cash flows from operating activities	**915**	**889**	**(1,427)**	**(126)**	**951**	**1,904**
Cash flows from investing activities						
equipment	(2,854)	(1,765)	(5,142)	(1,795)	(1,759)	(1,585)
Interest received	50	57	64	65	65	66
Dividends received	107	8	24	24	24	25
Investment	(28)	12	0	0	0	0
Net cash flows from investing activities	**(2,726)**	**(1,687)**	**(5,054)**	**(1,706)**	**(1,669)**	**(1,494)**
Cash flows from financing activities						
Equity injected	3,000	1,000	6,000	0	0	0
Repayments of loans	(63)	(68)	(78)	(90)	(56)	(85)
Interest paid	(1,032)	(663)	(24)	(23)	(24)	(24)
Net cash flows from financing activities	**1,905**	**269**	**5,898**	**(113)**	**(80)**	**(109)**
Net increase / (decrease) in cash held	**95**	**(530)**	**(583)**	**(1,945)**	**(798)**	**301**
Cash & cash equivalents at beginning of ye	(1,499)	(1,404)	(1,934)	(2,516)	(4,462)	(5,259)
Cash & cash equivalents at end of year	**(1,404)**	**(1,934)**	**(2,516)**	**(4,462)**	**(5,259)**	**(4,959)**

Financial Assumptions

The assumptions are the best estimates of future factors which affect the predicted financial results. As such there is necessarily a degree of uncertainty about the accuracy of the predicted result, which is unable to be quantified. Factors which may cause a material difference between these prospective financial statements and the actual financial results would be a change in the type and volume of services provided, significant movement in staff levels and remuneration, plus unexpected changes in the cost of goods and services required to provide the planned services.

Revenue

- PBFF Increase as per Funding Envelope
- IDF levels based on Funding Envelope or agreed changes within the sub-region.

Expenditure

- Personnel expenditure increase assumed to be 2% and as per contracts
- Supplies and expenses based on current contract prices where applicable
- Provider Arm 2016/17 achieved baseline savings targets are included in 2017/18 where these are on-going
- Depreciation includes base, plus work in progress, plus new purchases
- Capital Charge at 6% payable half yearly
- Total Capital Expenditure of $5.1 million is planned for 2017/18

Capital Plan

The operational capital funding requirements for the Provider Arm will be met from cash flow from depreciation expense and prioritised with the clinical leaders both within the Directorates and across the Provider Arm. Only items of a legal & safety nature, or essential to support the District Annual and Strategic Plans, have been included in the CAPEX budget. The baseline CAPEX for 2017/18 of $1.6 million and $3.5 million for strategic CAPEX is required to be funded externally. The DHB anticipates the two major strategic IT projects, i.e. national (NOS); regional (RHIP); sub-regional (MH); and local (webPAS), will require additional capital support.

Debt & Equity

Equity Drawing

Wairarapa DHB anticipates $6.0 million deficit support will be required for the 2017/18 financial year.

Working Capital

The Board has a working capital facility with the Westpac bank, which is part of the national DHB collective banking arrangement negotiated by NZ Health Partnerships Limited. This facility is limited to one month's provider's revenue, to manage fluctuating cash flow needs for the DHB.

Gearing and Financial Covenants

No gearing or financial covenants are in place.

Asset Revaluation

Current policy is for land and buildings to be revalued every 5 years. A revaluation was last completed in the year ended 30 June 2013.

Strategy for disposing of assets

The DHB regularly reviews its fixed asset register, and undertakes fixed asset audits in order to dispose of assets which are surplus to requirements. This ensures that the DHB reduces its level of capital to the minimum consistent with the supply of contracted outputs.

Disposal of Land

All land that has legally been declared to be surplus to requirements will be disposed of following the statutory disposal process defined in the Public Works Act 1991, the Health Sectors Act 1993, the New Zealand Public Health and Disabilities Act 2000, the Reserves Act 1977 and the Māori Protection Mechanism Regulations set up to fulfil the Crown's obligations under the Treaty of Waitangi.

Local and Regional Enablers

Local and Regional Enabler	Focus Expected for WAIRARAPA DHB	Link to NZ Health Strategy	WAIRARAPA DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
IT	Demonstrate how the DHB is regionally aligned and where it is leveraging digital hospital investments. Add to their plans when Order Entry, ePA and CPOE will be implemented (not all expected in 2017/18). Complete ePharmacy and Nursing documentation implementations.	**Smart system**	1. Regional alignment: • Stage 1 of transition onto the Regional Clinical Portal - Data Migration to enable a single consolidated regional health record for patients in the region. • Replace current pharmacy system (Windose) with the regionally agreed common Pharmacy Information System (ePharmacy). • Complete transition to the Regional Radiology Information System. 2. Implement access to NZePS community dispensed medication for medicines reconciliation. 3. Begin analysis and planning for hospital ePrescribing & Administration and electronic nursing documentation and observations. 4. Improvements to discharge prescription quality and discharge summary medications information. **EOA** 5. Implement Electronic Laboratory Orders in the hospital. 6. Contribute to the development of the business case for Single Electronic Health Record.	1. Q1-4 2. Q1-4 3. Q4: Implementation plan. 4. Q1-4 5. Q4: Implementation plan. 6. Q1-4	Quarterly reports from regional leads.
Workforce	Identify any particular workforce issues that need to be addressed at a local level around capability and capacity (numbers) and include key actions and milestones.	**One Team**	1. Supporting the Graduate Workforce – increasing the number of Graduates employed beyond those funded by HWNZ. 2. Increasing the representation of Māori within our workforce through the review of the recruitment strategy, and on the job development. **EOA** 3. Maintaining a healthy and robust workforce; including the implementation of a organisational wellness framework.	1. Implementation throughout 2017, measure Q1 and Q3 2. Q2: Assess Q3: Implement, Q4: Measure 3. Same as per 2 above.	NA.
	Identify actions to regularise and improve the training of the kaiāwhina workforce in home and community support services as per Action 9a of the Healthy Ageing Strategy.		1. Support contracted providers to optimise training opportunities provided by the DHB (e.g. principles of palliative care) 2. Work with providers to establish baseline of knowledge about kaiāwhina workforce qualifications with regard to Level, 2, 3 or 4 New Zealand Certificate in Health and Wellbeing from an NZQA-accredited provider or the equivalent care and support qualifications. 3. Work with the Ministry and providers in developing the details for implementation of the action as it relates to worker qualifications and skills-related remuneration in the light of the Terra Nova settlement agreement.	Implementation throughout 2017 1. Q4 measure 2. Q2 measure 3. Q4 measure	PP23: Improving Wrap Around Services – Health of Older People

Key: EOA = Equity of Outcome Action: specifically identified actions aimed at improving equity of health outcomes.

SECTION 3: Service Configuration

Service Coverage

All DHBs are required to deliver a minimum of services, as defined in *The Service Coverage Schedule*, which is incorporated as part of the Crown Funding Agreement under section 10 of the New Zealand Public Health and Disability Act 2000, and is updated annually.

Responsibility for service coverage is shared between DHBs and the Ministry. DHBs are responsible for taking appropriate action to ensure that service coverage is delivered for their population, including populations that may have high or different needs such as Māori, Pacific and high-needs groups. Wairarapa DHB may, pursuant to section 25 of the New Zealand Public Health and Disability Act 2000, negotiate and enter into, or amend any current agreement for the provision or procurement of services.

Wairarapa DHB is not seeking any formal exemptions to the Service Coverage Schedule in 2017/18.

Service Change

Service changes have been divided into two categories: 1) Active Services Changes and 2) Anticipated Service Reviews.

Active Service Changes
The table below describes all active service changes that have been approved or proposed for implementation in 2017/18.

Change	Description of Change	Benefits of Change	Change for local, regional or national reasons
Ophthalmology	Continue nurse training to enable them to administer Avastin injections	• Improved access for patients • Reduced cost • Improved long term outcomes for patients	Local
Outreach Cancer Service	Provision of a new outreach chemotherapy clinic in Masterton	• Improved access for patients and whānau • Reduced cost for DHB (IDFs)	Local
Bowel Cancer Screening Programme	Tranche 1 Implementation of bowel cancer screening service	• Improved detection, management and equity of outcomes for people with bowel cancer	National and Local
Radiology Services	Evaluate clinical and financial viability of publicly-funded radiology services across the three DHBs, including services provided by both the DHBs and private providers. Develop proposed future options to improve radiology services across the system (community and hospital services).	• More responsive services • Improved patient access • More efficient services	3DHB Sub-regional
Community Pharmacy	Implement the national pharmacy contracting arrangements and develop local services once agreed.	• More responsive local services • Improved integration • More patient centred services • Reduce inequalities of access	National

Change	Description of Change	Benefits of Change	Change for local, regional or national reasons
Oral Maxillofacial	Develop a single acute service model for Lower North Island as part of the Central Region Service.	• Improve service sustainability	Regional
Mental Health: Infant, Child Adolescent & Family Services (ICAFS)	Complete a review and implement an agreed and prioritised change programme within ICAFS	• Improved waiting times • Improved integration of service with primary care partners • Improved outcomes for patients • Improved patient experience	3DHB Sub-regional
Mental Health: Community Based Acute and Crisis Respite (Adult acute alternatives to hospitalisation)	Implement agreed prioritised recommendations to reduce variation between the community-based acute crisis services in the service user groups targeted.	• More responsive services • Improved patient and whānau access • More efficient services • Improved patient outcomes	3DHB Sub-regional
Mental Health: Community Youth Respite	Develop proposal around crisis respite and therapeutic recovery model to support children and young people and their families/whānau to live successfully as participating members of the community.	• More responsive services • Improved patient and whānau access • More efficient services • Improved patient outcomes	3DHB Sub-regional
Urgent Care Centre	Explore the feasibility of an Urgent Care Centre on the Wairarapa Hospital site	• Improved access for patients and whānau • Reduced waiting times for Emergency Department and non-emergency acute care • Reduced cost for DHB.	Local
Intersectoral development	Appoint Intersectoral Manager to facilitate Intersectoral development	• Accurate description of Intersectoral landscape • Collaborative priority setting • Reduced duplication of effort • Agreed outcome measures	Local
Community Integration	Explore new models of care for district nursing and allied health services to better integrate with primary care	• Services closer to home • Earlier intervention reducing unwarranted hospital admissions • Improved outcomes for patients • Reduced acute demand	Local
Child Health	Implement iMoko for 500 identified children	• Improved equity of health outcomes for children in need.	Local

Anticipated Service Reviews

The table below describes all service reviews that are anticipated in 2017/18.

