Wairarapa DHB 2018/19 Annual Plan

INCORPORATING THE 2018/19 STATEMENT OF PERFORMANCE EXPECTATIONS

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Minister's 2018/19 Letter of Approval to Wairarapa DHB

Hon Dr David Clark

MP for Dunedin North
Minister of Health

Associate Minister of Finance

11 FEB 2019

Sir Paul Collins
Chair
Wairarapa District Health Board
paul@aehl.co.nz

Dear Paul

Wairarapa District Health Board 2018/19 Annual Plan

This letter is to advise you I have approved and signed Wairarapa District Health Board's (DHB's) 2018/19 Annual Plan for one year.

I have been clear that my expectation for the total DHB sector financial position was that it was an improvement on 2017/18. I am concerned that this expectation is unlikely to be met. I have previously emphasised to you that it is important DHBs are doing all they can locally to manage in a financially prudent way.

I understand your DHB has planned deficits for 2018/19 and the out years. I encourage your Board to consider appropriate activities to ensure that you reduce these projected deficits in 2018/19 and the coming years. This will require a concerted effort and I trust that you will continue to work with the Ministry of Health to evaluate and improve your financial performance.

Your Production Plan is still to be confirmed, and you will work with the Ministry to resolve this.

I am aware you are planning a number of service reviews in the 2018/19 year. My approval of your Annual Plan does not constitute acceptance of proposals for service changes that have not undergone review and agreement by the Ministry. 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.

It is really important that the health sector continues to deliver timely and effective services so that we can provide high quality and equitable outcomes for New Zealanders. I would like to thank you, your staff, and your Board for your valuable contribution and continued commitment to delivering quality health care to your population, and wish you every success with the implementation of your 2018/19 Annual Plan. I look forward to seeing your achievements.

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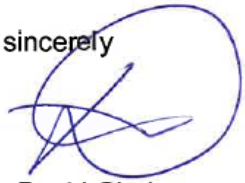
Please ensure that a copy of this letter is attached to the copy of your signed Annual Plan held by the Board and to all copies of the Annual Plan made available to the public.

Yours sincerely



Hon Dr David Clark
Minister of Health

cc: Ms Adri Isbister, Chief Executive, Wairarapa District Health Board, adri.isbister@wairarapa.dhb.org.nz

SECTION 1: Overview of Strategic Priorities

1.1 Strategic Intentions/Priorities

This Annual Plan confirms 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 five strategic priorities, which are listed below:

- The provision of Quality Care[1] in an environment of kindness and caring
- Accessible and equitable health outcomes
- Smart investment choices for Wairarapa
- We have the best people, places and tools to support what we do
- High performing teams driving organisational success

In agreeing local priorities with the Ministry of Health for 2018/19 and beyond four focus areas were signalled. These areas align with the national direction and the strategic themes identified by our Board.

a) **Primary and Community Care:** The DHB has high demand for primary care for its older people and an aging primary care workforce. The DHB is working with its PHO to increase efficiency and capacity of local primary care services through:
   Implementation Health Care Homes
   Investigation of co-location of urgent care with the emergency department
   Refresh and revitalisation of the Alliance
   Rebuilding of the Featherston medical centre as a community health hub.

b) **Mental Health:** The DHB has recently completed a review of local mental health services which has identified several areas for change:
   The DHB will consider potential changes to local contracts after the report of the Mental Health Inquiry has been made public
   The DHB will continue to access secondary and tertiary mental health services from Hutt Valley and Capital and Coast DHBs
   The DHB has had some success in its campaign to reduce suicides in its rural districts and will share its strategies with other DHBs.

c) **Sustainable service:** The DHB will redevelop their clinical services plan and long term investment plan to assure clinical safety and sustainability into the future. This will include:
   Continuing partnership with Selena Sutherland and neighbouring DHBs
   Investigation of new models of care including midwifery, and potential changes to 24/7 cover for all specialties, in discussion with the Ministry and neighbouring DHBs.

d) **Financial Sustainability:** The DHB will seek to improve its financial position and develop a plan to reach ongoing financial sustainability within 3-5 years. The Ministry is committed to helping the DHB as they look at the investments they would like to make for their population. The DHB will work

[1] Quality Care is defined as "Care that is Accessible, Appropriate and provided in Continuity. It is care that is Effective, Efficient, Responsive and Safe."

closely with the Ministry on any model of care changes. The DHB will share early cash flow information for equity support.

1.1.1 Population Performance

The DHB addresses performance challenges for groups of its population through a life course approach. The table below summarises the most significant actions we expect to deliver in the 2018/19 year to address local population challenges for the five identified life course groupings:

Life course group	One significant action that is to be delivered in 2018/19
Pregnancy	See Section 2.3 Work with Iwi to deliver culturally appropriate ante natal support and education for Māori
Early years and childhood	See Section 2.3 Establish a service level alliance for the development of child and youth services
Adolescence and young adulthood	
Adulthood	See Section 2.3 Improve acute and proactive care in the community through implementation of the Health Care Home model
Older people	See Section 2.3 Implement the 3 DHB model for 'Reducing the Incidence and Impact of Falls and fractures in Older people'

1.2 Message from the Board Chair

Following on from another challenging and demanding year where much has been achieved; more needs to be done to deliver on our key priority of improved and equitable health services and wellbeing for the people of the Wairarapa.

At a national level we have a new Labour led Government who have signaled an increased priority for primary care, mental health, public delivery of health services, and a strong focus on improving equity in health outcomes. These priorities sit squarely alongside our own priorities. We welcome the recently announced review of the New Zealand Health and Disability sector – the review has a long term focus on what an equitable, sustainable public health service should be and we look forward to contributing our views on what we see are the key issues particularly those facing a small community like the Wairarapa.

The Chief Executive, Adri Isbister's key message for this Annual Plan is that our focus on primary and community care requires a system based approach working both with sector partners and developing intersectoral partnerships, which are critical to improving the equity of health outcomes. The reality is real gains cannot be made in this sector by health alone. A concerted effort to work with all our stakeholders – Iwi, Rangitāne and Ngāti Kahungunu, District Councils, primary and secondary health providers, welfare, education, justice and most importantly our whānau and our community will bring about real and sustained change to improve the health of our population and most importantly equity of access to health services.

We will continue to work in collaboration with other DHB Services in the Central Region and in particular with Hutt Valley DHB and Capital & Coast DHB where we share many services. Technology is also a key enabler. Within the DHB and hospital environment, we have just replaced our legacy Patient Management system and later this year we will replace our Financial Management system with the Oracle based system used by fellow DHB Hutt Valley – this is a long overdue initiative with the current system now so old that it is not supported by any supplier.

Technology plays a significant role in Primary Care which will accelerate with the roll out of "Health Care Home".

Financially we continue to be challenged. In the year just finished we had a deficit of $9 million compared to a budget deficit of $3.1 million. Our base funding for 2018/19 has increased by $5.0 million – if our costs were unchanged year on year then our starting deficit for the current year would be $4 million. However, we are faced with an increase in non-controllable costs of some $6.0 million. Notwithstanding, we have done a comprehensive "line by line" review of our 2018/19 Budget. This has resulted in identifying $2.3 million in cost savings and efficiencies offset by $1.64 million in probable risks. Our final budget is for a deficit just below $9 million. Non-controllable risks remain such as IDF's and community pharmaceuticals exceeding budget.

In addition we have unbudgeted costs of up to $750,000 in respect of seismic evaluations and remediation.

The Board is acutely aware of the need to be fiscally prudent and is constantly balancing the need to identify and achieve savings whilst at the same time investing for the long term. This makes long term investment planning extremely challenging but it is critical given our ageing population in particular but also the need for equity in outcomes.

Notwithstanding these fiscal challenges, we remain firmly focused on achieving quality health outcomes for our community and being 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".

We have risks posed by an aging demographic resulting in increasing demand of all health services, legacy IT systems, deferred maintenance and vulnerability to the likes of IDF fluctuations and national wage settlements. I look forward to the progress we will make in the 2018/19 year.

1.3 Message from the Chief Executive

Wairarapa DHB (WrDHB) is looking ahead. We are a region that has the advantage of an interested, caring and close community that 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.

We have been through change in the last couple of years most significantly the refreshed executive leadership within WrDHB. We have a close relationship with Hutt Valley and Capital & Coast DHB's and the Boards acknowledge this. WrDHB share executive leadership with our sub-region DHB's notably ICT, Disability Services, Mental Health and Addiction Services, Pacific Peoples Health and Maternity. WrDHB acknowledges the valued, sustainable relationships and services created through integration and reviewed organisational structures focussed on local leadership.

To add to our challenge of best health care for our locality, recent engineering reports commissioned by Wairarapa District Health Board (WrDHB) to assess Wairarapa's main hospital building's earthquake rating against the new building standards have found certain aspects of the main hospital building's infrastructure do not meet the current standards. WrDHB has begun work to remedy this in the coming year.

The New Zealand Health 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. WrDHB will come to the table and work with our sector partners on access and equity, smart investment choices, high performing teams and ensuring the best people, places and tools to support the work WrDHB does. We are focused on primary and community care and WrDHB has approved the "go live" of Health Care Homes for implementation with primary care.

The key to directing our efforts in this and the coming years is 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.

We have started to address the difficult challenge of obtaining the level of intersectoral partnerships and service development needed to improve equity of health outcomes. To this affect, we have implemented an executive intersectoral team. This team is driving to develop a collaborative service aimed at improving child health. WrDHB has invested in this. The demographics of 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 continue to embed the priorities identified in our Māori Health Plan in this Annual Plan for 2018/19. 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.

Focusing on equity of health outcomes will result in learning from our community, our consumers and others, and will help us find better ways to simply and effectively communicate with our stakeholders. Smart use of tools already being used today will help us create better access, more care, more people served, lower cost and greater equity.

1.4 Message from Te Oranga o Te Iwi Kainga Chair

Across most health indicators 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.

Te Oranga o Te Iwi Kainga is mindful of several reviews that have been signalled recently that might have a huge impact on the future of Māori Health. We have a new government that has declared a review of the New Zealand health system particularly with our district health boards. They have also instigated a significant review of our mental health system, which is almost complete.

On the local Wairarapa front a review of mental services here is taking shape. This is important for iwi as Māori make up 50% of all presentations to mental health services both locally and nationally and half of all Community Treatment Orders are for Māori.

The key health priorities for Te Oranga o Te Iwi Kainga remain with our tamariki and youth. Mental Health is another key area as is progress within the Māori Health Workforce. The 18/19 Annual Plan for Wairarapa District Health Board represents a steady progression as we build on the gains made over the preceding years.

Agreement for the Wairarapa DHB 2018-19 Annual Plan between

11/2/19

Hon. Dr David Clark — Date
Minister of Health

13 December 2018

Sir Paul Collins — Date
Board Chair
Wairarapa District Health Board

13 December 2018

Adri Isbister — Date
Chief Executive
Wairarapa District Health Board

13 December 2018

Kim Smith — Date
Chair
Te Oranga o Te Iwi Kainga

SECTION 2: Delivering on Priorities and Targets

2.1 Health Equity in the Wairarapa DHB Annual plan

Health equity is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically (WHO). This concept acknowledges not only differences in health status and outcomes but also differential access to resources and health services.

Wairarapa DHB is committed to achieving health equity for all New Zealanders. We also acknowledge the special relationship between Māori and the DHB under the Treaty of Waitangi. Māori continue to experience poorer health outcomes than Non- Māori and we are committed to systematically monitoring equity gaps for Māori in our performance indicators and applying service improvement methodology to address these. The DHB will continue to work closely together with Te Iwi Kainga, our Māori Relationship Board, in implementing our plan.

We expect that the initiatives within this plan will help improve health equity within our district. We have indicated where we will monitor and initiate activity to improve equity of access and outcomes across all system level measures and selected contributory measures such as:

- Responses to questions in the Patient Experience Survey which consistently receive the lowest scores. Priority will be given to areas where Māori are disproportionately represented.
- Uptake of early treatment and support to improve population mental health and addictions for priority populations
- Development of School Based Health services (SBHS)

All our 'Equity of outcome actions' are marked with the acronym 'EOA' throughout this plan.

2.1.1 Health Equity Tools

The Health Equity Assessment Tool (HEAT) enables rapid assessment of health initiatives for their current or future impact on health equity and will be used for new and ongoing developments. Knowledge of local equity status will be gained from a range of data provided by the Ministry, PHO, HQSC (Health Atlas), ACC and the DHB systems.

2.2 Responding to the Guidance

This annual plan articulates Wairarapa DHBs commitment to meeting the Minister's expectations. It addresses the increased priorities for primary care, mental health, public delivery of health services and a strong focus on improving equity in health outcomes.

This plan builds on the DHB's current strengths and approaches such as collaboration with its health and community partners to achieve wide reaching health outcomes. It has also included new ventures and changes of direction where this is considered to achieve improved health outcomes for all populations.