Change	Description of Change	Benefits of Change	Change for local, regional or national reasons
Endoscopy	Investigate the possibility of expanding our Endoscopy Service to include a new procedure: Endoscopic Sub-mucosal Dissection (ESD)	• Improved access for patients • Reduced cost for DHB (IDFs).	Local
Gastroenterology Service Integration	Scope the development of a sub-regional Gastroenterology service	• More responsive services • Improved patient access • More efficient services	3DHB Sub-regional
Cancer Services	Develop options to strengthen ambulatory cancer care	• More responsive services • Services Closer to home • Improved patient care	3DHB Sub-regional
Mental Health: Opioid Substitution Treatment Model of Care	Implement agreed prioritised improvement recommendations on Primary Care setting	• Improved waiting times • Improved integration of services with primary care partners • Improved outcomes for patients • Improved patient experience	3DHB Sub-regional
Mental Health: Central Region Adult Alcohol and Other Drug Residential Service (January 2018)	Investigate options for implementation of new proposed service model of care endorsed by the Mental Health and Addictions Network (MHAN).	• Improved waiting times • Improved integration of service with primary care partners • Improved outcomes for patients and whānau • Improved patient and whānau experience	Regional

SECTION 4: Stewardship

(refer to Wairarapa DHB's 2016/17 Statement of Intent for more information)

This section provides an outline of the arrangements and systems that Wairarapa DHB has in place to manage our core functions and to deliver planned services. Greater detail is included in Wairarapa DHB's three-yearly Statement of Intent, which was last produced for the 2016/17 year and is available on our website at *www.Wairarapa.dhb.org.nz*

Managing our Business

Organisational performance management

Wairarapa DHB's performance is assessed on both financial and non-financial measures, which are measured and reported at various levels of the organisation, from unit level through to the Hospital Advisory Committee and the Board. These are reported daily, weekly, fortnightly, monthly or quarterly as appropriate.

Funding and financial management

Wairarapa DHB's key financial indicator is how we are tracking against our budget. This is reported through Wairarapa DHB's performance management process to the Executive Leadership Team weekly or monthly, and the Board on a monthly or quarterly basis. Further information about Wairarapa DHB's planned financial position for 2017/18 and out years is contained in the Financial Performance Summary section of this document on page 21, and in Appendix A: Statement of Performance Expectations on page 31.

Investment and asset management

Wairarapa DHB completed their first stand-alone Long Term Investment Plan (LTIP) covering at least 10 years. LTIPs are part of the new Treasury system for monitoring investments across government, the Investment Management and Asset Management Performance (IMAP) system. Review of the LTIP is part of the Annual Planning process each year.

Shared service arrangements and ownership interests

Wairarapa DHB has a 100% ownership interest in Biomedical Services Ltd and a 16.67% ownership interest in Central Region's Technical Advisory Services Limited. The DHB does not intend to acquire shares or interests in other companies, trusts or partnerships at this time.

Risk management

Wairarapa DHB has a formal risk management and reporting system, recorded on the Wairarapa DHB SharePoint Risk Register. There is a monthly report and review to the Executive, with risks appropriately elevated to FRAC and the Board as required. The DHB is committed to managing risk in accordance with the process set out in the Australian/New Zealand Joint Standard on Risk Management (AS/NZS ISO 31000:2009).

Quality assurance and improvement

Wairarapa DHB's approach to quality assurance and improvement is in line with the New Zealand Triple Aim: improved quality, safety and experience of care, improved health and equity for all populations, and, best value for public health system resources. Contracted services are aligned with national quality standards and auditing of contracted providers includes quality audits.

Building Capability

Capital and infrastructure development

Wairarapa Hospital is 11 years old, and the focus for the hospital this year is embedding a regular cyclical maintenance programme. There is some seismic strengthening required in the 1960s Learning Centre, and the assessment of the main hospital building against current code will be completed. A cost/benefit analysis will be completed regarding upgrading or rebuilding the main administrative building (1942).

While the Long Term Investment Plan indicates the requirement for up to 30 beds within the next 15 years, including 6 within the next 4 years, Wairarapa DHB will continue to work with community partners to reduce the pressure on hospital beds, providing care closer to home, and making best use of technology.

One of the most urgent issues to be address this year will be the provision of acute after hours services in the Wairarapa.

Information technology and communications systems

Wairarapa DHB's information technology and communication systems goals align with the national and regional strategic direction for IT. Further detail about Wairarapa DHB's current IT initiatives is contained in the 2017/18 Central Regional Service Plan, and in the section on local and regional enablers within this document, on page 29.

Workforce

Below is a short summary of Wairarapa DHB's organisational culture, leadership and workforce development initiatives. Further detail about the Central regional approach to workforce is contained in the 2017/18 Central Regional Service Plan.

Wairarapa DHB's focus for workforce development in 2017/18 is age, equity and wellness. We will:

- support the graduate workforce by increasing the number of graduates employed beyond those funded by HWNZ, working with community partners including Kiaora Hauora
- Increase the representation of Māori within our workforce through the review of the recruitment strategy, on-the-job development and selective targeting of our secondary schools.
- Maintain a healthy and robust workforce; including the implementation of a organisational wellness framework.

Wairarapa DHB recognises the central importance of a robust medical workforce and the core value of training and educating young doctors. The DHB is committed to:

- maintaining a full complement of Senior Medical officers, supported by a strong credentialing system
- maintaining and developing the RMO workforce in partnership with sub regional DHBs. This year a new community based RMO will add to this workforce.

Co-operative developments

Wairarapa DHB has a strategy of intersectoral collaboration to improve equity of health outcomes. In 2017/18 an Intersectoral forum will be established, and a review of data that will assist decision making to support equity. This will include a stocktake of all existing programmes to review strategic focus, duplication and gaps.

Wairarapa DHB works closely with Hutt Valley and Capital & Coast DHBs and has retained some '3DHB' services, including IT, Mental Health and Laboratory services. There is an increasingly sub-regional focus to the provision of imaging services.

Wairarapa DHB recognises and values the integral nature of the relationship between Iwi and the DHB and acknowledges their responsibility to increase participation with Māori.

The DHB works and collaborates with a number of external organisation and entities, including ambulance, private providers, Police, Iwi, education providers, PHO, medical practices and pharmacies, Pathways NZ and other Mental Health, addictions and intellectual disability NGOs, WINZ and ACC, aged residential care providers, local and national health interest NGOs and support groups, District Councils and local Trusts.

Wairarapa DHB will invest in and value the relationship with all these stakeholders.

SECTION 5: Performance Measures

2017/18 Performance Measures

The DHB non-financial monitoring framework aims to provide a rounded view of performance in key areas using a range of performance markers. The measures are intended to cover a specific set of markers of DHB performance in key areas, rather than all health services or DHB activity. Four dimensions are identified reflecting DHB functions as owners, funders and providers of health and disability services. The four identified dimensions of DHB performance cover:

- achieving Government's priority goals/objectives and targets or 'Policy Priorities'
- meeting service coverage requirements and supporting sector inter-connectedness or 'System Integration'
- providing quality services efficiently or 'Ownership'
- purchasing the right mix and level of services within acceptable financial performance or 'Outputs'.

Each performance measure has a nomenclature to assist with classification as follows:

Code	Dimension
HS	Health Strategy
OP	Outputs
OS	Ownership
PP	Policy Priorities
SI	System Integration

Code	Dimension
DV	Developmental – Establishment of baseline (no target/performance expectation is set)
SLM	Inclusion in the measure title indicates a measure that is part of the 'System Level Measures' identified for 2017/18.

Performance measure		Performance expectation
HS: Supporting delivery of the New Zealand Health Strategy		Quarterly highlight report against the Strategy themes.
PP6: Improving the health status of people with severe mental illness through improved access	Age 0-19	Maori 6.00% Total 4.91%
	Age 20-64	Maori 11.48% Total 5.62%
	Age 65+	Maori 4.21% Total 1.11%
PP7: Improving mental health services using wellness and transition (discharge) planning		95% of clients discharged will have a quality transition or wellness plan. 95% of audited files meet accepted good practice.
PP8: Shorter waits for non-urgent mental health and addiction services for 0-19 year olds		80% people seen within 3 weeks.
		95% people seen within 8 weeks.
PP10: Oral Health- Mean DMFT score at Year 8	Year 1	≥0.92%
	Year 2	0.92%
PP11: Children caries-free at five years of age	Year 1	68%
	Year 2	≥68%
PP12: Utilisation of DHB-funded dental services by adolescents (School Year 9 up to and including age 17 years)	Year 1	≥85%
	Year 2	≥85%

Performance measure		Performance expectation
PP13: Improving the number of children enrolled in DHB funded dental services	0-4 years - % Year 1	≥90%
	0-4 years - % Year 2	≥95%
	Children not enrolled 0-12 years % Year 1	≤10%
	Children not enrolled 0-12 years % Year 2	≤10%
PP20: Improved management for long term conditions (CVD, Acute heart health, Diabetes, and Stroke)		
Focus Area 1: Long term conditions	Report on activities in the Annual Plan.	
Focus Area 2: Diabetes services	Implement actions from Living Well with Diabetes.	
	Improve or, where high, maintain the proportion of patients with good or acceptable glycaemic control (HbA1C indicator).	
Focus Area 3: Cardiovascular health	90% of the eligible population will have had their cardiovascular risk assessed in the last 5 years.	
	Percentage of 'eligible Māori men in the PHO aged 35-44 years' who have had their cardiovascular risk assessed in the past 5 years.	90%
Focus Area 4: Acute heart service	70% of high-risk patients receive an angiogram within 3 days of admission.	
	Over 95% of patients presenting with ACS who undergo coronary angiography who have completion of ANZACS QI ACS and Cath/PCI registry data collection within 30 days.	
	Over 95% of patients undergoing cardiac surgery at the regional cardiac centres will have completion of Cardiac Surgery registry data collection within 30 days of discharge.	
Focus Area 5: Stroke services	8% or more of potentially eligible stroke patients thrombolysed 24/7.	
	80% of stroke patients admitted to a stroke unit or organised stroke service with demonstrated stroke pathway.	
	80% of patients admitted with acute stroke who are transferred to inpatient rehabilitation services are transferred within 7 days of acute admission.	
PP21: Immunisation coverage	Two year olds	95% fully immunised
	Five year olds	95% fully immunised
	HPV vaccine	75% of girls fully immunised
	Flu vaccine	75% of 65+ yrs immunised
PP22: Delivery of actions to improve system integration including SLMs		Report on activities in Annual Plan.
PP23: Implementing the Healthy Ageing Strategy	Report on activities in the Annual Plan.	
	Percentage of older people who have received long-term home and community support services in the last three months who have had an interRAI Home Care or a Contact assessment and completed care plan.	95%
PP25: Prime Minister's youth mental health project	Initiative 1: Report on implementation of school based health services (SBHS) in decile one to three secondary schools, teen parent units and alternative education facilities and actions undertaken to implement *Youth Health Care in Secondary Schools: A framework for continuous quality improvement* in each school (or group of schools) with SBHS.	
	Initiative 3: Youth Primary Mental Health. As reported through PP26 (see below).	
	Initiative 5: Improve the responsiveness of primary care to youth. Report on actions to ensure high performance of the youth service level alliance team (SLAT) (or equivalent) and actions of the SLAT to improve health of the DHB's youth population.	

Performance measure		Performance expectation	
PP26: The Mental Health & Addiction Service Development Plan	Provide reports as specified for the focus areas of Primary Mental Health, District Suicide Prevention and Postvention, Improving Crisis Response services, improving outcomes for children, and improving employment and physical health needs of people with low prevalence conditions.		
PP27: Supporting Vulnerable Children		Report on activities in Annual Plan.	
PP28: Reducing Rheumatic fever	Reducing the Incidence of First Episode Rheumatic Fever	Report progress against BPS target.	
		Provide progress report against rheumatic fever prevention plan.	
		Provide report on lessons learned and actions taken following reviews.	
PP29: Improving waiting times for diagnostic services	95% of accepted referrals for elective coronary angiography will receive their procedure within 3 months (90 days).		
	95% of accepted referrals for CT scans, and 90% of accepted referrals for MRI scans will receive their scan within 6 weeks (42 days).		
	90% of people accepted for an urgent diagnostic colonoscopy will receive their procedure within two weeks (14 calendar days, inclusive), 100% within 30 days.		
	70% of people accepted for a non-urgent diagnostic colonoscopy will receive their procedure within six weeks (42 days), 100% within 90 days.		
	70% of people waiting for a surveillance colonoscopy will wait no longer than twelve weeks (84 days) beyond the planned date, 100% within 120 days.		
PP30: Faster cancer treatment		85% of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat.	
PP31: Better help for smokers to quit in public hospitals		95% of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking.	
PP32:Improving the quality of ethnicity data collection in PHO and NHI registers		Report on progress with implementation and maintenance of Ethnicity Data Audit Toolkit (EDAT).	
PP33: Improving Māori enrolment in PHOs		Meet and/or maintain the national average enrolment rate of 90%.	
PP34: Improving the percentage of households who are smoke free at six weeks postnatal		*Pending*	
PP36: Reduce the rate of Māori under the Mental Health Act: section 29 community treatment orders		Reduce the rate of Māori under the Mental Health Act (s29) by at least 10% by the end of the reporting year.	
PP37: Improving breastfeeding rates		60% of infants are exclusively or fully breastfed at three months.	
PP38:Delivery of response actions in annual plan		Report on activities in Annual Plan.	
SI1: Ambulatory sensitive hospitalisations		0-4	See System Level Measure Improvement Plan included as Appendix B.
		45-64	3424
SI2: Delivery of Regional Plans	Provision of a progress report on behalf of the region agreed by all DHBs within that region.		
SI3: Ensuring delivery of Service Coverage	Report progress towards resolution of exceptions to service coverage identified in the Annual Plan, and not approved as long term exceptions, and any other gaps in service coverage (as identified by the DHB or by the Ministry).		

Performance measure		Performance expectation
SI4: Standardised Intervention Rates (SIRs)	Major joint replacement procedures - a target intervention rate of 21 per 10,000 of population.	
	Cataract procedures - a target intervention rate of 27 per 10,000 of population.	
	Cardiac surgery - a target intervention rate of 6.5 per 10,000 of population.	
	Percutaneous revascularization - a target rate of at least 12.5 per 10,000 of population.	
	Coronary angiography services - a target rate of at least 34.7 per 10,000 of population.	
SI5: Delivery of Whānau Ora	Provide reports as specified about engagement with Commissioning Agencies and for the focus areas of mental health, asthma, oral health, obesity, and tobacco.	
SI7: SLM total acute hospital bed days per capita	As specified in the jointly agreed (by district alliances) SLM Improvement Plan.	
SI8: SLM patient experience of care	As specified in the jointly agreed (by district alliances) SLM Improvement Plan.	
SI9: SLM amenable mortality	As specified in the jointly agreed (by district alliances) SLM Improvement Plan.	
SI10: Improving cervical screening coverage		80% coverage for all ethnic groups and overall.
SI11: Improving breast screening rates		70% coverage for all ethnic groups and overall.
OS3: Inpatient Average Length of Stay (LOS)	Elective LOS suggested target is 1.47 days, which represents the 75th centile of national performance.	1.4 days
	Acute LOS suggested target is 2.3 days, which represents the 75th centile of national performance.	≤2.35 days
OS8: Reducing Acute Readmissions to Hospital		TBA – indicator definition currently under review.
OS10: Improving the quality of identity data within the National Health Index (NHI) and data submitted to National Collections		
Focus Area 1: Improving the quality of data within the NHI	New NHI registration in error (causing duplication)	Group A >2% and <= 4% Group B >1% and <=3% Group C >1.5% and <= 6%
	Recording of non-specific ethnicity in new NHI registrations	>0.5% and <= 2%
	Update of specific ethnicity value in existing NHI record with non-specific value	>0.5% and <= 2%
	Validated addresses excluding overseas, unknown and dot (.) in line 1	>76% and <= 85%
	Invalid NHI data updates	TBA
Focus Area 2: Improving the quality of data submitted to National Collections	NBRS collection has accurate dates and links to National Non-admitted Patient Collection (NNPAC) and the National Minimum Data Set (NMDS)	>= 97% and <99.5%
	National Collections File load Success	>= 98% and <99.5%
	Assessment of data reported to NMDS	>= 75%
	Timeliness of NNPAC data	>= 95% and <98%
Focus Area 3: Improving the quality of the Programme for the Integration of Mental Health data (PRIMHD)		Provide reports as specified about data quality audits.

Performance measure	Performance expectation
Output 1: Mental Health output Delivery Against Plan	Volume delivery for specialist Mental Health and Addiction services is within 5% variance (+/-) of planned volumes for services measured by FTE; 5% variance (+/-) of a clinically safe occupancy rate of 85% for inpatient services measured by available bed day; actual expenditure on the delivery of programmes or places is within 5% (+/-) of the year-to-date plan.
DV4: Improving patient experience	No performance expectation/target set.
DV6: SLM youth access to and utilisation of youth appropriate health services.	No performance expectation/target set.
DV7: SLM number of babies who live in a smoke-free household at six weeks post natal	No performance expectation/target set.

APPENDIX A

Wairarapa District Health Board

2017/18 Statement of Performance Expectations

Presented to the House of Representatives pursuant to section 149(L) of the Crown Entities Act 2004.

2017/18 Statement of Performance Expectations including Financial Performance

This Statement of Performance Expectations (SPE) is a requirement of the Crown Entities Act 2013 and serves three purposes:

1. To allow the responsible Minister to participate in setting the annual performance expectations of the Wairarapa DHB
2. To provide parliament with information on these expectations, and
3. To provide a base against which actual performance can be assessed. The actual results of service performance against what was forecast here will be published in our 2017/18 Annual Report.

Board Statement

In signing this statement, we acknowledge that we are responsible for the information contained in the Statement of Performance Expectations (SPE) for the Hutt valley District Health Board.

This information has been prepared in accordance with the requirements of the Crown Entities Act 2004. The SPE sets out our performance expectations for the period from 1 July 2017 to 30 June 2018.

Signed on behalf of the Board

Sir Paul Collins, Board Chair
Date: 20.11.17

Leanne Southey, Deputy Chair
Date: 20.11.17

Output class measures

Four Output Classes are used by (all) DHBs to reflect the nature of services provided. The aim of selecting output measures within each class for inclusion in the SPE is to ensure that the SPE meaningfully supports the key strategic priorities of the Wairarapa DHB's planned activities as outlined in the earlier Sections of this Annual Plan, and to provide a representation of the vast scope of business as usual services we provide in support of our strategic goals.

In identifying appropriate output measures[1] within each output class we have included, in addition to volume measures, a mix of measures that help us evaluate different aspects of our performance. These measures indicate performance against service coverage (encompassing health equity) quality, volume (quantity) and timeliness. The intervention logic is depicted in Figure 1.

Some performance measures are demand-based and are included to provide a picture of the services funded and/or provided by the Wairarapa DHB. For such measures, there are no assumptions about whether an increase or decrease is desirable. As such the "target" represents an estimation of the service delivery for 2017/18 based on historical and population trends.

The following tables provide baselines, forecasts and targets for each output area.

Reference key			
HT	(National) Health Target*	C	Coverage
SLM	System Level Measure*	V	Volume (quantity) measure
PP	Policy priority measure*	Q	Quality measure
SI	System Integration measure*	T	Timeliness measure
OP	Output measure*		
OS	Ownership measure*		*These measures are part of the National non-financial performance monitoring framework.
DV	Development measure*		
WPI	Wairarapa DHB performance indicator		
3DHB[2]	3DHB performance indicator (Capital & Coast DHB, Hutt Valley DHB, Wairarapa DHB)		

[1] Some performance measures show health indicators by locality, ie the people who live in the Wairarapa DHB's catchment, while other measures show performance of the services provided by Wairarapa DHB regardless of the service user's home district.