2.3 Government Planning Priorities

Government Planning Priority		Focus Expected for Wairarapa DHB	Link to NZ Health Strategy	DHB Key Response Actions to Deliver Improved Performance		Measures
				Activity	Milestones	
Mental Health (both Māori and Pacific focussed equity actions are expected in this priority area), including focusing on WCTO indicators	**Population Mental Health**	Outline actions to improve population mental health and addictions, 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 and addiction, further integrating mental and addiction and physical health care, and co-ordinating mental health care with wider social services. *Please refer to section 2.3.1 Mental Health Focus Areas for a list of areas that your chosen actions should focus on improving.*	One team	1. Develop options for addressing the findings and recommendations of the 2017/18 Wairarapa Mental Health & Addiction Review including guidance from the outcomes of the Government Inquiry into Mental Health & Addiction.	Q4	PP43: Population Mental Health Sl15: Addressing local population challenges by life-course PP6: Improving the health status of people with severe mental illness through improved access PP8: Shorter waits for 0 – 19 yr. olds PP26 Mental Health & Addiction Service Development plan Output 1: Mental Health output Delivery Against Plan
				2. Explore and implement improvement opportnunities with a particular focus on early access to services for vulnerable children, youth, Māori and Pacifica will be a particular focus. EOA	Q4	
				3. Integrate needs assessment and service coordination for people with high and complex mental health support needs with Wairarapa DHB 'all of life' NASC agency (FOCUS).	Q1	
		Outline how the DHB will ensure your staff and members of your community will be encouraged to participate in the Government Inquiry into Mental Health and Addiction.		1. The Wairarapa DHB will support the Government Inquiry into Mental Health and Addiction through arranging for the Inquiry team to meet with relevant clinical and management DHB staff, mental health and addiction service providers, and the wider community groups.	Q1	PP7: Improving mental health services using wellness and transition (discharge) planning

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	DHB Key Response Actions to Deliver Improved Performance		Measures
				Activity	Milestones	
Mental Health (both Māori and Pacific focussed equity actions are expected in this priority area), including focusing on WCTO indicators	**Mental Health and Addictions Improvement Activities**	Outline your commitment to the HQSC mental health and addictions improvement activities with a focus on minimising restrictive care (including the aspirational goal of eliminating seclusion by 2020) and improving transitions. *Please note the percentage and quality of transition plans forms part of the PP7 performance measure. The other three programmes that will be led by the HQSC over the life of the programme are; learning from serious adverse events and consumer experience, maximising physical health and improving medication management and prescribing issues. This programme will support standardised, evidence-based processes and practices for prescribing and management.*	One team	Wairarapa DHB is committed to supporting the HQSC mental health and addictions improvement activities with a focus on minimising restrictive care, improving transitions, and increasing equity of access to services.		PP7: Improving mental health services using wellness and transition (discharge) planning PP26 Mental Health & Addiction Service Development plan PP36: Reduce the rate of Māori under the mental health Act: section 29 community treatment orders OS10: Improving the quality of identity data within the national health Index (NHI) and data submitted to National Collections: • Focus area 3: Improving the quality of the Programme for the integration of mental Health data (PRIMHD)

Government Planning Priority		Focus Expected for Wairarapa DHB	Link to NZ Health Strategy	DHB Key Response Actions to Deliver Improved Performance		Measures
				Activity	Milestones	
	Addictions	***1.*** For those DHBs that are not currently meeting the PP8 addiction related waiting times targets (for total population or all population groups), please identify actions to improve performance. *Note: DHBs should take into account both DHB provided services and those that are DHB funded but provided by NGOs.*	Closer to home	Wairarapa DHB is currently meeting the PP8 addiction related waiting times targets.	N/A	PP8: Shorter wait for non-urgent mental health and addiction services for 0 – 19 yr. olds PP26 Mental Health & Addiction Service Development plan SI15: Addressing local population challenges by life-course
Primary Health Care (both Māori and Pacific focussed equity actions are expected in this priority area)	**Access**	As per Budget 2018 announcements, commit to the implementation of new primary care initiatives to reduce the cost of access to primary care services. This includes extending zero fees for under-13s to zero fees for under-14s and reducing fees for community service cardholders. Describe actions that will ensure at least 95% of eligible children aged under 14 have zero fee access to afterhours care within 60 minutes travel time. This includes general practice services and prescriptions.	Closer to home	1. The Health Care Home (HCH) model will be implemented during 2018/19 year with a 'Go Live' date in general practices from 1 January 2019.	Q3 - Q4	SI15: Addressing local population challenges by life-course
				2. During the first six months of the year training, education and change management support will be put in place. HCH will be available to all seven Wairarapa practices from 1 January 2019.	Q1 – Q2	
				3. Wairarapa DHB commits to the implementation of new primary care initiatives to reduce the cost of access to primary care services.	Q2-Q3	SI16: Strengthening Public Delivery of Health Services
				4. Wairarapa DHB will amend existing after hours arrangements that cover 97% of the population to include zero fee access for 13 year olds.	Q2 – Q3	

Government Planning Priority		Focus Expected for Wairarapa DHB	Link to NZ Health Strategy	DHB Key Response Actions to Deliver Improved Performance		Measures
				Activity	Milestones	
Primary Health Care (both Māori and Pacific focussed equity actions are expected in this priority area)	**Integration**	DHBs are expected to continue to work with their district alliances on integration including (but not limited to): - strengthening their alliance *(e.g., appointing an independent chair, establishing an alliance programme office, expanding the funding currently considered by the alliance)* - broadening the membership of their alliance *(e.g., pharmacy, maternity, public health, WCTO providers, mental health providers, ambulance)* - developing services, based on robust analytics, that reconfigure current services. In addition: -please identify actions you are undertaking in the 2018/19 year to assist in the utilisation of other workforces in primary health care settings. -identify actions to demonstrate how you will work proactively with your PHOs and other providers to improve newborn enrolment with general practice in 2018/19.	Closer to home	1. Contribute to the agreed action plan of the 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**	Q1 - Q4	PP22: Delivery of actions to improve system integration including SLMs PP27: Supporting vulnerable children 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 • Focus area 2: Improving the quality of data submitted to national collections PP32: improving the quality of ethnicity data collection in PHO and NHI registers PP33: Improving Māori enrolment in PHOs SI5: Delivery of Whānau Ora
				2. Change the membership of the Alliance Leadership team to better reflect the diverse range of partners. Establish service level alliances to progress the System Level Measure Plan.	Q1	
				3. Improve acute and proactive care in the community through implementation of the Health Care Home model.	Q3 - Q4	
				4. Identify the 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**	Q1 – Q4	
				5. Implement information technology developments as described in Section 4.4	Q4	
				6. Leverage existing systems that enhance integration to extend across a wider range of service providers – e.g. extend benefits of Medimap in ARC facilities to other primary care and secondary care settings (e.g. rehab).	Q4	

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	DHB Key Response Actions to Deliver Improved Performance		Measures
				Activity	Milestones	
Primary Health Care (both Māori and Pacific focussed equity actions are expected in this priority area)			Closer to home	7. Use staged implementation of the "Living Well, Dying Well" sub regional palliative care strategy as a trail-blazer service model for integrated care in other contexts (e.g. long term conditions, frail elderly).	Q1 - Q4	PP22: Delivery of actions to improve system integration including SLMs
				7.1 Stocktake of current status of elements of the "Living Well, Dying Well" strategy.	Q1	
				7.2 Define and develop specific roles (e.g. Lead Carer), expectations of function and how they interface with other parts of the system.	Q2	
				7.3 Continue to optimise opportunities for integration of interdisciplinary teams via primary care IT systems (e.g. shared care plan).	Q1 – Q4	
				7.4 Staged implementation of Te Ara Whakapiri for 5 ARC facilities.	Q1 – Q4	
	System Level Measures	Please reference your jointly developed and agreed with all appropriate stakeholders System Level Measure Improvement Plan that is attached as an Appendix. System Level Measures Guidance is available on the Nationwide Service Framework Library.	Value & high performance	The following targets are included in our 18/19 System Level Measures Plan: 1. Reduce the Māori ASH rates for 0 – 4 year olds from 8,851 to 8,060. **EOA.**	Q1 – Q4	PP22: Delivery of actions to improve system integration including SLMs Sl1: Ambulatory sensitive hospitalisations Sl7: SLM total acute bed days per Capita OS3: Inpatient average Length of Stay (LOS) OS8 Reducing Acute readmissions to hospital Sl8: SLM Patient experience of care
				2. Reduce actual Māori acute bed days (by DHB of service) from 435 to 350 per 1,000, in 2018/19. A short-term goal for 18/19 is to better manage respiratory conditions in primary care, and for GP practices to use stratification tools to identify populations at risk of admission.	Q1 – Q4	
				3. WrDHB will achieve a minimum composite score of 8.0 in all four domains for the inpatient survey.	Q1 – Q4	
				3.1. We will establish a baseline for Māori participation in the primary care survey. **EOA**		

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	DHB Key Response Actions to Deliver Improved Performance		Measures
				Activity	Milestones	
Primary Health Care (both Māori and Pacific focussed equity actions are expected in this priority area)	**System Level Measures**			4. Wairarapa DHB aims to maintain its amenable mortality rate at or below 89 per 100,000. Our focus in 2018/19 and beyond is on reducing the Māori Amenable Mortality rate. . **EOA**	Q4	Sl9: SLM amenable mortality Sl17: Improving quality Sl13: number of babies who live in a smoke-free household at 6 weeks post-natal
				5. Improve data integrity for the proportion of babies who live in a smoke-free household at six weeks post-natal - ensure accurate data for this indicator is available for 95% of babies.	Q4	
				5.1 increase the % of babies living in smokefree homes to 70% and Māori babies to 40% EOA		
			Value and high performance	6. Maintain intentional self-harm hospitalisations 15-19 year olds at or less than the national rate.	Q1 – Q4	
				6.1 Increase Māori and Pacific dental coverage to 55% by 30 June 2019. . **EOA**	Q4	Sl12: SLM youth access to and utilisation of youth appropriate health services
	CVD and diabetes risk assessment	Commit to maintaining a rate of 90% in undertaking CVD and Diabetes Risk Assessments for their eligible population. Those DHBs whose current performance is below 90% are expected to work closely with their alliance partners to achieve 90%. These DHBs must describe specific actions their alliance will take to reach this target. These actions could be part of the actions committed to in the System Level Measures Improvement Plan (specifically in achieving the Acute Bed Days or Amenable Mortality SLMs), in	One Team	1. Establish a service alliance for long term conditions with an initial focus on diabetes.	Q2	PP20: Improved management for long term conditions Focus Area 1: long term conditions Focus Area 2: Diabetes services Focus Area 3: Cardiovascular health Focus Area 4 Acute heart service Focus Area 5: Stroke services
				2. Complete the Clinical Services Plan in order to prioritise models of care and workforce development.	Q3 – Q4	
				3. Use Atlas of Healthcare Variation data and trend analysis to highlight areas for quality improvement in diabetes care, including prescribing and patient reviews.	Q2 – Q4	
				4. Focus on achievement of Māori CVDRA targets through practice plans. Use targeted activity (e.g. use of vouchers to encourage access). Update the CVDRA tool in line with the new guidelines. **EOA**	Q1 – Q4	

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	DHB Key Response Actions to Deliver Improved Performance		Measures
				Activity	Milestones	
Primary Health Care (both Māori and Pacific focussed equity actions are expected in this priority area)	**CVD and diabetes risk assessment**	which case this should be cross-referenced, if that is appropriate. If specific risk assessment activity is not part of the SLM Improvement Plan, actions to improve the level of risk assessments provided must be included in this section along with two quarterly milestones.		5. Review podiatry service specifications & utilisation.	Q1	
				6. Increase Diabetes CNS education and support within primary care.	Q1 – Q4	
				7. Grow attendance of the Stanford self-management model to support people with long term conditions to live healthier lives through peer support. Investigate peer consultation programme for patients with long term conditions following self-management course completion. Focus on increasing Maori participation in self-management programmes. **EOA**	Q1 – Q4	
				8. Through the establishment of the Health Care Homes initiative, promote integrated and proactive care planning in primary health for people living with diabetes.	Q4	
				9. Develop a district wide health promotion plan and platform to align community communications and health promotion activities and support the DHB's vision of Well Wairarapa.	Q4	
	Pharmacy Action Plan	Continue to engage with the agreed national process to develop and implement a new contract to deliver integrated pharmacist services in the community. Continue to support the vision of the Pharmacy Action Plan by working with pharmacists, consumers and the wider health sector (e.g., primary health care) to	**One team**	1. Wairarapa DHB commits to delivering on the Pharmacy Action Plan and participating in the implementation of the new national pharmacy contracting arrangements to replace the Community Pharmacy Services Agreement expiring on 30 September 2018.	Q1 – Q4	PP22: Delivery of actions to improve system integration including SLMs
				2. Implement a funded Emergency Contraceptive Pill service through community pharmacies. EOA	Q2	

Government Planning Priority		Focus Expected for Wairarapa DHB	Link to NZ Health Strategy	DHB Key Response Actions to Deliver Improved Performance		Measures
				Activity	Milestones	
	Pharmacy Action Plan	develop integrated local services that make the best use of the pharmacist workforce.		3. Review provision of co-payment support for pharmaceuticals in conjunction with Compass Health and Work and Income.EOA	Q2-3	
				4. Implement actions to Increase referrals from community pharmacies to smoking support services. EOA	Q3	
				5. Commence a staged implementation of key recommendations resulting from consultation on the core components of the local Pharmacist Services Strategy.	Q3	
				6. Commence staged implementation of Medi-map across a range of providers for people living in the community.	Q3	
	Support to quit smoking	Please identify activities that continue to support delivery of smoking ABC in primary care	One Team	1. Continue to provide ABC training for practice staff in line with current guidelines.	Q1 – Q4	AHT- Better help for smokers to quit – primary care
				2. Promote Stop Smoking Services referral pathway across providers, including promoting pharmacy referral pathways and bringing Stop Smoking Services into the hospital.	Q1 – Q4	
				3. Expand incentivised quit programme to a wider range of Māori. EOA	Q3	