[2] Some measures show combined data for all 3 DHBs; Wairarapa, Hutt Valley and Capital & Coast, most often where services are provided on a sub-regional basis and data is not disaggregated by DHB. These measures are indicated in the tables as (3DHB).

Figure 1 – Intervention logic map for Wairarapa DHB SPE Output classes.

National	**NZ Health System intended outcomes:** **New Zealanders live longer, healthier and more independent lives.**						
Central Region Triple Aim	In the Central region we aim to achieve: • Improved health & equity for all populations • Improved quality, safety & experience of care • Best value for public health system resources						
DHB vision	**Better health for all**						
System level health outcome measures	**For the Wairarapa success will mean:** • Improved health equity - reduced outcome disparity in system level measures • Reduction in Ambulatory sensitive hospital (ASH) admissions 0-4 yr olds and age 45-64 • Reduction in amenable mortality rates • Reduction in Acute Hospital bed days per capita • Improved scores across domains of the patient experience survey • Increase in number of babies in smoke-free homes at 6 weeks • Improved youth health – reduced hospitalisations for self harm and increased chlamydia testing						
Impacts How we measure our progress.	• Increased and more equitable number of babies who live in smoke-free households. • More babies breastfed. • More adults and pregnant women offered help to quit smoking. • High proportion 8-month old immunised equitably across ethnicities. • Improved and more equitable oral health for children. • More women screened for breast and cervical cancers equitably across ethnicities.		• More adults referred to Green Prescription program. • Increased and more equitable number of patients enrolled in PHOs. • More people assessed for CVD risk equitably across ethnicities. • Improved access to mental health and addiction services. • Reduced Rheumatic Fever (first) hospitalisation rates. • More patients attend planned appointments equitably across ethnicities.		• Shorter stays in our Emergency Department. • Shorter and equitable waiting time for cancer diagnosis and treatment. • Timely access to planned elective services. • Proportion of older people receiving long term support that are comprehensively clinically assessed (inter RAI). • Number of people registered with Disability Alert.	
DHB intended outcomes	• Environmental and disease hazards minimized • Lifestyle factors affecting health well managed • Children have a healthy start in life • Long term conditions well managed • Improved health, wellbeing & independence of our older people			• Responsive services for people with disabilities • People receive high quality hospital and specialist health services when needed • People receive high quality mental health services when needed • Reduced health disparities			
Outputs Services provided	**Prevention** • Health protection & regulatory services • Health promotion & education • Pop-In health screening • Immunisation • Smoking cessation		**Early Detection & Management** • Primary health care • Oral health • Community care • Pharmacy services • Diagnostics	**Intensive Assessment & Treatment** • Mental Health & Addictions services • Elective and acute medical and surgical services • Cancer services • Maternity		**Rehabilitation & support** • Disability services • Health of older people • Age-related residential care • Needs assessment • Home based care • Palliative care	
Inputs	People & knowledge	Collaborative partnerships	Quality systems & processes	Technology	Facilities	Funding	Risk management

Output class 1: Prevention Services

Prevention services

- Preventative services are publicly funded services that protect and promote health in the whole population or identifiable sub-populations comprising services designed to enhance the health status of the population as distinct from treatment services which repair/support health and disability dysfunction.
- Preventative services address individual behaviours by targeting population wide physical and social environments to influence health and wellbeing.
- Preventative services include health promotion to ensure that illness is prevented and unequal outcomes are reduced; statutorily mandated health protection services to protect the public from toxic environmental risk and communicable diseases; and, population health protection services such as immunisation and screening services.
- On a continuum of care these services are public wide preventative services.

Outputs measured by	Note		Target/Est. 2017/18	Baseline	Baseline data date
Health protection and statutory regulation					
The number of disease notifications investigated in the sub region.	V	3DHB	1,692	1,692	2015/16
The number of environmental health investigations in the sub region.	V	3DHB	988	988	2015/16
The number of premises visited for alcohol controlled purchase operations in the sub region.	V	3DHB	142	142	2015/16
Health promotion and education					
Number of adult referrals to the Green Prescription program.	V	WPI	300	124	2016/17
Number of new referrals to Public Health nurses in primary/intermediate schools.	V	WPI	≥185	185	2015/16
Smoking cessation					
Percentage of PHO enrolled patients who smoke and have been offered help to quit smoking by a health care practitioner in last 15 months.	C	HT5	≥90%	87%	16/17 Q2
Percentage of hospitalized smokers receiving advice and help to quit.	Q	PP31	90%	91%	16/17 Q2
Percentage of pregnant women who identify as smokers upon registration with a DHB-employed midwife or LMC being offered brief advice and support to quit smoking.	Q	HT5	≥90%	80%	16/17 Q2
Immunisation					
Percentage of 2-year olds fully immunised.	C	PP21	≥95%	94%	16/17 Q2
Percentage of 8-month olds fully vaccinated	C	HT4	≥95%	96%	16/17 Q2
Percentage of year 7 children provided Boostrix vaccination in schools in Wairarapa district.	C	WPI	≥70%	83%	2015/16
Percentage of year 8 girls vaccinated against HPV (final dose) in Wairarapa district schools.	C	PP21	75%	≥75%	15/16 Q4

Outputs measured by	Note		Target/Est 2017/18	Baseline	Baseline data date
Breastfeeding					
Percentage of infants fully or exclusively breastfed at 3-months.	Q	PP37	≥60%	52%	2015/16 (Jul-Dec 2015)
Population based screening services					
Percentage of eligible children receiving a B4 School Check.	C	WPI	≥90%	Quintile 5: 98% Total: 95%	2015/16
Percentage of eligible women (25-69 years) having cervical screening in last 3 years.	C	SI10	>80%	Māori 71% Total: 76%	2016/17 Q2
Percentage of eligible women (50-69 years) having breast screening in the last 2 years.	C	SI11	>70%	Māori 70% Total: 76%	2016/17 Q2

Output class 2: Early detection and management

Early detection and management

- Early detection and management services are delivered by a range of health and allied health professionals in various private, not-for-profit and government service settings. Include general practice, community and Māori health services, Pharmacist services, Community Pharmaceuticals (the Schedule) and child and adolescent oral health and dental services.
- These services are by their nature more generalist, usually accessible from multiple health providers and from a number of different locations within the DHB.
- On a continuum of care these services are preventative and treatment services focused on individuals and smaller groups of individuals.

Outputs measured by	Note		Target/Est 2017/18	Baseline	Baseline data date
Primary Care services / Long term conditions management					
Percentage of DHB-domiciled population enrolled in a PHO.	C	PP33	≥99%	Māori: 97% Total: 99%	Jan 2017 register
Percentage of practices with a current Diabetes Practice Population plan (or LTC plan that includes diabetes).	C	WPI	100%	100%	2015/16
Percentage of eligible population assessed for CVD risk in last 5 years.	C	PP20	≥90%	90%	2016/17 Q2
The number of new and localised HealthPathways in the sub-region.	V	3DHB	375	250	2016/17 Forecast
The average number of users accessing the HealthPathways website in the last month of the financial year.	V	3DHB	2,000	1,703	2016/17 Forecast
Oral health					
Percentage of children under 5 years enrolled in DHB-funded dental services.	C	PP13	≥95%	91%	2015 calendar year
Percentage of adolescents accessing DHB-funded dental services.	C	WPI	≥85%	67%	2015 calendar year
Pharmacy services					
Number of initial prescription items dispensed.	V	WPI	Est. ≥436,515	350,352	Est based on data as at Feb 2017 (6 mths)
Percentage of DHB domiciled populations dispensed at least one prescription item.	C	WPI	Est. ≥80%	80%	2015/16
Number of people participating in a Community Pharmacy anticoagulant management service in a pharmacy.	V	WPI	≥45	48	Feb 2017
Percentage of people registered with a Long Term Conditions (LTC) Program in a Pharmacy.	C	WPI	≥4%	5.5%	Feb 2017

Output class 3: Intensive assessment and treatment

Intensive Assessment and Treatment services

- Intensive assessment and treatment services are delivered by a range of secondary, tertiary and quaternary providers using public funds. These services are usually integrated into facilities that enable co-location of clinical expertise and specialized equipment such as a 'hospital'. These services are generally complex and provided by health care professionals that work closely together.
- They include:
  - Ambulatory services (including outpatient, district nursing and day services) across the range of secondary preventive, diagnostic, therapeutic, and rehabilitative services
  - Inpatient services (acute and elective streams) including diagnostic, therapeutic and rehabilitative services
  - Emergency Department services including triage, diagnostic, therapeutic and disposition services
- On a continuum of care these services are at the complex end of treatment services and focussed on individuals.

Outputs measured by	Note		Target/Est. 2017/18	Baseline	Baseline data date
Mental Health and Addiction services					
Number of people accessing secondary Mental Health Services.	V	PP6	Māori: Est 535 Total: Est 1891	Māori: 665 Total:1521	Year Ended Sept 2016
Percentage of patients 0-19 yrs referred to non-urgent child & adolescent mental health services & seen within 8 weeks.	T	PP8	≥95%	97%	Year Ended Sept 2016
Percentage of patients 0-19 years referred to non-urgent child & adolescent Addiction services & seen within 8 weeks.	T	PP8	≥95%	87%	Year Ended Sept 2016
Percentage of people admitted to an acute mental health inpatient service that were seen by the mental health community team in the 7 days prior to admission.	Q	WPI	Local target: 50% (Nat'l ≥75%)	35%	SSP 15/16 [3]
Percentage of people discharged from an acute mental health inpatient service that were seen by the mental health community team in the 7 days following discharge.	Q	WPI	Local target: 65% (Nat'l ≥90%)	38%	SSP 15/16[3]
Elective and Acute (Emergency Dept.) inpatient/outpatient					
Number of surgical elective discharges.	V	HT2	≥2,417	2,362	annual est. based on 2016/17 YTD Q2
Percentage of patients admitted, discharged or transferred from ED within 6 hours.	T	HT1	95%	≥95%	2016/17 Q2
Standardised inpatient average length of stay ALOS (Acute).	T	OS3	≥2.35	2.31	2016/17 Q2
Standardised inpatient average length of stay ALOS (Elective).	T	OS3	≥1.55	1.39	2016/17 Q2
Rate of inpatient falls causing harm per 1,000 bed days.	Q	WPI	≤1.3	1.15	SSP 15/16 [3]
Rate of hospital acquired pressure injuries per 1,000 bed days.	Q	WPI	≤0.50	0.65	SSP 15/16[3]
Rate of identified medication errors causing harm per 1,000 bed days.	Q	WPI	≤0.65	0.90	SSP 15/16[3]
Weighted average score in Patient Experience Survey	Q	SI8	≥8.3	8.9	Aug-16
Percentage Did Not Attend (DNA) appointments for outpatient First Specialist assessments.	Q	WPI	≤8%	7.30%%	Jul-Dec 16
Percentage DNA appointment for follow-up Specialist appointments.	Q	WPI	≤6%	6.90%	Jul-Dec 16

[3] Baseline data sourced from the Wairarapa DHB 2015/16 Annual Report Statement of Service Performance (SSP)

Outputs measured by	Note		Target/Estimate 2017/18	Baseline	Baseline data date
Cancer services					
Percentage of patients, ready for treatment, who waited less than 4 weeks for radiotherapy or chemotherapy.	T	WPI	100%	100%	2014/15
Percentage of patients receiving their first cancer treatment (or other management) within 31 days from date of decision-to-treat.	T	PP30	≥85%	91%	16/17 Q2
Percentage of patients with a high suspicion of cancer and a need to be seen within 2 weeks that received their first cancer treatment (or other management) within 62 days of being referred.	T	HT3	≥95%	82%	16/17 Q2

Output class 4: Rehabilitation and Support

Rehabilitation and Support services

- Rehabilitation and support services are delivered following a 'needs assessment' process and co-ordination input by NASC Services for a range of services including palliative care, home-based support and residential care services.
- On a continuum of care these services will provide support for individuals

Outputs measured by	Note		Target/Estimate 2017/18	Baseline	Baseline data date
Disability care services					
Number of sub-regional and Wairarapa Disability forums.	V	WPI	≥1	WRP: 1 3DHB: 1	SSP 15/16[1] baseline
Number of sub-regional Disability newsletters published.	V	WPI	≥2	8	SSP 15/16[1] baseline
Total number of hospital staff that have completed the Disability Responsiveness eLearning module.	Q	WPI	50	0	New
Total number of Disability alert registrations	Q	WPI	≥324	130	2014/15
Health of Older People (HOP) services					
Percentage of people 65+ years who have received long term home support services in the last 3 months who have had comprehensive clinical [InterRAI] assessment and a completed care plan.	C	PP23	100%	100%	2016/17 Q2
Percentage of people 65+years receiving DHB funded HOP support, that are being supported to live at home.	C	PP23	≥ 65%	68%	snapshot first fortnight of Oct16
Percentage of the population aged 75+ years that are in Aged Residential Care (including private payers).	C	WPI	≤ 12.2%	11%	Jun 2016 snapshot
Percentage of residential care providers being awarded 3-year (or more) certification in the planned year.	Q	WPI	≥83%	82%	2015/16

Financial Performance Summary

PROSPECTIVE FINANCIAL PERFORMANCE BY OUTPUT CLASS FOR THE THREE YEARS ENDED 30 JUNE 2018, 2019, 2020 AND 2021

Prospective Summary of Revenues and Expenses by Output Class	2017/18	2018/19	2019/20	2020/21
	Plan	Plan	Plan	Plan
	$000	$000	$000	$000
Early Detection				
Total Revenue	41,044	41,893	42,746	43,598
Total Expenditure	41,347	42,139	42,787	43,470
Net Surplus / (Deficit)	(303)	(247)	(41)	128
Rehabilitation & Support				
Total Revenue	21,593	22,035	22,477	22,909
Total Expenditure	23,810	24,267	24,658	25,060
Net Surplus / (Deficit)	(2,216)	(2,232)	(2,181)	(2,151)
Prevention				
Total Revenue	1,068	1,086	1,109	1,131
Total Expenditure	1,829	1,388	1,405	1,423
Net Surplus / (Deficit)	(761)	(302)	(296)	(291)
Intensive Assessment & Treatment				
Total Revenue	91,552	93,726	95,932	98,208
Total Expenditure	91,431	93,001	94,392	95,918
Net Surplus / (Deficit)	122	725	1,540	2,290
Consolidated Surplus / (Deficit)	(3,159)	(2,056)	(978)	(24)

PROSPECTIVE STATEMENT OF FINANCIAL PERFORMANCE (COMPREHENSIVE INCOME) FOR THE FOUR YEARS ENDED 30 JUNE 2018, 2019, 2020 AND 2021

Statement of Comprehensive Income	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
	Audited Actual	Forecast	Plan	Plan	Plan	Plan
	$000	$000	$000	$000	$000	$000
Revenue						
Ministry of Health Revenue	138,727	141,791	148,496	150,956	153,458	156,003
Other Government Revenue	2,338	2,433	2,277	2,311	2,334	2,357
Other Revenue	5,334	5,307	4,490	4,537	4,582	4,628
Total Revenue	**146,399**	**149,530**	**155,263**	**157,804**	**160,375**	**162,988**
Expenditure						
Personnel	45,421	46,805	47,644	48,470	49,310	50,280
Outsourced Services	3,825	5,023	3,628	3,564	3,503	3,443
Clinical Supplies	10,169	10,106	10,286	9,978	9,678	9,388
Infrastructure and Non Clinical	8,064	8,097	9,079	8,807	8,543	8,287
Payments to Non-DHB Providers	43,679	43,871	47,313	48,023	48,743	49,475
Inter District Flows	34,166	35,666	36,552	37,100	37,657	38,221
Interest, Depreciation and Amortisation	2,990	2,827	3,918	3,918	3,918	3,918
Total Expenditure	**148,314**	**152,393**	**158,422**	**159,861**	**161,353**	**163,013**
Total Comprehensive Income/(Deficit)	**(1,915)**	**(2,863)**	**(3,159)**	**(2,056)**	**(978)**	**(24)**

PROSPECTIVE STATEMENT OF MOVEMENT IN EQUITY FOR THE FOUR YEARS ENDED 30 JUNE 2018, 2019, 2020 AND 2021

Statement of Movement in Equity	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
	Audited Actual	Forecast	Plan	Plan	Plan	Plan
	$000	$000	$000	$000	$000	$000
Balance at 1 July						
Prior year equity closing balance correction	6,078	7,165	31,045	33,886	31,830	30,852
Net surplus / (deficit) for the year	(1,915)	(2,863)	(3,159)	(2,056)	(978)	(24)
Other Movements in Equity	2	0	0	0	0	0
Total comprehensive income	**(1,913)**	**(2,863)**	**(3,159)**	**(2,056)**	**(978)**	**(24)**
Equity injection from the Crown	3,000	26,743	6,000	0	0	0
Movements in equity for the year	**3,000**	**26,743**	**6,000**	**0**	**0**	**0**
Balance at 30 June	**7,165**	**31,045**	**33,886**	**31,830**	**30,852**	**30,828**
Total comprehensive income attributable to:						
Wairarapa District Health Board	(1,915)	(2,863)	(3,159)	(2,056)	(978)	(24)

PROSPECTIVE STATEMENT OF FINANCIAL POSITION (BALANCE SHEET) FOR THE FOUR YEARS ENDED 30 JUNE 2018, 2019, 2020 AND 2021

Statement of Financial Position	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
	Audited Actual	Forecast	Plan	Plan	Plan	Plan
	$000	$000	$000	$000	$000	$001
Equity						
Crown equity	42,037	68,780	74,780	74,780	74,780	74,780
Revaluation reserve	5,558	5,558	5,558	5,558	5,558	5,558
Retained earnings	(40,430)	(43,293)	(46,452)	(48,508)	(49,486)	(49,510)
Total equity	**7,165**	**31,045**	**33,886**	**31,830**	**30,852**	**30,828**
Liabilities						
Term loans & borrowings	19,802	235	152	56	(0)	(0)
Employee benefits (non-current)	620	619	619	619	619	619
Trust funds	274	318	318	318	318	318
Total non-current liabilities	**20,696**	**1,172**	**1,089**	**993**	**937**	**937**
Current liabilites						
Cash & cash equivalents - Overdraft	1,412	1,937	2,520	4,466	5,264	4,963
Interest-bearing loans & borrowings	6,324	74	79	85	85	(0)
Payables & accruals	9,345	10,810	10,531	10,531	10,531	10,531
Employee benefits	7,720	7,961	8,041	8,041	8,041	8,041
Total current liabilities	**24,801**	**20,782**	**21,170**	**23,122**	**23,920**	**23,534**
Total liabilities	**45,497**	**21,953**	**22,259**	**24,115**	**24,857**	**24,471**
Total equity & liabilities	**52,662**	**52,998**	**56,145**	**55,945**	**55,709**	**55,299**
Assets						
Property, plant & equipment	45,197	45,517	45,277	45,124	45,135	44,872
Intangible assets	1,089	915	4,351	4,304	4,057	3,910
Investments	917	949	949	949	949	949
Total non-current assets	**47,203**	**47,380**	**50,577**	**50,377**	**50,141**	**49,731**
Cash & cash equivalents	8	4	4	4	4	4
Inventories	903	1,024	1,024	1,024	1,024	1,024
Trade & other receivables	4,498	4,540	4,540	4,540	4,540	4,540
Assets classified as held for sale	50	50	0	0	0	0
Total current assets	**5,459**	**5,618**	**5,568**	**5,568**	**5,568**	**5,568**
Total assets	**52,662**	**52,998**	**56,145**	**55,945**	**55,709**	**55,298**