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	DHB Key Response Actions to Deliver Improved Performance		Measures
Child Health (both Māori and Pacific focussed equity actions are expected in this priority area)	**Child Wellbeing**	Please identify the most important focus areas to improve child wellbeing and that realises a measurable improvement in equity for your DHB. Identify key actions that demonstrate how the DHB is building its understanding of population needs, including those of high-needs populations, and making connections with and between local service providers of maternal health, child health and youth focused services.	Value and high performance	1. Contribute to the agreed action plan of the Wairarapa intersectoral group that has prioritised child wellbeing and youth development as focus areas for 2018/19. **EOA**	Q1 – Q4	SI18: Improving newborn enrolment in General Practice PP37: Improving breast feeding rates PP10: Oral Health – Mean DMFT score at year 8 PP11: Children caries-free at five years of age PP12: Utilisation of DHB funded dental services by adolescents PP13: Improving the number of children enrolled in DHB funded dental services PP27: Supporting child wellbeing. Raising healthy kids **(Health Target)**
				2. Establish a service level alliance for the development of child and youth services including a focus on WCTO quality indicators for areas where there are district or ethnic group inequities. **EOA**	Q1	
				3. Engage with health providers to proactively target any inequity of access and referral rates for Māori, Pacific and other risk populations. **EOA**	Q1 – Q4	
				4. Local implementation of the Regional SUDI Prevention Action plan. **EOA**	Q1 – Q4	
				5. Work with Iwi to investigate options for providing culturally appropriate antenatal support and education for Māori . **EOA**	Q2	
				6. Establish 'wrap-around' services for vulnerable children and their families, including those booked for dental extraction under general anaesthetic.	Q4	
	Maternal Mental Health Services	Commit to have completed a stock-take by the end of quarter two, of community-based maternal mental health services currently funded by your DHB, both antenatal and postpartum. Please include funding provided to PHOs specifically to address primary mental health needs for pregnant	Closer to home	Wairarapa DHB currently funds the PHO for primary mental health and this includes needs for pregnant women and women and men following the birth of their baby. 1. Review access criteria for the Wairarapa Primary Mental Health service to address primary mental health needs for pregnant women and women and men following the birth of their baby.	Q1	PP26 Mental Health & Addiction Service Development plan PP44: Maternal mental health

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	DHB Key Response Actions to Deliver Improved Performance		Measures
Child Health (both Māori and Pacific focussed equity actions are expected in this priority area)		women and women and men following the birth of their baby. Commit to identify, and report in quarter four on the number of women accessing primary maternal mental health services both through PHO contracts that the DHB holds and, through any other DHB funded primary mental health service.		2. Identify and report on the number of women accessing primary maternal mental health services.	Q4	
	Supporting Health in Schools	Identify actions currently under way to support health in schools (in addition to School-Based Health Services – see guidance below).	Closer to home	1. Establish a service level alliance for the development of child and youth services.	Q1	PP39: Supporting Health in Schools PP27: Supporting Vulnerable Children SI5: Addressing local population challenges by life-course
				2. Identify actions currently under way to support health in schools (in addition to School-Based Health Services).	Q2	
				3. Work with the education sector within the Wairarapa intersectoral group, to improve the wellbeing of children.	Q1 – Q4	
				4. Evaluate the pilot iMoko programme. **EOA**	Q3	
	School-Based Health Services (SBHS)	Commit to have completed a stocktake of health services in public secondary schools in the DHB catchment (MoH to provide	Closer to home	1. The Wairarapa DHB Commits to complete a stocktake of health services in public secondary schools in the Wairarapa.	Q2	PP27: Supporting vulnerable children

Government Planning Priority		Focus Expected for Wairarapa DHB	Link to NZ Health Strategy	DHB Key Response Actions to Deliver Improved Performance		Measures
	School-Based Health Services (SBHS)	list of schools) by the end of quarter 2. Commit to have developed an implementation plan including timeframes for how SBHS would be expanded to all public secondary schools in the DHB catchment (MoH to provide template) by the end of Q4. *Note that the implementation plan should include an equity focus.*		2. Develop an implementation plan with timeframes for how SBHS would be expanded to all public secondary schools in the Wairarapa catchment. **EOA**	Q4	PP25: Prime Minister's youth mental health project – initiative 1. PP26 The Mental Health and Addiction Service development plan
	Immunisation	Work as one team across all immunisation providers within your region, and in collaboration with other child services, to improve immunisation rates and equity for the key milestone ages in early childhood. This includes delivery of the primary series of vaccines under one year of age, and completion of immunisations due at two and five years of age, with a particular focus on increasing immunisation rates for Māori infants.	One team	1. Continue to maintain collaborative immunisation activity with a focus on Māori.	Q1 – Q4	PP21: Immunisation coverage (two year olds, five year olds, HPV, Flu vaccine) **(Health Target)**
				2. Refine NIR and outreach activities to increase support for practices to identify children at risk of delayed immunisation.	Q1 - Q4	
				3. Focus on increasing flu vaccination coverage for eligible children, particularly Māori. **EOA**	Q1 - Q4	
				4. Continue to maintain collaborative immunisation activity with a focus on Māori.	Q1 – Q4	

Government Planning Priority		Focus Expected for Wairarapa DHB	Link to NZ Health Strategy	DHB Key Response Actions to Deliver Improved Performance		Measures
Child Health (both Māori and Pacific focussed equity actions are expected in this priority area)	**Responding to childhood obesity**	Please identify activities that continue to respond to children identified as obese at their B4 school check.	Value and Performance	1. Maintain referrals of obese four year olds at 95% or above	Q1 – Q4	AHT Raising Healthy Kids
				2. Promote the Pre-school Active Families programme to primary care and the community to increase referrals from the B4 School check (including meeting the equity target of 70% of programme participants being Māori or pacific) EOA 3. Provide targeted nutritional support for Māori and Pacific pre-schoolers booked for tooth extractions under general anaesthetic EOA	Q1 – Q4	

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	DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
Strengthen Public Delivery of Health Services	Identify any activity planned for delivery in 2018/19 to strengthen access to public health services.	Value and high performance	***See actions also described in above sections (e.g. Mental Health, Child Wellbeing, Primary Health Care, CVD & Diabetes, and Integration).***		
			1. Implement recommendations from the Wairarapa Mental Health and Addiction Service Review.	Q4	SI16: Strengthening Public Delivery of Health Services SI3: Ensuring delivery of service coverage SI15: Addressing local population challenges by life-course SI12: SLM youth access to and utilisation of youth appropriate health services SI4: Standardised intervention rates (SIRs) PP45 Improved Access to Elective Surgery
			2. Implement recommendations from the Government Inquiry into Mental Health and Addiction.	Q3 – Q4	
			3. Complete the Clinical Services Plan in order to prioritise models of care and workforce development	Q4	
			4. Investigate options for increasing uptake of youth oral health services, particularly for Māori and Pacific. EOA	Q2	
			5. Implement Health Care Home to increase access and responsiveness for urgent care.	Q3 – Q4	
			6. Review model of care/patient flow for acute hospital presentations.	Q2	
			7. Further development of the Ophthalmology Clinical Nurse Specialist role to reduce service pressure due to glaucoma follow-up visits and enhance access to elective services.	Q2	
			8. Develop a culturally appropriate antenatal programme for Māori. EOA	Q4	

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	DHB Key Response Actions to Deliver Improved Performance		Measures
				Activity	Milestones	
	Shorter stays in emergency department	Please identify activities that continue to improve patient flows through hospital.	Value and high performance	1. Support the rollout of the Health Care Home model across all general practices to realise measured benefits in acute access and proactive management of at risk practice populations.	Q3 - Q4	AHT - Shorter stays in emergency departments
				2. Incorporate long ED stay case review and audit to proactively identify areas of concern and validate figures.	Q2	
				3. In partnership with primary care, progress the conceptual integrated urgent care service on the hospital site. This may form part of the longer term approach to sustainable acute care models built upon the embedded nurse practitioner model.	Q4	
	Access to Elective Services	Please provide three specific actions that will support your delivery of the agreed number of Elective discharges, in a way that meets timeliness and prioritisation requirements and improves equity of access to services. At least one action to improve equity of access to Elective Services should be included. These actions must be accompanied by a date for implementation of the action, an expected outcome, and a date by which the outcome will be achieved.	Value and high performance	1. Target production planning to deliver accurately to contracted discharges at targeted specialty level	Q4	Number of Elective Discharges SI4: Standardised Intervention Rates OS3: Inpatient Length of Stay (Electives) Electives and Ambulatory Initiative Elective Services Patient Flow Indicators
				2. Continue targeted follow-up activities to reduce DNA rates for Māori and Pacific. EOA	Q1 - Q4	
				3. Appropriately initiate demand management strategies for areas with higher comparative rates of access (SIRs) to target capacity and equity. Ophthalmology & ENT (e.g. Use Nurse Specialist F/U and Registrar Virtual Clinic)	Q3	
				4. Initiate review of consistent regional triage thresholds for Ophthalmology.	Q2	

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

				5. Implement agreed triage management processes identified	Q4	

Government Planning Priority		Focus Expected for Wairarapa DHB	Link to NZ Health Strategy	DHB Key Response Actions to Deliver Improved Performance		Measures
				Activity	Milestones	
System Settings (both Māori and Pacific focussed equity actions are expected in this priority area)	**Cancer Services**	Implement improvements in accordance with national strategies and demonstrate initiatives that support the areas outlined below. All initiatives will demonstrate clear strategies for addressing Māori health gain, equitable and timely access to services and the use of data to inform quality improvement across those initiatives. DHBs will describe actions to: - ensure equity of access to timely diagnosis and treatment for all patients - implement the prostate cancer decision support tool to improve the referral pathway across primary and secondary services - provide support to people following their cancer treatment (survivorship).	Value and high performance	1. Most cancer treatment services are dependent on other DHBs. Ensure regular communication is made to expedite timely access to cancer treatment wherever possible	Q1 – Q4	SI10: Improving cervical screening coverage SI11: Improving breast screening rates PP29: Improving waiting times for diagnostic services: • Elective coronary angiography • CT scans • colonoscopy PP30: Faster cancer treatment **(Health Target)**
				2. The DHB commits to supporting the Central Region Regional Service Plan activities regarding cancer, including Central Cancer Network activities to improve the quality of life for people who have completed cancer treatment.	Q1 – Q4	
				3. Promote the sub-regional development of a prostate cancer pathway.	TBC	
				4. Support sub-Regional Breast Disease services review.	Q4	
				5. Support activities to increase equity in breast, cervical and bowel screening, including on-going implementation of the bowel screening equity plan and implementation of practice cervical screening plans.	TBC	
				6. Weekly case reviews between cancer care co-ordinator and CMO, and between care co-ordinator and surgeons.	TBC	

Government Planning Priority		Focus Expected for Wairarapa DHB	Link to NZ Health Strategy	DHB Key Response Actions to Deliver Improved Performance		Measures
				Activity	Milestones	
System Settings (both Māori and Pacific focussed equity actions are expected in this priority area)	**Healthy Ageing**	Deliver on actions identified in the Healthy Ageing Strategy 2016, involving older people in service design, co-development and review, and other decision-making processes[2], including: - working with ACC, HQSC and the Ministry of Health to promote and increase enrolment in your integrated falls and fracture prevention services as reflected in the associated "Live Stronger for Longer" Outcome Framework and Healthy Ageing Strategy - contributing to DHB and Ministry led development of Future Models of Care for home and community support services.	Closer to home	1. IBT settlement agreements: Participate in national developments relating to the implementation of the outcomes of IBT settlement agreements and the equal pay negotiations, where appropriate, incorporating prices into contracts.	Q1 – Q4	PP23: Implementing the Healthy Ageing Strategy SI15: Addressing local population challenges by life-course
				2. Contribute to nation-wide development of Future Models of Care for home and Community Support Services.	Q1 – Q4	
				3. Reduce the Incidence and Impact of Falls and fractures in Older people through implementing the 3 DHB model which includes: • Identification of falls risk • Increased enrolment in strength & balance programmes (community and in-home) • Increased registration for Fracture Liaison Service.	Q1 – Q4	
				4. Healthy Ageing Strategy - Service development will align with the priorities for action in the 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		
				4.1 Review older people's ED and Primary care presentation rates (for all ethnicities). EOA	Q2	PP23: Implementing the Healthy Ageing Strategy SI15: Addressing local population challenges by life-course OS8 Reducing Acute readmissions to hospital
				4.2 Identify drivers for acute readmission rate for Maori 75+ years - NHI identification, case study, thematic analysis in consultation with Maori Health Unit. EOA	Q4	
				4.3 Implement more flexible options for in-home support for carers of people with dementia.	Q2	
				4.4 Explore options for developing a community stroke rehabilitation service.	Q1 - Q4	

[2] Action 26 of the Healthy Aging Strategy.

Government Planning Priority		Focus Expected for Wairarapa DHB	Link to NZ Health Strategy	DHB Key Response Actions to Deliver Improved Performance		Measures
				Activity	Milestones	
System Settings (both Māori and Pacific focussed equity actions are expected in this priority area)	**Healthy Ageing**	In addition, please outline current activity to identify drivers of acute demand for people 75 plus presenting at ED (or at lower ages for disadvantaged populations).	Closer to home	4.5 Increase use of the Wairarapa Health Recovery Programme to avoid hospitalisation and enable timely and sustainable hospital discharge.	Q1 – Q4	
				4.6 Contribute to improving seniors' digital capability and inclusion through social enterprise with community partners.	Q1 – Q4	

Government Planning Priority		Focus Expected for Wairarapa DHB	Link to NZ Health Strategy	DHB Key Response Actions to Deliver Improved Performance		Measures
				Activity	Milestones	
System Settings (both Māori and Pacific focussed equity actions are expected in this priority area)	**Disability Support Services**	Commit to develop e-learning (or other) training for front line staff and clinicians by the end of quarter 2 2018/19 that provides advice and information on what might be important to consider when interacting with a person with a disability. (Some DHBs have developed tools, which could be shared, contact DSS). Commit to report on what % of staff have completed the training by the end of quarter 4, 2018/19. *Additional information - These modules might include advice about the clinical impact of various disabilities on health outcomes, barriers to accessing healthcare, the role of support workers in healthcare settings and communication tools when interacting with people with visual, hearing, physical and/or intellectual disabilities.*	One team	**1. E-Learning Tool**: The E-Learning Tool is in place to improve decision making within clinical situations. For 2018/19, the current 3DHB e-learning tool will be reviewed, including usage, Māori & Pacific Peoples focus and outcomes.	Q2: Finalise the review Q4: Adapt current tool for implementation in Q1 2019/20 Q4: Report the percentage of staff who have completed the e-Learning training	SI14: Disability support services
				2. Disability Educator Role: consolidate the disability educator role to work with local and wider disability and other teams.	Q1: Permanent disability educator role appointed Q2-Q4: Alignment of disability educators' work programmes and priority areas across the 3DHBs	
				3. Disability Alerts - Quality: Improve the quality of information available to clinicians on patients' support needs through the Disability Support Solutions Forms.	Q1-Q2: Establish the quality of the Disability Alerts. Q3: Plan for education related to Disability Alerts in line with the e-Learning review (1) and the educators' work programme and priorities (2)	
				4. Disability Alerts – Equity: Work with Māori and Pacific key stakeholders to support the uptake of Disability Alerts for Māori and Pacific populations.	Q1-Q2: Establish view of Disability for Māori and Pacific populations Q3-Q4: Develop a plan to support increased uptake by Māori and Pacific People.	

Government Planning Priority		Focus Expected for Wairarapa DHB	Link to NZ Health Strategy	DHB Key Response Actions to Deliver Improved Performance		Measures
				Activity	Milestones	
System Settings (both Māori and Pacific focussed equity actions are expected in this priority area)	**Improving Quality**	Identify actions to improve equity in outcomes and patient experience by demonstrating planned actions to: - work to improve equity in outcomes as measured by the Atlas of Healthcare Variation (DHB to choose one domain from: gout, asthma, or diabetes) - improve patient experience as measured by your DHB's lowest-scoring question in the Health Quality & Safety Commission's national inpatient experience surveys. Commit to individually and collectively make efforts to reduce carbon emissions and, where appropriate, promote the adoption of CEMARS (or other carbon neutral scheme). Commit to undertake a stocktake to be reported in quarter 2 to identify activity/actions being delivered, including procurement, that are expected to positively mitigate or adapt to the effects of climate change.	Value and high performance	1. Establish a service level alliance for long term conditions with an initial focus on diabetes outcomes as measured by Tū Ora Compass Health Quality Indicators, the SLM contributory measures and the Atlas of Healthcare Variation. .	Q1	PP38: Delivery of response actions agreed in annual plan PP20: Improved management for long term conditions Focus Area 2: Diabetes services
				2. Implement Health Care Homes to improve equity in outcomes and patient experience.	Q3 – Q4	
				3. Increase participation in adult in-patient Experience Survey. Continue to embed process for regular and in-depth review and organisation wide sharing of national patient experience survey data by ethnicity. **EOA**	Q1 – Q4	
				4. Develop an implementation plan to improve organisational capability in customer care and culturally appropriate services.	Q4	
				5. The Health Care Home approach will encourage Increased Māori and Pacific response rate for primary Patient Experience Survey. **EOA**	Q1 – Q4	
				6. Commit to the actions outlined in the Central Regional Services Plan to address medication education at hospital discharge (lowest scoring question), including consideration of a regional improvement collaborative project using improvement science methodology	Q2 & Q4	

Government Planning Priority		Focus Expected for Wairarapa DHB	Link to NZ Health Strategy	DHB Key Response Actions to Deliver Improved Performance		Measures
				Activity	Milestones	
System Settings (both Māori and Pacific focussed equity actions are expected in this priority area)	**Climate Change**			1. Utilise existing staff engagement mechanisms to promote participation of staff in identifying actions, which could contribute to reducing carbon emissions. 2. As resources permit undertake a stocktake to be reported in 2018/19 to identify activity/actions being delivered, including procurement, that are expected to positively mitigate or adapt to the effects of climate change.	Q1 – Q4 Q2	PP40: Responding to climate change
	Waste Disposal	Provide actions to raise awareness and actively promote the use of your DHB's pharmaceutical waste collection and disposal arrangements. Commit to undertake a stocktake to be reported in quarter 2 of 2018/19 to identify activity/actions to support the environmental disposal of hospital and community *(e.g., pharmacy)* waste products (including cytotoxic waste).	**Value and high performance**	1. As resources permit, conduct a review of alternative solutions for waste to reduce environmental impact at landfill.	Q4	PP42: Waste disposal
				2. As resources permit, conduct a 3 month trial of recycling for glass and plastic materials in quarter 1 2018/19.	Q1	

Government Planning Priority	Focus Expected for Wairarapa DHB	Link to NZ Health Strategy	DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
			3. As resources permit Wairarapa DHB may undertake a stocktake to be reported in 2018/19 to identify activity/actions to support the environmental disposal of hospital and community waste products (including cytotoxic waste).	Q2	
Fiscal Responsibility	Commit to deliver best value for money by managing your finances in line with the Minister's expectations. Local improvement activities to respond to Government intentions (DHBs required to include actions in this sections will be advised)	Value and high performance	Wairarapa DHB is committed to:		
			1. Operating within controlled budget targets	Q1 – Q4	Identify appropriate measure/s
			2. Strengthening financial accountability throughout the organisation.	Q1 – Q4	
			3. Continually investing in technology and infrastructure to improve processes and gain efficiencies (e.g. risk management).	Q1 – Q4	
			4. Increasing financial literacy across the organisation.	Q1 – Q4	

Government Planning Priority	Focus Expected for Wairarapa DHB	Link to NZ Health Strategy	DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
Delivery of Regional Service Plan	Identify any significant DHB actions the DHB is undertaking to deliver on the Regional Service Plan. In particular, for Elective Services, identify local actions to support planned Elective activity in the regional service plan across, Workforce, Clinical Leadership, Quality and Pathways. There is a strong focus on regional collaboration in 2018/19 for Orthopaedics, Ophthalmology, Vascular and Breast Reconstruction.	**One team**	WrDHB will collaborate with our regional partners and contribute to the following activities. 1. Regional clinical leadership to support effective decision-making. 2. A regional review of current orthopaedic workforce, and the development and implementation of a regional orthopaedic workforce plan to meet anticipated delivery levels. 3. The development and implementation of regional models of care for vascular surgery, age-related macular degeneration and glaucoma, and breast reconstruction surgery. 4. Regional implementation of Kia Ora Hauora, a Māori health workforce development programme. 5. The development and implementation of an integrated 3DHB Strategic Mental Health Plan across the sub-region to 2030, with an emphasis on actions to be taken in the next five years including a strong focus on achieving equitable access and outcomes for all. 6. The development and implementation of early intervention programmes to support patients in the community prior to there being a need for surgical intervention. 7. Work to ensure services (such as radiology, ophthalmology and orthopaedics) are sustainable, affordable, and delivered as local as possible and as specialised as necessary.	Q1 – Q4	SI2: Delivery of Regional Plans

2.3.1 Mental Health Focus Areas

During 2018/19, Wairarapa DHB will develop options for addressing the findings and recommendations of the 2017/18 Wairarapa Mental Health & Addiction Review including guidance from the outcomes of the Government Inquiry into Mental Health & Addiction.

2.4 Financial Performance Summary

PROSPECTIVE STATEMENT OF FINANCIAL PERFORMANCE (COMPREHENSIVE INCOME) FOR THE FOUR YEARS ENDED 30 JUNE 2019 2020, 2021 AND 2022.

Statement of Comprehensive Income	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
	Audited Actual	Actual	Plan	Plan	Plan	Plan
	$000	$000	$000	$000	$000	$000
Revenue						
Ministry of Health Revenue	138,100	145,094	150,356	152,912	155,510	158,152
Other Government Revenue	2,579	2,412	2,494	2,532	2,568	2,605
Other Revenue	9,872	10,862	8,962	8,827	8,895	8,965
Interest Revenue	55	30	45	65	65	66
Total Revenue	**150,606**	**158,398**	**161,857**	**164,336**	**167,038**	**169,788**
Expenditure						
Personnel	42,342	45,862	48,253	49,150	50,106	51,042
Outsourced Services	9,834	8,474	6,699	6,736	6,757	6,781
Clinical Supplies	10,652	12,526	11,358	11,052	10,739	10,435
Infrastructure and Non Clinical	7,485	8,035	9,290	9,083	8,642	8,360
Payments to Non-DHB Providers	43,986	48,850	51,694	52,471	53,557	54,556
Inter District Flows	36,443	39,528	39,282	39,871	40,470	41,076
Interest, Capital Charge, Depreciation and Amortisation	2,680	4,125	4,276	4,435	4,435	4,435
Total Expenditure	**153,421**	**167,400**	**170,852**	**172,798**	**174,706**	**176,685**
Total Comprehensive Income/(Deficit)	**(2,815)**	**(9,002)**	**(8,995)**	**(8,462)**	**(7,668)**	**(6,897)**

PROSPECTIVE STATEMENT OF MOVEMENT IN EQUITY FOR THE FOUR YEARS ENDED 30 JUNE 2019 2020, 2021 AND 2022.

Statement of Movements in Equity	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
	Audited Actual	Actual	Plan	Plan	Plan	Plan
	$000	$000	$000	$000	$000	$000
Balance at 1 July	7,515	31,444	33,198	35,203	35,741	36,073
Net surplus / (deficit) for the year	(2,815)	(9,002)	(8,995)	(8,462)	(7,668)	(6,897)
Other comprehensive revenue and expense	0	(44)	0	0	0	0
Equity injection from the Crown	26,750	10,800	11,000	9,000	8,000	7,000
Repayment of equity to the Crown	(6)	0	0	0	0	0
Balance at 30 June	**31,444**	**33,198**	**35,203**	**35,741**	**36,073**	**36,176**

PROSPECTIVE STATEMENT OF FINANCIAL POSITION (BALANCE SHEET) FOR THE FOUR YEARS ENDED 30 JUNE 2019 2020, 2021 AND 2022.

Statement of Financial Position	2016/17 Audited Actual	2017/18 Actual	2018/19 Plan	2019/20 Plan	2020/21 Plan	2021/22 Plan
	$000	$000	$000	$000	$000	$000
Assets						
Current assets						
Cash & cash equivalents	177	5	5	5	5	5
Investments	323	343	343	343	343	343
Inventories	1,016	1,175	1,175	1,175	1,175	1,175
Trade & other receivables	5,167	4,214	4,214	4,214	4,214	4,214
Assets classified as held for sale	50	0	0	0	0	0
Total current assets	**6,733**	**5,737**	**5,737**	**5,737**	**5,737**	**5,737**
Non-current assets						
Property, plant & equipment	39,555	38,821	39,596	39,763	40,429	41,095
Intangible assets	7,772	10,232	11,835	12,038	12,241	12,444
Investments	0	0	0	0	0	0
Total non-current assets	**47,327**	**49,053**	**51,431**	**51,801**	**52,670**	**53,539**
Total assets	**54,060**	**54,790**	**57,168**	**57,538**	**58,407**	**59,276**
Liabilities						
Current liabilites						
Cash & cash equivalents - Overdraft	3,183	943	1,400	1,286	1,823	2,589
Interest-bearing loans & borrowings	79	85	85	85	85	85
Payables & accruals	10,283	10,400	10,400	10,400	10,400	10,400
Employee entitlements	7,909	9,030	9,030	9,030	9,030	9,030
Total current liabilities	**21,454**	**20,458**	**20,915**	**20,801**	**21,338**	**22,104**
Non-current liabilities						
Term loans & borrowings	223	138	54	0	0	0
Employee benefits (non-current)	607	653	653	653	653	653
Trust funds	332	343	343	343	343	343
Total non-current liabilities	**1,162**	**1,134**	**1,050**	**996**	**996**	**996**
Total liabilities	**22,616**	**21,592**	**21,965**	**21,797**	**22,334**	**23,100**
Net assets	**31,444**	**33,198**	**35,203**	**35,741**	**36,073**	**36,176**
Equity						
Crown equity	68,778	79,578	90,578	99,578	107,578	114,578
Revaluation reserve	5,558	5,558	5,558	5,558	5,558	5,558
Retained earnings	(42,892)	(51,938)	(60,933)	(69,395)	(77,063)	(83,960)
Total equity	**31,444**	**33,198**	**35,203**	**35,741**	**36,073**	**36,176**

PROSPECTIVE STATEMENT OF CASH FLOW FOR THE FOUR YEARS ENDED 30 JUNE 2019 2020, 2021 AND 2022.