PROSPECTIVE STATEMENT OF CASHFLOW FOR THE FOUR YEARS ENDED 30 JUNE 2018, 2019, 2020 AND 2021

Statement of Cashflow	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
	Audited Actual	Forecast	Plan	Plan	Plan	Plan
	$000	$000	$000	$000	$000	$001
Cash flows from operating activities						
Operating receipts:						
Government & crown agency revenue	140,600	144,983	151,177	153,677	156,206	158,778
Other	5,213	4,504	3,998	4,038	4,079	4,119
Payments to suppliers & employees	(144,611)	(148,384)	(154,423)	(155,941)	(157,434)	(159,094)
Capital charge paid	(226)	(281)	(2,179)	(1,900)	(1,900)	(1,900)
Income tax paid	0	0	0	0	0	0
Goods and Services Tax (net)	(61)	68	0	0	0	0
Net cash flows from operating activities	**915**	**889**	**(1,427)**	**(126)**	**951**	**1,904**
Cash flows from investing activities						
equipment	(2,854)	(1,765)	(5,142)	(1,795)	(1,759)	(1,585)
Interest received	50	57	64	65	65	66
Dividends received	107	8	24	24	24	25
Investment	(28)	12	0	0	0	0
Net cash flows from investing activities	**(2,726)**	**(1,687)**	**(5,054)**	**(1,706)**	**(1,669)**	**(1,494)**
Cash flows from financing activities						
Equity injected	3,000	1,000	6,000	0	0	0
Repayments of loans	(63)	(68)	(78)	(90)	(56)	(85)
Interest paid	(1,032)	(663)	(24)	(23)	(24)	(24)
Net cash flows from financing activities	**1,905**	**269**	**5,898**	**(113)**	**(80)**	**(109)**
Net increase / (decrease) in cash held	**95**	**(530)**	**(583)**	**(1,945)**	**(798)**	**301**
Cash & cash equivalents at beginning of ye	(1,499)	(1,404)	(1,934)	(2,516)	(4,462)	(5,259)
Cash & cash equivalents at end of year	**(1,404)**	**(1,934)**	**(2,516)**	**(4,462)**	**(5,259)**	**(4,959)**

Financial Assumptions

The assumptions are the best estimates of future factors which affect the predicted financial results. As such there is necessarily a degree of uncertainty about the accuracy of the predicted result, which is unable to be quantified. Factors which may cause a material difference between these prospective financial statements and the actual financial results would be a change in the type and volume of services provided, significant movement in staff levels and remuneration, plus unexpected changes in the cost of goods and services required to provide the planned services.

Revenue

- PBFF Increase as per Funding Envelope
- IDF levels based on Funding Envelope or agreed changes within the sub-region.

Expenditure

- Personnel expenditure increase assumed to be 2% and as per contracts
- Supplies and expenses based on current contract prices where applicable
- Provider Arm 2016/17 achieved baseline savings targets are included in 2017/18 where these are on-going
- Depreciation includes base, plus work in progress, plus new purchases
- Capital Charge at 6% payable half yearly
- Total Capital Expenditure of $5.1 million is planned for 2017/18

Capital Plan

The operational capital funding requirements for the Provider Arm will be met from cash flow from depreciation expense and prioritised with the clinical leaders both within the Directorates and across the Provider Arm. Only items of a legal & safety nature, or essential to support the District Annual and Strategic Plans, have been included in the CAPEX budget. The baseline CAPEX for 2017/18 of $1.6 million and $3.5 million for strategic CAPEX is required to be funded externally. The DHB anticipates the two major strategic IT projects, i.e. national (NOS); regional (RHIP); sub-regional (MH); and local (webPAS), will require additional capital support.

Debt & Equity

Equity Drawing

Wairarapa DHB anticipates $6.0 million deficit support will be required for the 2017/18 financial year.

Working Capital

The Board has a working capital facility with the Westpac bank, which is part of the national DHB collective banking arrangement negotiated by NZ Health Partnerships Limited. This facility is limited to one month's provider's revenue, to manage fluctuating cash flow needs for the DHB.

Gearing and Financial Covenants

No gearing or financial covenants are in place.

Asset Revaluation

Current policy is for land and buildings to be revalued every 5 years. A revaluation was last completed in the year ended 30 June 2013.

Strategy for disposing of assets

The DHB regularly reviews its fixed asset register, and undertakes fixed asset audits in order to dispose of assets which are surplus to requirements. This ensures that the DHB reduces its level of capital to the minimum consistent with the supply of contracted outputs.

Disposal of Land

All land that has legally been declared to be surplus to requirements will be disposed of following the statutory disposal process defined in the Public Works Act 1991, the Health Sectors Act 1993, the New Zealand Public Health and Disabilities Act 2000, the Reserves Act 1977 and the Māori Protection Mechanism Regulations set up to fulfil the Crown's obligations under the Treaty of Waitangi.

Wairarapa DHB
Wairarapa District Health Board
Te Poari Hauora a-rohe o Wairarapa

Wairarapa District Health Board
System Level Measures Improvement Plan 2017/18

CompassHealth
Working together, towards healthy and flourishing communities

Signatories

Tihei Wairarapa	
	Bob Francis, Chair
Wairarapa DHB	
	Adri Isbister, Chief Executive
Compass Health	
	Martin Hefford, Chief Executive

Table of Contents

Introduction

Background

In 2016, the Ministry of Health introduced the System Level Measures Framework, which was developed with a system-wide view of performance and built on the previous Integrated Performance Incentives Framework. Leading up to its introduction, the Ministry of Health worked with the Public Health sector to co-develop a suite of system level measures to support this whole-of-system view of performance.

In response to this, Wairarapa DHB submitted a System Level Improvement Plan which was approved by the Ministry of Health in November 2016. Wairarapa DHB's Plan was recognised by the Ministry as being an action-focused plan that made good use of data.

Wairarapa DHB, with the Tihei Wairarapa Alliance Executive Team (AET), has committed to work in partnership to refresh and further develop the plan, and to agree the 2017/18 Improvement Plan to be submitted to the Ministry of Health. Wairarapa DHB acknowledges Capital and Coast DHB's 2017/18 SLM Improvement Plan. This updated plan includes the following:

- Improvement Milestones, including quantitative targets, for six System Level Measures (SLMs) – two of which are new in 2017/18 and are developmental (that is, it is the first year for the developmental Measures),
- Activities to meet the SLM targets,
- A set of contributory measures aligned to the activities and targets, and
- District AET stakeholder agreement to the planned activities, milestones and measures.

In addition, the DHB has a local reporting and accountability framework.

There are activities underway in Wairarapa DHB that will lead to improvements in a number of SLM areas. Not all of these have been replicated across each SLM in this plan. The plan is focused on priority areas, to ensure on-going manageability. Where contributory measures are available in the Health Quality Measures New Zealand, they have been prioritised for use. Non-availability of contributory measures in this library has not precluded the use of other local contributory measures, as per Ministry guidance. Tihei Wairarapa is committed to including such measures in the library in future.

Māori health

Māori health is a key strategic priority for the Wairarapa DHB. Along with Te Oranga O Te Iwi Kainga, the Wairarapa DHB is committed to making practical and effective changes to the system to achieve positive outcomes for Māori. It is important that this document be read in conjunction with the annual plan where more specific activities that focus on positive outcomes for Māori are recorded.

All contributory measures will be monitored by Māori, Pacific and Total populations. Where this data is not currently collected, the Wairarapa DHB will ensure that steps are put in place to start collecting this data by ethnicity.

Wairarapa DHB SLM Plan Development 2017/18

Collaborative Development

Wairarapa DHB hosted a workshop attended by a range of relevant community agencies (including DHB clinical and senior management staff and Board members, Compass Health, local Member of Parliament, private hospitals, Aged Residential Care providers, Hospice, Regional Public Health, Wellington Free Ambulance, Iwi Kainga, and Pharmacists) to inform the development of the 2017/18 Annual Plan, of which the 2017/18 SLM Improvement Plan is part.

The development of the SLM Improvement Plan specifically has been led by a collaborative SLM Development Group comprising Executives and Clinical Leads in the PHO and DHB.
Other Groups that have been engaged with and/or provided with progress updates:

- Alliance Leadership Team (including local GPs)
- Alliance Executive Team
- Te Iwi Kainga
- Compass Health Clinical Quality Board
- Compass Health Board
- Wairarapa DHB Executive Leadership Team
- Director of Māori Health, WrDHB
- Director of Pacific Health, WrDHB

Links with Strategic Priorities

The Wairarapa SLM Improvement Plan is strongly linked to the Tihei Wairarapa Work Programme and Outcomes Dashboard.

The SLM development team agreed that the milestones for the SLMs should consider and align with strategic priorities across the sector, should focus on reducing inequity, and should be attainable while supporting the current performance of Wairarapa DHB. These principles remain appropriate and relevant for the 2017/18 Plan. The milestones are also aligned with the National Health Strategy, National Health Targets, and refreshed Better Public Services (BPS) Result areas, as reflected in the DHBs 2017/18 Annual Plan. For example:

SLM Area contributory measure	**Aligns with**
ASH rates for 0-4 year olds	• BPS Result 3 Keeping Kids Healthy • Raising Healthy Kids Health Target • Child Health planning priorities
Youth Sexual and Reproductive Health	• BPS Result 2 Healthy Mums and Babies • Reducing unintended teenage pregnancy planning priority
Babies in smoke-free households	• BPS Result 2 Healthy Mums and Babies • Better Help for Smokers to Quit Health Target • Raising Health Kids Health Target • Child health planning priority

2017/18 System Level Measures

The six SLMs being implemented from 1 July 2017 are:

- Ambulatory Sensitive Hospitalisation (ASH) rates per 100,000 for 0-4 year olds
- Acute hospital bed days per capita
- Patient experience of care
- Amenable mortality rates under 75 years
- Youth access to and utilisation of youth-appropriate health services (developmental)
- Proportion of babies who live in a smoke-free household at six weeks postnatal (developmental)

In 2017/18, 25% of PHO incentive pool funding will be paid on Quarter 4 achievement of the following three SLM improvement milestones and two primary care National Health Targets:

- Acute hospital bed days per capita
- ASH rates for 0-4 year olds
- Patient experience of care
- Better help for smokers to quit
- Increased immunisation for eight month olds (95% of eight months olds will have their primary course of immunisation - six weeks, three months and five months immunisation events - on time).

The 25% incentive funding is equally weighted across all five incentivised measures.