Statement of Cashflow	2016/17 Audited Actual	2017/18 Actual	2018/19 Plan	2019/20 Plan	2020/21 Plan	2021/22 Plan
	$000	$000	$000	$000	$000	$000
Cash flows from operating activities						
Operating receipts:						
Government & crown agency revenue	143,368	151,661	157,295	159,898	162,542	165,233
Other	6,701	4,893	4,517	4,373	4,431	4,489
Payments to suppliers & employees	(149,882)	(160,159)	(166,574)	(168,507)	(170,414)	(172,393)
Capital charge paid	(381)	(1,750)	(1,992)	(1,992)	(1,992)	(1,992)
Goods and Services Tax (net)	(95)	(349)	0	0	0	0
Net cash flows from operating activities	**(289)**	**(5,704)**	**(6,754)**	**(6,228)**	**(5,433)**	**(4,663)**
Cash flows from investing activities						
Proceeds from sale of property, plant & equipment	5	132	0	0	0	0
Interest received	55	30	45	65	65	66
Dividends received	(31)	0	0	0	0	0
Investments	0	(9)	0	0	0	0
Acquisition of property, plant & equipment	(686)	(385)	(2,285)	(1,645)	(2,145)	(2,145)
Acquisition of intangible assets	(1,183)	(2,692)	(2,354)	(1,000)	(1,000)	(1,000)
Net cash flows from investing activities	**(1,840)**	**(2,924)**	**(4,594)**	**(2,580)**	**(3,080)**	**(3,079)**
Cash flows from financing activities						
Equity injected	26,750	10,800	11,000	9,000	8,000	7,000
Repayments of loans	(25,830)	(79)	(85)	(54)	0	0
Interest paid	(576)	(25)	(24)	(24)	(24)	(24)
Net cash flows from financing activities	**344**	**10,696**	**10,891**	**8,922**	**7,976**	**6,976**
Net increase / (decrease) in cash held	**(1,785)**	**2,068**	**(457)**	**114**	**(537)**	**(766)**
Cash & cash equivalents at beginning of year	(1,221)	(3,006)	(938)	(1,395)	(1,281)	(1,818)
Cash & cash equivalents at end of year	**(3,006)**	**(938)**	**(1,395)**	**(1,281)**	**(1,818)**	**(2,584)**

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 2.43% and as per contracts
- Supplies and expenses based on current contract prices where applicable
- Provider Arm 2017/18 achieved baseline savings targets are included in 2018/19 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 $4.6M is planned for 2018/19.

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 cost centres and across the Provider Arm. The

baseline CAPEX for 2018/19 of $4.6M to be funded externally and includes IT projects, i.e. regional (RHIP); local (webPAS Phase II), Oracle and Clinical Portal Transition.

Debt & Equity

Equity Drawing

Wairarapa DHB anticipates $11M deficit support will be required for the 2018/19 financial year.

Working Capital

The Board has a working capital facility with the Bank of New Zealand, 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

Wairarapa DHB revalued its land, building as at 30 June 2018. The revaluation was carried out by an independent Registered Valuer (CBRE Limited), which is consistent with the New Zealand Equivalent to International Public Sector Account Standard 17 Property, Plant and Equipment (PBE IPSAS 17).

Just prior to the release of the valuation report the main hospital building was identified as requiring seismic remediation to meet its service and function requirements as an IL4 building. The level of remediation is as yet unknown and therefore no revaluation or impairment adjustment has been made to the value of Wairarapa DHBs asset values as at 30 June 2018.

An updated valuation is proposed to be undertaken in the next financial year should the level of importance be deemed material.

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.

SECTION 3: Service Configuration

3.1 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 2018/19.

3.2 Service Change

The table below describes all active service changes that have been approved or proposed for implementation in 2018/19.

Change	Description of Change	Benefits of Change	Change for local, regional or national reasons
Contract Changes for Non-Devolved Services	A number of contracts, currently funded through direct contracts with MoH / other agencies or CFA obligations, may be terminated early if funding is not approved for 2018/19.	Decisions not under WrDHB control unless DHB decides to prioritise funding to these services.	National
Oral Maxillofacial	Develop a single acute service model for Lower North Island as part of the Central Region Service.	Improved service sustainability.	Regional
Central regional cardiology STEMI Model	Establish Local/Central coordination for a regional pathway.	Improved access to PCI.	Regional
Sub-Regional Breast Disease Services Review	To develop an integrated, coherent model of service delivery and care for the management of breast cancer patients for the 3DHB sub-region.	Improve outcomes for patients across the sub-region. Provide a patient-centric, coherent, consistent plan to improve outcomes and equity of care for all patients. Create a sustainable service including staffing needs.	3DHB Sub-regional

Change	Description of Change	Benefits of Change	Change for local, regional or national reasons
Health Care Home	Commence implementation of the Health Care Home model across all Wairarapa GP practices.	Services closer to home. Earlier intervention reducing unwarranted hospital admissions. Improved outcomes for patients. Reduced acute demand.	Local
Community Stroke Rehabilitation	Explore options for developing a community stroke rehabilitation service.	Services closer to home. More efficient services. Improved outcomes for patients. Improved patient experience.	Local
Psychogeriatric NASC	Establish local psycho-geriatric NASC function.	Services closer to home. More efficient services. Improved outcomes for patients. Improved patient experience.	Local
Community Pharmacist Services	Implement the national pharmacy contracting arrangement from 2018. Review local service delivery through Community Pharmacies and other pharmacist service providers, including the long term conditions service.	• More integration across the primary care team • Improved access to pharmacist services • Consumer empowerment • Safe supply of medicines to the consumer • Improved support for at-risk populations • More use of pharmacists as a first point of contact within primary care.	National
Community Pharmacy	Following the development of a Wairarapa pharmacist services strategy, the DHB will consult with stakeholders on the core components of the strategy, and move to implement the resulting key recommendations. In conjunction with the new agreement for community pharmacy services, the DHB will review the community pharmacy long term conditions service and consult with stakeholders on any proposed changes.	• Improved health outcomes • Address health inequities • Value for money	Local

SECTION 4: Stewardship

(refer to Wairarapa DHB's Statement of Intent for more information 2016/17 to 2019/20)

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*

4.1 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 and the Board. Further information about Wairarapa DHB's planned financial position for 2019/20 and out years is contained in the Financial Performance Summary section of this document in Appendix A: Statement of Performance Expectations.

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 16.67% shareholding interest in Central Region's Technical Advisory Services Limited and 0.79% shareholding interest in New Zealand Health Partnerships Ltd. 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.

4.2 Regional Public Health

Regional Public Health (RPH) is the public health unit for the sub-region (Wairarapa, Hutt Valley, and Capital & Coast DHBs). Organisationally, RPH is part of Hutt Valley DHB. The three DHBs work in partnership with RPH in their work on health promotion/improvement, enhancing the effectiveness of prevention activities in other parts of the health system, and regulatory services. The details about the activities of RPH are contained in the Regional Public Health 2018/19 Annual Plan.

A key focus for 2018/19 is collaboration on the development of a sub-regional health promotion work programme. The programme will demonstrate how RPH, the DHBs, PHOs, and community providers are leveraging

the investment and coordinating their health promotion activities, both locally and sub-regionally, to deliver collective impact on national and local priorities. Improving equity of outcomes for Māori, Pacific, and people on low incomes will be a focus throughout the work programme.

4.3 Building Capability

Capital and infrastructure development

The main hospital building was built in 2006 as part of the site redevelopment. The building was designed to meet the New AS/NZS1170 Building Standards (NBS) and it has been assumed that the facility would perform in relation to its function as such.

The main hospital facility is rated an Importance Level 4 Building (IL4). In this regards the facility itself is expected to meet 100% NBS and be serviceable after a 1:500 year Earthquake (i.e. operating at normal function within minutes to an hour post event.

As part of the new legislation, requiring Local Territorial Authorities to quantify the seismic compliance ratings of all priority buildings Wairarapa DHB has been requested by Masterton District Council to provide earthquake ratings on its main hospital facility by October 2018. As a result, in late 2017 the DHB commissioned two separate engineering surveys of the main hospital facility in relation to the main structure and the contained services of the hospital building. LGE Engineering Ltd and Clendon Burns Park Ltd undertook these reviews respectively.

The DHB has received the reports following a commissioning of seismic review on both the Main Hospital Structure and also the services and non-structural elements of the building. It was identified the main hospital building requires seismic remediation to meet its service and function requirements as an IL4 building. The level of remediation is as yet unknown.

There is also some seismic strengthening required in the 1960s Learning Centre. A cost/benefit analysis will be completed detailing the options for the main administrative building (1942).

The focus for the hospital this year is to continue the regular cyclical maintenance programme i.e. painting.

Information technology and communications systems

Information technology and communications systems (ICT) are integral to shorter, safer patient journeys, supporting new models of care and service delivery, and sustainable health services for our population.
The role of ICT is to support:

- **Individuals and their whānau/families** to have access to information and tools to maintain their health and wellbeing, and know that information relevant to their care is safely and seamless shared across their health team.
    - **Healthcare Professionals** to have anywhere, anytime access to information and tools, so as to release more time for, and to provide the best care possible for their patients.
    - **Managers and Administrators** to have the tools and information to efficiently and effectively allocate resources, manage operations and plan for the future.

In addition to maintaining and improving critical ICT systems and services, future investment will align to the following areas to support DHB goals:

- **Digitising patient/consumer interaction:** ICT that enables access to information personal health information, greater involvement in wellness & care planning, convenience of access to services including care closer to or in the home, easier navigation through the system & proactive, individualised care.
- **Digitising end-to-end processes:** ICT across the continuum of care than enables optimal workflow within and across services, shared care and service coordination within & across services, and better alignment of resources to demand.

- **Digitally & data enabled decisions:** Improve safety & individual/population health outcomes and reduce individual & population inequality through the use of data for better insights; support real-time decision making at point of care, risk stratification, population health planning, analysis of clinical outcomes to improve clinical care paths, system performance analysis & reporting.
  - **Mobility, Communications, Collaboration:** ICT that enables greater levels of mobility, communication, coordination & teamwork amongst staff & external service providers and enable new models of care.
  - **Information governance & management:** Ensure quality and trustworthiness of information, enable timely & appropriate access to knowledge & information.
- **Stable, secure, responsive systems & sustainable ICT services:** Ensure the integrity, continuity & performance of clinical & non-clinical systems, invest to be able to respond quickly to the changing needs of our health system and maximise the time spent by ICT on value-added activities.
- **Regional systems:** Support regional sharing of information, optimal use of scarce clinical resources and new models and processes for care.
- **Local systems:** Wairarapa DHB (WrDHB) currently uses the Chairman system for its financial and supply chain functions. The current system is obsolete (27 years old) and globally unsupported and in urgent need of replacement. In order to mitigate our risk the decision was made to implement the Hutt Valley DHB Oracle system over FY2017/18 and FY2018/19, until such a time the National Oracle Solution (NOS) is available to WrDHB in July 2020. Subsequently, a Cabinet decision was made in June 2018 regarding NOS. The programme has now been paused after the Wave 1 implementation in July 2018, so that a new business case can be developed for approval.

Further detail about Wairarapa's regional IT initiatives is contained in the 2018/19 Central Region's Regional Service Plan.

4.4 Workforce

The Wairarapa DHB has just undertaken a staff engagement survey, the first in approximately 10 years. The staff survey has highlighted a number of areas for focus from a people perspective:

- Leadership Development
- Values & Recognition
- Wellbeing & Safety
- Culture and Behaviours
- Environment and Systems

The results now allow for the opportunity for further engagement to happen with our people within the DHB as to the priority areas over the next 12 to 24 months. The development of a people strategy and the work priorities will need to align with the wider DHB organisational strategy. The work program will be defined over the first quarter with defined deliverables confirmed for the further 3 quarters with the work that is to occur.

This will also involve linking into national and regional frameworks including Talent Management and the ongoing development of wellbeing across the sector - https://wellbeingforhealth.nz/

The DHB will continue to support the development of the Māori health workforce through the Kia Ora Hauora Programme, and the development of a culturally competent workforce through compulsory Treaty of Waitangi training.

During 2018/19, an implementation plan will be developed to improve patient experience through increased organisational capability in customer care and culturally appropriate services.

4.4.1 Healthy Ageing Workforce

During 2018/19, the DHB will work closely with regional DHB shared services continuing its work to identify the work force requirements around the service delivery needs for services to older people and their family / whānau / informal carers.

This work builds on current data collection processes and continues within the context of existing sub-regional service developments and national workforce programmes, including the ongoing implementation of pay equity, guaranteed hours, in-between travel and regularisation. The work will enable development of a workforce plan that ensures those working with older people have the training and support they require to deliver high quality, person-centred care.

The workforce plan will:

- focus on the primary, secondary and tertiary service requirements and endeavour to bring together the respective work forces needed to deliver these services effectively at the DHB, sub-regional and regional levels
- include strategies to support specialist workforces to deliver education and training sessions for non-specialist workforces
- identify and prioritise vulnerable workforces
- prioritise allied health, kaiāwhina and carer and support worker workforces
- refer to and incorporate guidance and actions outlined in the Healthy Ageing Strategy.

4.4.2 Health Literacy

We will promote and coordinate the following actions to raise awareness of, and build skills in health literacy practice among the health workforce and across the health system:

- Promote easily accessible on-line educational opportunities for the health workforce (e.g. Health Literacy, Tasmania Uni MOOC in dementia, brain health, ACP training, disability awareness).
- Provide support for 'read access' for interRAI assessments and liaise with TAS about training (e.g. HC, Palliative) for primary care, NGOs and DHB workforce.

4.4.3 Care Capacity Demand Management

The DHB is committed to fully implementing the CCDM Standards by the end June 2021. The plan for 201818/19

Establish programme governance	Appoint CCDM Programme Coordinator Establish CCDM Council in partnership with NZNO Partnership training – DHB/NZNO Communication plan established	Q1 Q1 Q3 Q2
Compliance with use of TrendCare acuity tool	TrendCare Governance Group re-established	Q2
Establish core data set	Commence work on CCDM Core Data set Set up ward based data councils	Q2 and ongoing
Establish programme staffing methodology	FTE calculations for initial target areas – MSW, AT&R completed	Q4
Establish variance response management	Variance Response Plan commenced.	Q2

4.5 Information technology

Government Planning Priority	Link to NZ Health Strategy	Link to DHB Priority	DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
National Maternity System : implementation of the National Maternity System	Smart System	Quality	1. Complete the planning for adoption of the National Maternity System with a view of implementation in 2019/20.	Q4	Regular Reporting to Executive Leadership Team Quarterly update meetings with the MoH Digital Portfolio Team
Digital Health Services: provision of health services via digital technology across the health system; for example telehealth, integrated care and working remotely	Closer to Home	Access to Services	1. Complete transition to the Indici Shared Care Record. 2. Progressively expand the use cloud based tools to support team-based communications, Multi-Disciplinary Meetings and telehealth/virtual care. 3. Complete transition to a smart GP eReferrals platform. 4. Implementation of 1-Click Access for GPs to their patient's hospital record.	Q2 Ongoing Q4 Q2	Reporting to the 3DHB Information Management Alliance and the Wairarapa Alliance Leadership Team (Tihei Wairarapa).

Government Planning Priority	Link to NZ Health Strategy	Link to DHB Priority	DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
Patient Observations : implementation of establishing a platform for deployment of eVitals	Smart System	Quality	1. Completion of the Implementation Business Case and pilot for a Patient Observations Platform. 2. Implementation Plan for the rollout of Patient Observations.	Q3 Q4	Business case signed off/ pilot completed and assessed Quarterly update meetings with the MoH Digital Portfolio Team
Medication Management: implementation of access to eNZPS community dispensed medicines for medicines reconciliation	Smart System	Quality	1. Implementation of hospital access to eNZPS (dispensing) and Medi-Map (rest homes) to support medicines reconciliation. 2. Development of an eMedication Management Roadmap. 3. Business case and RFP for a Hospital ePrescribing Solution.	Q3 Q2 Q4	Monthly reporting to the 3DHB eMedications Strategy Governance Group Regular Reporting to Executive Leadership Team Quarterly reporting through to MoH Digital Portfolio Team
MHAIDS : sharing of data between secondary and primary providers in the Mental Health & Addiction service	Smart System	Working with all our Partners	1. Completion of Phase 2 of the Client Referrals Pathways project to complete the fully integrated client management system between secondary and primary providers of mental health services, including electronic prescribing.	Q4	Regular Reporting to Executive Leadership Team Quarterly update meetings with the MoH Digital Portfolio Team

Government Planning Priority	Link to NZ Health Strategy	Link to DHB Priority	DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
IT Planning : demonstrate how they plan to implement Application Portfolio Management including the lifecycle for IT systems i.e., planned upgrades, support, licence renewal, etc.	Value & High Performance	Sustainable Services	1. Develop a reference architecture 2. Establishment of an Application Catalogue of all ICT systems & applications, linked to the reference architecture 3. Updated Long Term Investment Plan for DHB critical assets (Category 1 & 2) with upgrade dates and plans	Q2 Q2 Q4	Reporting through the Long Term Investment Plan Regular Reporting to Executive Leadership Team Quarterly update meetings with the MoH Digital Portfolio Team
IT Security commit to constructively engage with the Ministry and other health sector members in the establishment of a projected programme of IT Security maturity activities.	Smart System	Quality	1. Assessment of security controls against the NZ Information Security Manual, including risks and mitigations 2. Development of a joint Wairarapa, Hutt Valley and Capital & Coast Security Work Programme for 2018-20 3. Engagement in the National Health Security Forum	Q2 Q3 Ongoing, as required.	Monthly reporting to the 3DHB Information Privacy and Security Governance Group Update meetings with the Ministry Chief Security Advisor Annual Operational Assurance Plan to Government Chief Information Officer

Government Planning Priority	Link to NZ Health Strategy	Link to DHB Priority	DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
National/Regional Alignment Demonstrate National/Regional Alignment and where they are leveraging investments	Smart System	Working with all our partners	1. Regional Clinical Portal: Complete Data Replication from Local to Regional Portal. 2. Regional Radiology System: Complete Migration. 3. Common webPAS: Complete Phase 2 of Common webPAS including reporting, CostPro, Emergency Department. 4. National Screening Solution: Initiate scoping and planning. 5. National EHR: Contribute to the development of a Single Electronic Health Record. 6. National Maternity Clinical Information System.	Q3 Q4 Q2 Planning completed Q4. Dependent on MoH completing design and establishment of a National Platform, and the development of a National schedule for DHB transition As required. Dependent on Cabinet approval of the Indicative Business Case. See Maternity System above.	Regular Reporting to Executive Leadership Team and FRAC Quarterly reports from Regional ICT Lead.

SECTION 5: Performance Measures

5.1 2018/19 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
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	4.91% TBC
	Age 20-64	5.62% TBC
	Age 65+	1.27% TBC
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. Report on activities in the Annual Plan.
PP8: Shorter waits for non-urgent mental health and addiction services for 0-19 year olds		80% of people seen within 3 weeks. 95% of people seen within 8 weeks. Report on activities in the Annual Plan.
PP10: Oral Health- Mean DMFT score at Year 8	Year 1 (2018)	0.61
	Year 2 (2019)	0.61
PP11: Children caries-free at five years of age	Year 1 (2018)	67%
	Year 2 (2019)	67%
PP12: Utilisation of DHB-funded dental services by adolescents (School Year 9 up to and including age 17 years)	Year 1 (2018)	>85%
	Year 2 (2019)	>85%
PP13: Improving the number of children enrolled in DHB funded dental services	0-4 years - % Year 1	≥95%
	0-4 years - % Year 2	≥95%
	Children not enrolled 0-12 years % Year 1	≤10%
	Children not enrolled 0-12 years % Year 2	≤10%

Performance measure	Performance expectation	
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 and ≥99% within three months.	
	>85% of ACS patients who undergo coronary angiogram have pre-discharge assessment of LVEF	
	Composite Post ACS Secondary Prevention Medication Indicator - in the absence of a documented contraindication/intolerance >85% ACS patients who undergo coronary angiogram are prescribed, at discharge, aspirin, a second anti-platelet agent, statin and an ACEI/ARB (4-classes), and those with LVEF<40% should also be on a beta-blocker (5-classes).	
Focus Area 5: Stroke services	10% 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.	
	60 % of patients referred for community rehabilitation are seen face to face by a member of the community rehabilitation team i.e. RN/PT/OT/SLT/SW/Dr/Psychologist within 7 calendar days of hospital discharge.	
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
		Report on activities in Annual Plan
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.	
	Conversion rate of Contact Assessment (CA) to Home Care assessment where CA scores are 4 – 6 for assessment urgency Baseline to be established.	
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		
		0 per 100,000	
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.	
		Report on activities in the Annual Plan.	
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%.	
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		70% of infants are exclusively or fully breastfed at three months.	
PP39: Supporting Health in Schools		New measure to capture progress in delivery of actions and commitments identified in the Annual Plan for this planning priority.	
PP40: Responding to climate change		New measure to capture progress in delivery of actions and commitments identified in the Annual Plan for this planning priority.	
PP42:Waste disposal		New measure to capture progress in delivery of actions and commitments identified in the Annual Plan for this planning priority.	
PP43: Population mental health		New measure to capture progress in delivery of actions and commitments identified in the Annual Plan for this planning priority.	
PP44: Maternal mental health		New measure to capture progress in delivery of actions and commitments identified in the Annual Plan for this planning priority.	
PP45 Elective surgical discharges		2430 of publicly funded, casemix included, elective and arranged discharges for people living within the DHB region	
SI1: Ambulatory sensitive hospitalisations		0-4	See System Level Measure Improvement Plan included as Appendix B.
		45-64	<3900

Performance measure	Performance expectation	
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).	
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.	
SI12 SLM youth access to and utilisation of youth appropriate health services	See System Level Measure Improvement Plan	
SI13 SLM number of babies who live in a smoke-free household at six weeks post-natal	See System Level Measure Improvement Plan	
SI14: Disability support services	Report on activities in the Annual Plan	
SI15: Addressing local population challenges by life course	Report on activities in the Annual Plan	
SI16: Strengthening Public Delivery of Health Services	Report on activities in the Annual Plan	
SI17: Improving quality	Report on activities in the Annual Plan	
SI18 Improving newborn enrolment in General Practice	55% of newborns enrolled in General Practice by 6 weeks of age 85% of newborns enrolled in General Practice by 3 months of age Report on activities in the Annual plan	
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.	2.3 days
OS8: Reducing Acute Readmissions to Hospital		<11.2%

Performance measure	Performance expectation	
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)	>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.
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.	

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APPENDIX A

Wairarapa District Health Board

2018/19 Statement of Performance Expectations

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

2018/19 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:

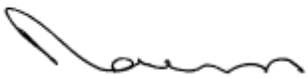
1. To allow the responsible Minister to participate in setting the annual performance expectations of the Wairarapa DHB
2. To provide parliament with information on these expectations, and
3. To provide a base against which actual performance can be assessed. The actual results of service performance against what was forecast here will be published in our 2018/19 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 Wairarapa 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 2018 to 30 June 2019.

Signed on behalf of the Board



Sir Paul Collins
Board Chair

Date: 30 June 2018

Leanne Southey
Deputy Chair

Date: 30 June 2018

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[3] 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 2018/19 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[4]	3DHB performance indicator (Capital & Coast DHB, Hutt Valley DHB, Wairarapa DHB)		

[3] Some performance measures show health indicators by locality, i.e. 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.

[4] 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 2018/19	Baseline	Baseline data date
Health protection and statutory regulation						
The number of disease notifications investigated.	V	WPI	Total	154	154	2016/17
			Māori	15	15	
			Pacific	3	3	
The number of environmental health investigations.	V	WPI		90	90	2016/17
The number of premises visited for alcohol controlled purchase operations.	V	WPI		19	19	2016/17
The number of tobacco retailers visited during controlled purchase operations	V	WPI		23	23	2016/17
Health promotion and education						
Number of adult referrals to the Green Prescription program.	V	WPI		124	124	2016/17
Number of submissions providing strategic public health input and expert advice to inform policy and public health programming in the sub-regional	V	WPI		17	3	2016/17
Number of new referrals to Public Health nurses in primary/intermediate schools.	V	WPI	Total	174	174	Jan – Dec[5] 2016
			Māori	107	107	
			Pacific	5	5	
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%	90%	2017/18 Q2
Percentage of hospitalized smokers receiving advice and help to quit.	Q	PP31		90%	97%	2017/18 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%	100%	2017/18 Q2

[5] School year related data is required to be reported from Jan – Dec, not financial year.

Outputs measured by	Note			Target/Est. 2018/19	Baseline	Baseline data date
Immunisation						
Percentage of 2-year olds fully immunised.	C	PP21		≥95%	96%	2017/18 Q2
Percentage of 8-month olds fully vaccinated	C	HT4		≥95%	92%	2017/18 Q2
Percentage of year 7 children provided Boostrix vaccination in Wairarapa district.	C	WPI	Total	≥70%	77%	Jan – Dec 2016
			Māori		79%	
			Pacific		88%	
Percentage of year 8 girls vaccinated against HPV (final dose).	C	PP21	Total	75%	69%	Jan – Dec 2016
			Māori		72%	
			Pacific		67%	

Outputs measured by	Note		Target/Est. 2018/19	Baseline	Baseline data date
Breastfeeding					
Percentage of infants fully or exclusively breastfed at 3-months.	Q	PP37	≥60%	52%	2016
Population based screening services					
Percentage of eligible children receiving a B4 School Check.	C	WPI	≥90%	Quintile 5: 91% Total: 94%	2016/17
Percentage of eligible women (25-69 years) having cervical screening in last 3 years.	C	SI10	>80%	Māori: 72% Total: 78%	2016/17
Percentage of eligible women (50-69 years) having breast screening in the last 2 years.	C	SI11	>70%	Māori: 69% Total: 76%	2016/17

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 2018/19	Baseline	Baseline data date
Primary Care services / Long term conditions management					
Percentage of DHB-domiciled population enrolled in a PHO.	C	PP33	≥99%	Māori: 91% Total: 99%	2016/17
Percentage of practices with a current Diabetes Practice Population plan (or LTC plan that includes diabetes).	C	WPI	100%	91%	2017/18 Q2
Percentage of eligible population assessed for CVD risk in last 5 years.	C	PP20	≥90%	89.2%	2017/18 Q2
The number of new and localised HealthPathways in the sub-region.	V	3DHB	375	368	2016/17 Forecast
The average number of users accessing the HealthPathways website in the last month of the financial year.	V	3DHB	2,000	2317	2016/17 Forecast
Oral health					
Percentage of children under 5 years enrolled in DHB-funded dental services.	C	PP13	≥95%	83%	2017
Percentage of adolescents accessing DHB-funded dental services.	C	WPI	≥85%	70%	2017
Pharmacy services					
Number of initial prescription items dispensed.	V	WPI	≥364,505	350,352	2016/17
Percentage of DHB domiciled populations dispensed at least one prescription item.	C	WPI	Est. ≥80%	84%	2016/17
Number of people participating in a Community Pharmacy anticoagulant management service in a pharmacy.	V	WPI	≥45	45	2016/17
Percentage of people registered with a Long Term Conditions (LTC) Program in a Pharmacy.	C	WPI	≥4%	9.7%	2016/17