The Wairarapa DHB/Tihei Wairarapa agreed Improvement Milestones for 2017/18 are:

<table>
<tr><th>System Level Measure</th><th>Key Improvement Milestones</th><th>Date</th><th>2016/17 Target and latest results</th><th>2017/18 Target</th></tr>
<tr><td>ASH rates for 0-4 year olds</td><td>Wairarapa Māori 0-4 years non-standardised ASH rate per 100,000</td><td>End of Q4</td><td>Target - ≤ baseline of 9,647 per 100,000
Sep 2016 – 8,488</td><td>Further reduce non-standardised Māori 0-4 years ASH rate to 8060 per 100,000 population</td></tr>
<tr><td>Acute bed days per capita</td><td>Wairarapa total standardised ABD rate per 1,000</td><td>End of Q4</td><td>Target - ≤ 349 per 1000 with move to ≤300 in the future
Sep 2016 - 325</td><td>Standardised acute bed days reduce to 320 per 1000 population</td></tr>
<tr><td>Patient Experience survey</td><td>Wairarapa primary care and inpatients composite score (note national definition currently unavailable in library)
75% of practices participating in the primary care PES</td><td>End of Q4</td><td>Target - ≥ current baseline in all four domains
March – 7.95 to 8.4</td><td>Target - ≥ current baseline in all four domains – minimum of 8.0 for inpatient survey
75% of practices participating in the primary care PES</td></tr>
<tr><td>Amenable mortality rates</td><td>Wairarapa total 0-74 standardised AM rate per 100,000</td><td>End of Q4</td><td>Target - ≤ 119 per 100,000
June 2013 – 120.2 per 100,000</td><td>Reduce standardised rate to 120 per 100,000 by 2020/21</td></tr>
<tr><td>Youth access to and utilisation of youth-appropriate health services</td><td>Chlamydia testing coverage for 15 – 24 year olds (% of age group tested in one year)

Intentional self-harm hospitalisations (including short-stay hospital admissions through ED) for 15 - 19 year olds</td><td>End of Q4</td><td>Developmental only
2015 baseline:<table><tr><td></td><td colspan="2">15-19</td><td colspan="2">20-24</td></tr><tr><td></td><td>M</td><td>F</td><td>M</td><td>F</td></tr><tr><td>Testing coverage % pop</td><td>3.3</td><td>25.3</td><td>8.2</td><td>34.3</td></tr><tr><td>Positive results (per 100,000)</td><td>699</td><td>5538</td><td>2078</td><td>3982</td></tr></table>2017 national rate 75 per 10,000
Wairarapa rate 88 per 10,000</td><td>Increase testing coverage for 15 – 19 year old males to 10%

2018 Wairarapa rate of admissions for 15 – 19 year olds ≤ the national rate</td></tr>
</table>

Babies in smoke-free households	Percentage of babies that are six weeks old, who live in a household with no smoker present	End of Q4	Developmental only Baseline from WCTO dataset 2015/16: % of babies for whom the smokefree home field is completed = 15.5% Localised data set to be developed including PHO register domicile address.	Smokefree home data field is completed by WCTO providers for 90% of babies.

Improvement Plan

The following sections outline the agreed 2017/18 Wairarapa SLM Improvement Plan.

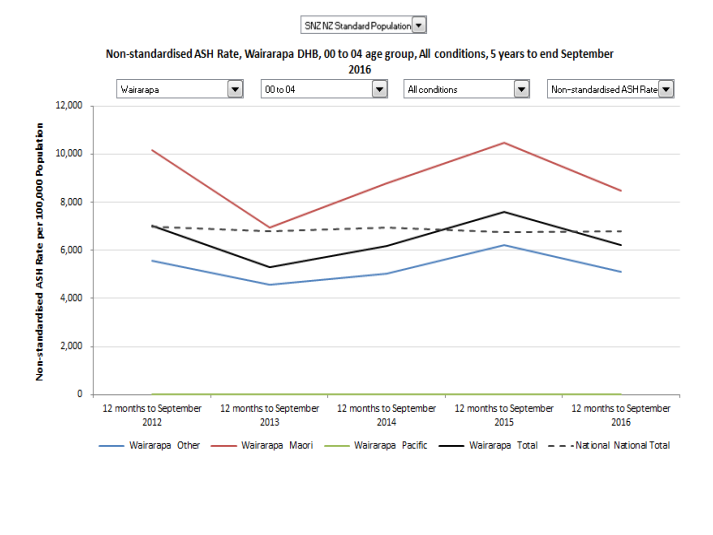
Ambulatory Sensitive Hospitalisations 0-4yo

Where we want to be

As a Wairarapa DHB system we want all our children to have a healthy start in life. One of the DHBs strategic goals is to improve child health and child health services in the Wairarapa Region. Our system will support all families to maximise their child's health and potential. In 2017/18 WrDHB will continue to focus on reducing the Māori ASH rates for 0 – 4 year olds further to 8060, a 5% reduction from the September 2016 rate of 8488.

Where we are now?

- Except for 2015, WrDHB rates are lower than national average over the past 5 years.
- Inequities are evident particularly with Māori children. No data is available for Pacific due to the small population.
- The ASH rates have dropped for both Māori (from 10471 to 8488) and Other (6218 to 5101) in the past year, but the rate for Māori remains high. Actual volumes are similar for Māori and non-Māori children (in the Year to Sep 2016 by volume, Māori 73, Other 88) –a further example of inequity in this area.
- Respiratory infections, asthma, gastroenteritis, dental and pneumonia are the top 5 conditions.



How we will get there

Target	**Activities**	**Contributory Measures**
Reduce Māori ASH rate for 0-4yo to 8060 per 100,000 population	Establish a Wairarapa intersectoral group, including Iwi representation, to develop collaborative approaches to the wellbeing of children Develop healthy lifestyle literature for all Māori and non-Māori Kohanga, pre-school, Kura, schools etc Engage with B4SC Teams to proactively target any inequity of access and referral rates for Māori Promote and support the Green Prescription programme Assess the value of immunisation services being delivered after hours Work with providers and community to focus specifically on Māori whānau declining immunisation	**BPS Result 3 – Keeping Kids Healthy** Decrease in rate of hospitalisations for previous conditions in children 0 – 5 yrs **Local Breastfeeding Network support** Breastfeeding rates **General Practice and Immunisation Network improvement initiatives** Immunisation rates (8mo & 2yo) **B4 School Check Quality Improvement** B4 School check rates and B4 School Check referral rates for obesity **Support improvements in dental care** Preschool dental enrolment **Child Skin & Respiratory Initiative** Whānau accessing "Breathe Easy" and "Health Skin" programmes (provided by Whaiora in collaboration with GP0s) All contributory measures will be monitored by Māori, Pacific & Total Population where data allows

Patient Experience of Care

Where we want to be

The Wairarapa system encourages patient involvement and feedback to support initiatives that will lead to improved patient experience of care. One of our priorities is to monitor the patient experience to ensure better health outcomes are achieved. In 2017/18 WrDHB will achieve a minimum composite score of 8.0 in all four domains for the inpatient survey and maintain or improve on current domain composite scores in primary care with the focus being on 75% of practices participating in the primary care PES. We will focus on supporting Māori to improve Māori response rates for the inpatient survey.

Where we are now?

- WrDHB inpatient survey is just below the NZ average for communication, coordination and physical & emotional needs, and on the national average for partnership.
- The composite score for Physical & Emotional needs has improved by 0.4 points on the previous year.
- We recognise that further support is required to engage Māori in patient experience surveys. Currently, response rates for inpatient surveys are lower for Māori than for European (relative to total number of patients).
- Māori consumers experience in health services appears to be less satisfactory than for non-Māori. Scores from Māori respondents are lower than non- Māori in all domains except communication in the Primary Care survey.

	Primary Care (May 2017)	Primary Care National Average	Inpatient (Q1 2017)	Inpatient National Average	Composite
Communication	8.5	8.5	8.2	8.3	**8.35**
Coordination	8.6	8.6	8.2	8.4	**8.4**
Partnership	7.6	7.7	8.3	8.3	**7.95**
Physical & Emotional Needs	7.9	7.9	8.5	8.6	**8.2**

How we will get there

Target	Activities	Contributory Measures
Better Patient Experience and Outcomes Target - ≥ current baseline in all four domains – all four 75% of practice participating in the primary care PES	• Identify and implement opportunities to improve patient and practice participation in surveys. • Establish a process for reviewing and using PES data, by ethnicity, to identify focus for continuous quality improvement • Develop implementation plan to improve organizational capability in customer care and culturally appropriate services • Develop terms of Reference and implement a Consumer Forum/Council, acknowledging the role of Iwi • Engage with and support Māori community leaders to improve Māori response rates	**Patient portal uptake support by PHOs** Patient portal uptake and activation **Health Information access supported** Number of patients accessing Health Navigator **Shared Electronic Health Record Update** % of patients with record available **DHB, PHO & Practice promotion of the patient experience survey** National Enrolment Service uptake by practices Practice participation in the patient experience survey All contributory measures will be monitored by Māori, Pacific & Total Population where data allows

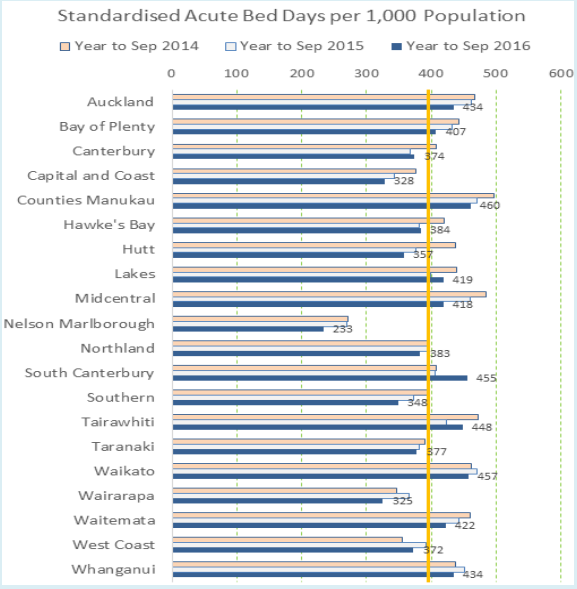
Acute Bed Days

Where we want to be

Better health for all is the WrDHB vision. We want our population to be well in the community and to receive appropriate care when they are not well. Our aim is to reduce acute bed days to 320 per 1000, in 2017/18. Improving length of stay has been a focus at WrDHB for some time, which is reflected in our low and continually improving rate. A short-term goal for 17/18 is to better manage respiratory conditions and cellulitis in primary care, and for GP practices to use stratification tools to identify populations at risk of admission. Further focused work is required on acute bed days for the >85 years age band. Advanced care planning and shared care plans will assist in addressing this is 2017/18 and beyond.