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. 2018/19	Baseline	Baseline data date
Mental Health and Addiction services					
Number of people accessing secondary Mental Health Services.	V	PP6	Māori: Est 622 Total: Est 2,048	Māori: 622 Total: 2,048	2016/17
Percentage of patients 0-19 yrs referred to non-urgent child & adolescent mental health services & seen within 8 weeks.	T	PP8	≥95%	90%	2017/18 Q2
Percentage of patients 0-19 years referred to non-urgent child & adolescent Addiction services & seen within 8 weeks.	T	PP8	≥95%	100%	2017/18 Q2
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: 95% (Nat'l ≥75%)	92%	2017/18 Q2
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: 95% (Nat'l ≥90%)	88%	2017/18 Q2
Elective and Acute (Emergency Dept.) inpatient/outpatient					
Number of surgical elective discharges.	V	HT2	≥2,417	2,459	2016/17
Percentage of patients admitted, discharged or transferred from ED within 6 hours.	T	HT1	95%	94.25%	2017/18 Q2
Standardised inpatient average length of stay ALOS (Acute).	T	OS3	≥2.35	2.41	2017/18 Q2
Standardised inpatient average length of stay ALOS (Elective).	T	OS3	≥1.55	1.34	2017/18 Q2
Rate of inpatient falls causing harm per 1,000 bed days.	Q	WPI	≤1.3	1.07	2016/17
Rate of hospital acquired pressure injuries per 1,000 bed days.	Q	WPI	≤0.50	0.43	2016/17
Rate of identified medication errors causing harm per 1,000 bed days.	Q	WPI	≤0.65	1.07	2016/17

Outputs measured by	Note		Target/Est. 2018/19	Baseline	Baseline data date
Weighted average score in Patient Experience Survey	Q	SI8	≥8.3	Communication: 8.5 Coordination: 8.7 Partnership: 8.5 Physical and emotional needs: 8.8	2016/17
Percentage Did Not Attend (DNA) appointments for outpatient First Specialist assessments.	Q	WPI	≤7%	5.75%	2017/18 Q2
Percentage DNA appointment for follow-up Specialist appointments.	Q	WPI	≤7%	8.3%	2017/18 Q2
Cancer services					
Percentage of patients, ready for treatment, who waited less than 4 weeks for radiotherapy or chemotherapy.	T	WPI	100%	100%	2016/17
Percentage of patients receiving their first cancer treatment (or other management) within 31 days from date of decision-to-treat.	T	PP30	≥85%	88.5%	2017/18 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%	92.3%	2017/18 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 2018/19	Baseline	Baseline data date
Disability care services					
Number of sub-regional and Wairarapa Disability forums.	V	WPI	≥1	WRP: 1 3DHB: 1	2016/17
Number of sub-regional Disability newsletters published.	V	WPI	≥2	12	2017/18 Q2
Total number of hospital staff that have completed the Disability Responsiveness eLearning module.	Q	WPI	150	126	2017/18 Q2
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
Percentage of people 65+years receiving DHB funded HOP support that are being supported to live at home.	C	PP23	≥ 67%	69%	2017/18 Q2
Health of Older People (HOP) services cont.					
Percentage of the population aged 75+ years that are in Aged Residential Care (including private payers).	C	WPI	9.5%	9.2%	2017/18 Q2
Percentage of residential care providers being awarded 3-year (or more) certification in the planned year.	Q	WPI	100%	85%	2016/17

Financial Performance Summary

PROSPECTIVE FINANCIAL PERFORMACE FOR THE FOUR YEARS ENDED 30 JUNE 2019, 2020, 2021 AND 2022.

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
	Audited Actual	Actual	Plan	Plan	Plan	Plan
	$000	$000	$000	$000	$000	$000
Revenue						
Ministry of Health Revenue	138,100	145,094	150,356	152,912	155,510	158,152
Other Government Revenue	2,579	2,412	2,494	2,532	2,568	2,605
Other Revenue	9,872	10,862	8,962	8,827	8,895	8,965
Interest Revenue	55	30	45	65	65	66
Total Revenue	**150,606**	**158,398**	**161,857**	**164,336**	**167,038**	**169,788**
Expenditure						
Personnel	42,342	45,862	48,253	49,150	50,106	51,042
Outsourced Services	9,834	8,474	6,699	6,736	6,757	6,781
Clinical Supplies	10,652	12,526	11,358	11,052	10,739	10,435
Infrastructure and Non Clinical	7,485	8,035	9,290	9,083	8,642	8,360
Payments to Non-DHB Providers	43,986	48,850	51,694	52,471	53,557	54,556
Inter District Flows	36,443	39,528	39,282	39,871	40,470	41,076
Interest, Capital Charge, Depreciation and Amortisation	2,680	4,125	4,276	4,435	4,435	4,435
Total Expenditure	**153,421**	**167,400**	**170,852**	**172,798**	**174,706**	**176,685**
Total Comprehensive Income/(Deficit)	**(2,815)**	**(9,002)**	**(8,995)**	**(8,462)**	**(7,668)**	**(6,897)**

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 2.43% and as per contracts
- Supplies and expenses based on current contract prices where applicable
- Provider Arm 2017/18 achieved baseline savings targets are included in 2018/19 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 $4.6M is planned for 2018/19.

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 cost centres and across the Provider Arm. The baseline CAPEX for 2018/19 of $4.6M to be funded externally and includes IT projects, i.e. regional (RHIP); local (webPAS Phase II), Oracle and Clinical Portal Transition.

Debt & Equity

Equity Drawing

Wairarapa DHB anticipates $11M deficit support will be required for the 2018/19 financial year.

Working Capital

The Board has a working capital facility with the Bank of New Zealand, 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

Wairarapa DHB revalued its land, building as at 30 June 2018. The revaluation was carried out by an independent Registered Valuer (CBRE Limited), which is consistent with the New Zealand Equivalent to International Public Sector Account Standard 17 Property, Plant and Equipment (PBE IPSAS 17).

Just prior to the release of the valuation report the main hospital building was identified as requiring seismic remediation to meet its service and function requirements as an IL4 building. The level of remediation is as yet unknown and therefore no revaluation or impairment adjustment has been made to the value of Wairarapa DHBs asset values as at 30 June 2018.

An updated valuation is proposed to be undertaken in the next financial year should the level of importance be deemed material.

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.

APPENDIX B

Wairarapa District Health Board
System Level Measures Improvement Plan
2018/2019

Tū Ora
COMPASS HEALTH

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

Signatories

Bob Francis
Chair
Tihei Wairarapa

Adri Isbister
Chief Executive
Wairarapa District Health Board

Martin Hefford
Chief Executive
Tū Ora Compass Health

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, Tihei Wairarapa, an Alliance between Wairarapa DHB and Tū Ora Compass Health, submitted a System Level Improvement Plan which was approved by the Ministry of Health in November 2016. Tihei Wairarapa's plan was recognised by the Ministry as being an action-focused plan that made good use of data.

The Tihei Wairarapa Alliance, and the Alliance Executive Team (AET) has committed to work in partnership to refresh and further develop the plan, and to agree the 2018/19 Improvement Plan to be submitted to the Ministry of Health. This updated plan includes the following:

- Improvement Milestones for six System Level Measures (SLMs),
- Activities to meet the SLM milestones,
- A set of contributory measures aligned to the activities and milestones, and
- District AET 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 and Tū Ora Compass Health. 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 DHB's Annual Plan and Tū Ora Compass Health's Māori Health 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 2018/19

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 2018/19 Annual Plan, of which the 2018/19 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 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 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 2018/19 Plan. The milestones are also aligned with the National Health Strategy, and DHB performance measures as reflected in the DHBs 2018/19 Annual Plan.

2018/19 System Level Measures

From 1 July 2018 the System Level Measures 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
- Proportion of babies who live in a smoke-free household at six weeks postnatal

In 2018/19, 25% of PHO incentive pool funding will be paid on Quarter 4 achievement of the following three SLM improvement milestones and two primary care targets:

- Acute hospital bed days per capita
- ASH rates for 0-4 year olds
- Patient experience of care
- Primary Care Target: Better help for smokers to quit
- Primary Care Target: Increased immunisation for eight month olds.

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

An Overview to Our 2018/19 Plan

Wairarapa DHB recognises that we are in a rebuilding phase following the dissolution of the 3DHB planning and funding unit and the 2DHB management structure. During the 2017/18 year the emphasis was on the recruitment of key managers and clinicians, reestablishment of systems and processes (including human resources and IT), and building relationships with the local community and health providers again (including establishing a consumer council and intersectoral group). At the same time Tū Ora Compass Health restructured local management to better support the seven practices, each of which is facing capacity challenges. Collectively we acknowledge that during this time the Alliance has not been operating as effectively as we would like.

We are realistic about the challenges we face as a health system. We have a comparatively large population of older people with 22% over 65 years. We are also experiencing rapid population growth as people relocate from the major cities. In both the hospital and primary care there has been significant growth in acute demand, our workforce is aging, and we struggle to recruit the clinicians we need. We recognise that our current model of service provision is not sustainable and are committed to addressing this by taking a partnership approach to improving patient experiences, population health and system efficiency. One of our strengths as a district is that we are innovative, focussed and nimble. We have a small and discrete population, strong community support and a single PHO with sophisticated capability. We aim to capitalise on these strengths.

Our 2018/19 plan outlines several key actions that we believe are required to lay the foundation for future service development. Collectively we are committed to renewing the Alliance Leadership Team and establishing local Service Level Alliances to replace previous sub regional arrangements. This will provide us with an operational framework to effectively monitor and evaluate our performance, and agree priorities and service improvement actions.

Together we will develop a clinical services plan, a district-wide health promotion plan, and will be developing business cases for an integrated urgent care centre and an integrated midwifery model of care.

Crucially, we recognise that we need to modernise and free-up capacity in primary care so that we can improve the management of patients in the community. Starting in January 2019, Tū Ora Compass Health will be implementing the Health Care Home Model (HCH) across all seven Wairarapa practices. The DHB acknowledges that this is a major commitment for the PHO and practices over the next three years and limits the extent to which other service developments may be possible.

Table 1 below summarises the headline actions that have been agreed as priorities for the 2018/19 year, and the intervention logic behind them.

Our 2018/19 Priority Projects

Table 1: Our priority projects and the milestones they will impact on

	ASH 0-4	Acute bed days	Patient Experience	Amenable mortality	Youth access to service	Babies in smoke free households
The Tihei Wairarapa Alliance membership and terms of reference will be refreshed to reflect the scope of the SLM plan. The Alliance Leadership Team (ALT) will be more clearly responsible for the development and implementation of the system level measures and will be accountable to the Board for performance and to Te Iwi Kainga for equity.	✓	✓	✓	✓	✓	✓
The Healthcare Home (HCH) model will be implemented in all seven Wairarapa practices commencing January 2019. The HCH model represents a fundamental shift in the way care is provided in general practice. It is evidenced to deliver: • Improvements in patient experience of healthcare • Improved satisfaction and sustainability of the workforce • Improved quality of care through improved access and a focus on prevention and early intervention • A reduction in the downstream impacts on the broader health system such as hospitalisation, emergency presentations and amenable mortality.	✓	✓	✓	✓		
A Service Level Alliance (SLA) will be established to drive system improvement in the management of long term conditions in the district. The SLA will monitor quality indicators including: • the SLM contributory measures, • the Atlas of Healthcare Variation, • Health Roundtable data and • the Compass Health quality indicators, and will make recommendations to the ALT on system improvements to improve population health outcomes and equity. The SLA will have an initial focus on diabetes, respiratory conditions, falls and palliative care. The SLA will have primary responsibility for the implementation of the acute bed days and amenable mortality measure improvement plans.	✓	✓		✓		✓

	ASH 0-4	Acute bed days	Patient Experience	Amenable mortality	Youth access to service	Babies in smoke free households
A Service Level Alliance will be established to drive system improvement in child and youth health services. The SLA will monitor quality indicators including: • the WCTO quality framework • the SLM contributory measures, and • the Tū Ora Compass youth health quality indicators and will make recommendations to the ALT on system improvements to improve child and youth health outcomes including increasing equity. The SLA will have an initial focus on implementing a targeted fluvax and respiratory health campaign, developing culturally appropriate antenatal options for Māori, reconfiguring services to provide more support for high needs families and better understanding our strengths and challenges for youth health. The SLA will have primary responsibility for the implementation of the ASH 0-4, babies in smoke-free households and youth measure improvement plans.	✓			✓	✓	✓
A district wide health promotion plan and platform will be developed to align community communications and health promotion activities and support the DHBs vision of Well Wairarapa. This will pull together the current small and separate investments in health promotion and better target resources to district priorities.	✓	✓		✓	✓	✓
A business case will be presented to the Board for the development of an integrated urgent care centre. Streamlining after hours and urgent care arrangements is expected to improve the patient experience, reduce hospital admissions and reduce costs.	✓	✓	✓		✓	
The DHB wishes to develop an integrated and sustainable model of midwifery care more appropriate to a DHB with a small population. The Alliance will work with local stakeholders and the Ministry of Health to develop options during 2018/19.						✓
The Alliance believes there are opportunities to improve the patient experience of the health system as a whole by sharing PES results and combining quality improvement initiatives. We will implement quarterly combined reviews of survey results and commit to an integrated quality improvement approach.			✓			