Where we are now?

- Acute length of stay in WrDHB is low and has continued to reduce (from 365 to 325 from Sep 2015 to Sep 2016).
- WrDHB is 2nd lowest in NZ, and well below the national average.
- Standardised bed days for all ethnicities have dropped in the past year. Māori have higher bed days than Pacific and Other. All are below the national average.
- Rehabilitation, other surgical follow-up, Neonatal, COPD, Circulatory disorders, cellulitis, heart failure and respiratory infections/inflammations are the top DRG for acute bed days. The ALOS for rehabilitation is considerably higher than for other diagnosis.
- Acute readmission is lower than the national average across most age groups.



How we will get there

Target	Activities	Contributory Measures
Reduce standardised acute bed days to 320 per 1000 population.	**Preventative Care** • Review and focus outcomes against the overall trajectory of Quit rates, by ethnicity and across the district, towards Smokefree NZ by 2025 **Proactive Care** • Implement an integrated and clearly defined acute and urgent service flow, using place as the organizing system for health • Promote integrated and proactive care planning in Primary Health **Acute Care** • Work with general practice on feasibility of joint urgent care service, so significantly unwell people are managed in the community if possible, and receive excellent hospital care if required	**Smoking cessation in primary care** Brief advice and/or cessation support rates Smoking Quit rate **Flu vaccination in primary care** Vaccination rates in >65yo **Risk stratification of those at high risk of admission** Number of practices using a tool that identifies population at risk of admission **Primary Options for Acute Care (POAC)** DVT and cellulitis uptake/ED presentations Uptake of new POAC pathways All contributory measures will be monitored by Māori, Pacific & Total Population where data allows

Amenable Mortality

Where we want to be

We want to have an effective WrDHB health system, for individuals and the population as a whole. The DHB's strategic goals and local priorities align with this and WrDHB will reduce its amendable mortality rate to 120 by the end of 2020/21, despite the increasing morbidity of the population. Our focus in 2017/18 and beyond is on reducing the Māori Amenable Mortality rate. Suicide and land transport accidents continue to have a large relative impact on the rate at WrDHB. We are continuing to develop an improved understanding of these factors (including by age and ethnicity), so effective solutions can be developed and implemented in future years.

Where we are now?

- WrDHB continue to have the 4th highest age Standardised rate in NZ. Large fluctuations over the last few years reflect the relative impact of changes due to small population size
- Inequities remain with the Māori population continuing to have the highest AM rates
- Coronary disease, cerebrovascular disease, female breast cancer, COPD, suicide and land transport accidents are the most prevalent conditions for WrDHB

Most recent data indicates actual numbers of provisional deaths from suicide (7) and land transport accidents (7) in 2013.

Amenable mortality deaths, age standardised rates, 0-74 year olds, 2013

Calculated using estimated resident population as at June 30

	2013		2009-2013
	Number of deaths	Age standardised rate	Average 4 highest
Northland	288	119.6	139.1
Waitemata	459	65.6	74.6
Auckland	381	72.9	87.5
Counties Manukau	601	104.4	113.0
Waikato	493	98.8	114.4
Lakes	162	120.6	137.4
Bay of Plenty	315	107.4	113.4
Tairawhiti	92	149.6	159.1
Hawkes Bay	229	104.2	115.3
Taranaki	153	95.6	116.6
Midcentral	252	110.9	116.2
Whanganui	98	110.5	138.7
Capital & Coast	290	80.5	78.7
Hutt Valley	174	97.2	94.2
Wairarapa	77	120.2	122.6
Nelson Marlborough	171	78.0	86.2
West Coast	62	141.4	134.2
Canterbury	612	91.1	92.7
South Canterbury	80	93.2	119.2
Otago	216	75.0	96.9
Southland	144	91.9	102.2
Overseas and undefined	52	...	...
Total New Zealand	**5401**	**92.8**	**102.0**

How we will get there

Target	Activities	Contributory Measures
0-74 years age standardised AM rate of 120 per 100,000 by 2020/21	**Preventative Care** • Undertake analysis of suicide impacts on AM rates, and use this to inform future interventions • Establish a Wairarapa intersectoral group, including Iwi representation, to develop collaborative approaches to support healthy lifestyles • Introduce self-management education for patients and their whānau – introduce Read Code for recording self-management education sessions in practices **Proactive Care** • Promote integrated and proactive care planning in primary health. • Complete pathways development for diabetes screening and management • Continue to implement 3D Health Pathways • Promote and support the Green Prescription programme • Facilitate early engagement of addiction clients and their whānau with addiction services • Review and focus outcomes against the overall trajectory of Quit rates, by ethnicity and across the district, towards Smokefree NZ by 2025	**Obesity Management Plan** Green Prescription Plus uptake **Suicide screening for at risk groups** Numbers of patients accessing primary mental health by age range **Sensible alcohol intake** Alcohol brief advice by age range **Diabetes collaborative management strategies with focus on Māori** Meeting diabetes clinical guidelines as per Compass Health Quality Indicator **Cervical screening in primary care with a focus on Māori** Screening rate **3D Health Pathways promoted in primary care** Number of pathways and utilisation **Cardiovascular risk management with a focus on Māori** High (>20%) CVD risk and prescribed a statin **Primary care access supported in primary care** Access ratio/utilisation rate by ethnicity **Accurate diagnosis of COPD** Patients accessing spirometry in primary care All contributory measures will be monitored by Māori, Pacific & Total Population where data allows

Youth access to and utilisation of youth-appropriate health services

Where we want to be

As a Wairarapa DHB system we want all our youth to have access to, and to utilise, appropriate services that meet their age-specific health needs. One of the DHBs priorities is to engage young people with health services where they are comfortable and receive youth friendly health care. Feedback from youth nationally indicates the important factors to them are a focus on prevention, education, raising awareness and improving access to youth friendly services. We will focus on engaging youth in the development of youth health services, and on improving youth engagement with health services in the 2017/18 year. This will inform priority areas for future years' activities.

Where are we now?

Self Harm

The rate of hospitalisations for intentional self-harm for Wairarapa 15-19 year olds is higher than the national average.
In 2017 the Wairarapa rate was 88 per 10,000 compared to the national rate of 75 per 10,000.

Chlamydia Testing

- 2015 baseline:

	15-19 years		20-24 years	
	M	F	M	F
Testing coverage % pop	3.3	25.3	8.2	34.3
positive results (per 100,000)	699	5538	2078	3982

How we will get there

Target	Activities	Contributory Measures
Reduce intentional self-harm hospitalisations (including short-stay hospital admissions through ED) 15-19 year olds to less than the national rate. Sexual and Reproductive Health – Increase chlamydia Testing coverage for 15 – 19 year old males to 10%.	• Improve data quality • Improve locations of clinics to increase engagement of young people in sexual/mental health services • Identify most effective means for reaching youth (eg. Marae, schools, sports facilities, churches, social media) and develop and distribute education material • Youth Kinex survey to identify service gaps and engage youth in planning services that meet their needs – to inform 2018/19 and future activities • Continue to build culturally competent services through free sexual health services to young people • Work with secondary schools to develop their Health Plans, so they are effective for all rangatahi	**Utilisation of Primary Health Services** % of young people enrolled in and utilising primary health care services Practice utilisation of PMHI extended consultation and packages of care for young people 15 – 24 years Number of young people accessing Youth Kinex **Sensible alcohol intake** Alcohol brief advice provided in primary care for 15-24 years **Contraceptive dispensing** % of young women 15 – 24 years prescribed for Intrauterine Device and oral contraceptive pill All contributory measures will be monitored by Māori, Pacific & Total Population where data allows

Babies in smoke-free households

Where we want to be

As a Wairarapa DHB system we want all our children to have a healthy start in life. Babies and children who have a smoke free home have better outcomes. One of our priorities is to reduce the rate of infant exposure to cigarette smoke. Maternal smoking is associated with a range of poor child health outcomes such as sudden unexpected death in infancy (SUDI) and low birth weight. This measure seeks to go beyond maternal smoking, focusing on the home and family/whānau environment. In addition to the benefits to babies of no smoke exposure, other members of the population would benefit from a change in households' smoking behavior. There is also potential for positive impact at a broader system level, due to the integrated approach required between maternity, community and primary care services.

Where we are now?

The quality of the data used in this measure is currently poor.
The baseline from the WellChild Tamariki Ora dataset 2015/16: % of babies for whom the smokefree home field is completed was 15.5%.
However we do know that 40% of babies enrolled with Whaiora at this time were living in homes with at least one smoker present.

How we will get there

Target	Activities	Contributory Measures
Percentage of babies that are six weeks old, who live in a household with no smoker present	**Preventative Care** • Work with WCTO providers, B4SC providers and LMCs to improve data quality • Ensure LMCs and GPs have resources to support them to work with families/whānau to support them to quit **Proactive Care** • Ensure families and whānau have access to information about smokefree households during pregnancy and in the post-natal period and support with the decision to quit smoking. **Equitable Access** • Direct approaches towards priority groups (Māori women and pregnant women, and their whānau) • Review and focus outcomes against the overall trajectory of Quit rates, by ethnicity and across the district, towards Smokefree NZ by 2025	**Well Child Tamariki Ora quality indicators:** % of infants who receive all WCTO core contacts due in their first year Number of mothers smoke-free at 2 weeks postnatal Number of children living in smoke free homes aged 4 years old **Maternity Clinical Indicators** BPS Result Area 2 - % of pregnant women registered with an LMC in the first trimester Levels of maternal tobacco use during postnatal period **Child Respiratory Initiative** Numbers of whānau accessing "Breathe Easy" programme **Smoking cessation in primary care** Brief advice and/or cessation support rates Smoking Quit rate All contributory measures will be monitored by Māori, Pacific & Total Population where data allows