The Wairarapa DHB/Tihei Wairarapa agreed Improvement Milestones for 2018/19 are:

System Level Measure	Key Improvement Milestones	Date	2017/18 Target and latest results	2018/19 Target
ASH rates for 0-4 year olds	Wairarapa Māori 0-4 years non-standardised ASH rate per 100,000	End of Q4	Target - Māori 0-4yrs ≤ 8,060 Dec 2017 baseline: Māori 0-4yrs = 8,851 Other 0-4yrs = 6,254	Reduce non-standardised Māori 0-4 years ASH rate to 8,060 per 100,000 population
Acute bed days per capita	Wairarapa acute bed day rate per 1,000	End of Q4	Target - ≤ 320 per 1,000 March 2018 baseline DHB of service = 400	Reduce actual Māori acute bed days for DHB of service from 435 to 350 per 1,000 population
Patient Experience Survey	Wairarapa primary care and inpatients composite score (note national definition currently unavailable in library) Practices participating in the primary care PES Māori participation in the primary care PES.	End of Q4	Target - ≥ current baseline in all four domains – minimum of 8.0 for inpatient survey. 75% of practices participating in the primary care PES June 2018 – all 7 practices participating.	Increase the inpatient survey score for communication to 8.0/10 Increase the Māori participation rate in the primary care survey to 10%
Amenable mortality rates	Wairarapa total 0-74 standardised AM rate per 100,000	End of Q4	Reduce standardised rate to 120 per 100,000 by 2020/21 Baseline 2015 =89.8 5 year average = 110.7	Maintain AM rate at or below 89 per 100,000
Youth access to and utilisation of youth-appropriate health services	**Access to preventative services:** Increase Māori and Pacific adolescent dental coverage **Intentional self-harm hospitalisations** (including short-stay hospital admissions through ED) for 15 - 19 year olds	End of Q4	**Access to preventative services – Adolescent oral health utilisation for school year 9 – 17 years of age:** 2016/17 baseline: coverage = 64% total, Māori 48%, Pacific 40% **Intentional self-harm hospitalisations:** 2018 Wairarapa rate of admissions for 15 – 19 year olds ≤ the national rate March 2018 = 73.1 (national rate = 73.6)	**Access to preventative services:** Increase Māori and Pacific adolescent dental coverage from 48% /40% to 55% by 30 June 2019. **Mental Health and Wellbeing**: Maintain rate of self- harm hospitalisations for 15 – 19 year olds at or below the national average rate.
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	Smoke-free home data field is completed by WCTO providers for 90% of babies. March 2018: Data available for 72% of babies. 64% living in smoke free homes 27% Māori living in smoke free homes	Accurate data is available for 95% of babies. Increase the % of babies living in smoke free homes to 70% and Māori babies to 40% by 30 June 2019

Improvement Plan

The following sections outline the agreed 2018/19 Wairarapa SLM Improvement Plan.

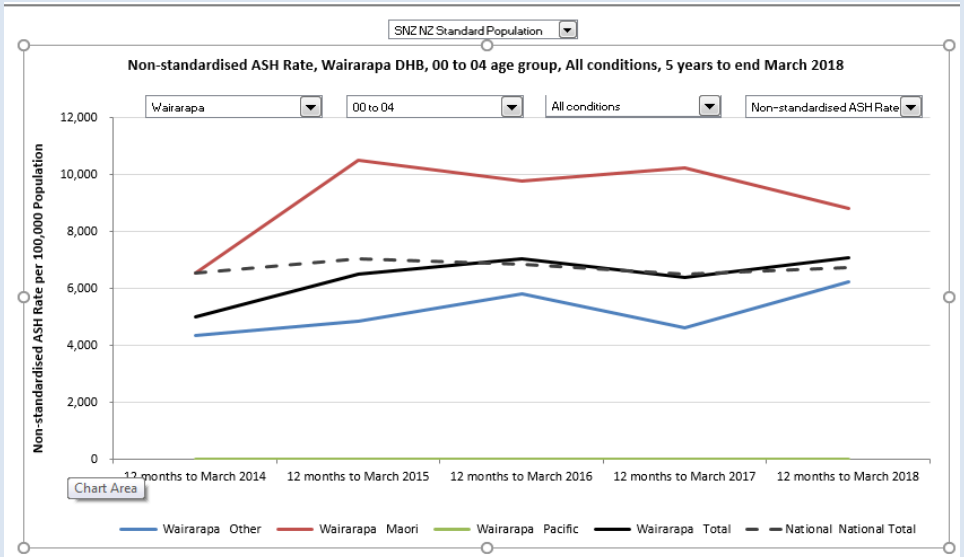
Ambulatory Sensitive Hospitalisations 0-4yo

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 2018/19 WrDHB will retain its goal of reducing the Māori ASH rates for 0 – 4 year olds to 8,060, a 5% reduction from the September 2016 rate of 8,488.

While the rates for Māori are reducing, the overall rates are increasing.

Inequities are evident particularly with Māori children. Comparative data is not available for Pacific children due to the small population, but we intend to monitor hospitalisations for Pacific children at an individual level.

Respiratory conditions, including infections, asthma /wheeze and pneumonia are by far the largest driver of admissions, especially for Māori children. Gastroenteritis and dental conditions are also significant.



DHB	Ethnic Group	12 months to March 2014	12 months to March 2015	12 months to March 2016	12 months to March 2017	12 months to March 2018
Wairarapa	Other	4,357	4,870	5,806	4,645	6,254
Wairarapa	Maori	6,548	10,494	9,762	10,238	8,837
Wairarapa	Pacific					
Wairarapa	Total	5,027	6,533	7,037	6,404	7,097
National	Total	6,547	7,068	6,855	6,508	6,748

Milestone	Actions	Contributory Measures All contributory measures will be monitored by Māori, Pacific & Total Population where data allows
Reduce Māori ASH rate for 0-4year olds from 8837 to 8,060 per 100,000 population	Establish a child and youth service level alliance, to monitor system level performance including the Well Child, Tamariki Ora Quality Framework indicators	• SLA quarterly monitoring framework process established and implemented by 30 June 2019
	Implement enhanced whānau ora services for families of children identified through LMC/WCTO needs assessment and those booked for dental treatment on the surgical bus	• % preschool children enrolled with oral health service • Hospital admissions for children under 5 years with dental as primary diagnosis
	Regional Public Health will undertake housing assessments for families of children with repeat respiratory admissions	• Number of housing assessments completed and results discussed with the Intersectoral forum
	Implement a targeted fluvax and respiratory health campaign (including outreach) for children admitted for respiratory conditions	• Hospital admissions for children under five years with a primary diagnosis of respiratory disease • Fluvax under 5 years
	Develop a district wide health promotion plan and platform to align community communications and health promotion activities, including health literacy and support the DHB's vision of Well Wairarapa.	• District wide health promotion plan agreed by ALT by 30 June 2019

Patient Experience of Care

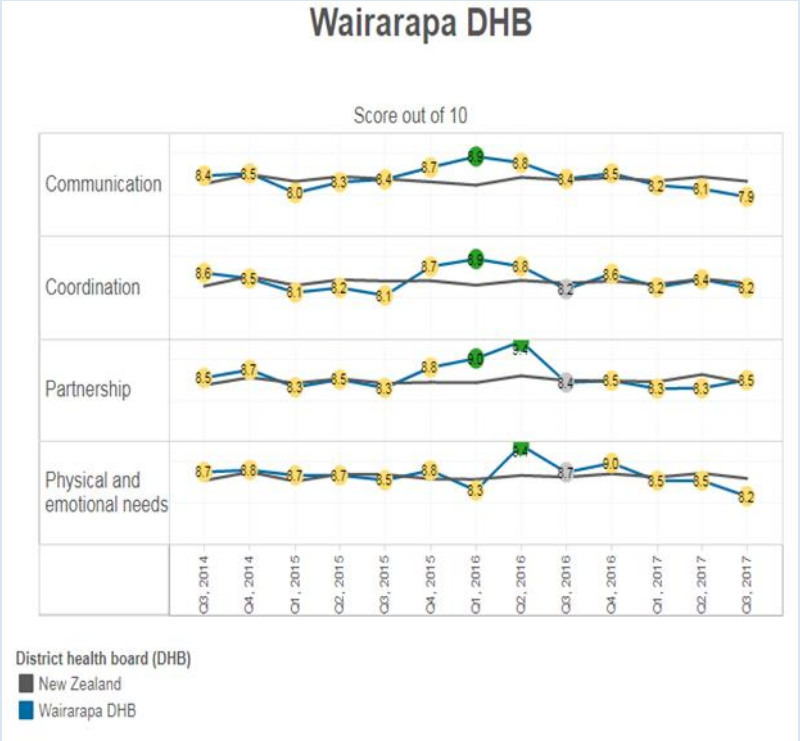
The Wairarapa health system encourages patients to provide feedback about their experience of care through our complaints and compliments process and by participating in the Adult Inpatient and Primary Care Patient Experience Surveys. Involvement and feedback to support initiatives that will lead to improved patient experience of care. One of our priorities is to monitor results and feedback and use them to inform initiatives that will lead to improved patient experience and outcomes.

he Primary Care PES will provide improvement opportunities for practices implementing the Health care Home model. We aim to have 100% of practices participating in the PES and will maintain or improve on current domain composite scores.

All seven Wairarapa general practices are now participating in the PES. However, as the final practices have only just joined the programme we do not have reliable baseline data for participation or satisfaction. Māori participation in the primary care survey in May 2018 was 8%.

WrDHB inpatient survey is just below the NZ average for communication, coordination and physical & emotional needs, and on the national average for partnership. As with our regional DHB partners, our lowest scoring question is medication education at hospital discharge. As at q4 2017, the participation rate in the inpatient survey was 32%.

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.



Milestone	Actions	Contributory Measures All contributory measures will be monitored by Māori, Pacific & Total Population where data allows
Better Patient Experience and Outcomes **Primary Care Milestone** Increase Māori participation in PES to 10% **Adult Inpatient Milestone:** Increase participation rates in the inpatient PES to 40% Increase inpatient PES communications score to 8	Implement the Health Care Home model across all Wairarapa practices with expectations for year of care planning and appointment availability	• Number of practices implementing HCH
	PHO will work with HQSC to develop and test Māori and Pacific language flyers in practices to promote participation in the survey	• Māori and Pacific response rates for the primary care PES
	Establish baseline for all domains in the primary care survey	• Primary care scores in the four domains
	Implement quarterly review of combined inpatient and primary care survey results to identify focus for continuous quality improvement	• Quarterly reviews completed and improvement opportunities identified
	Investigate the use of relationship centred care learning modules to become part of mandatory training for DHB staff Cease SMS collection and increase collection of email contacts at admission to hospital	• Email collection rate

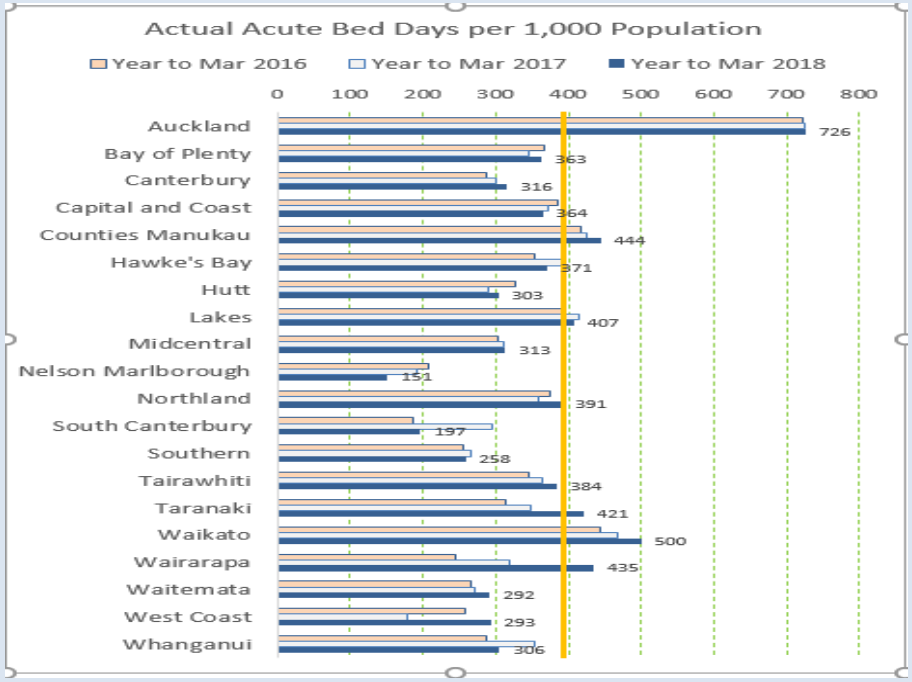
Acute Bed Days

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 (in DHB of service) to 350 per 1000, in 2018/19. A short-term goal for 18/19 is to better manage respiratory conditions in primary care, and for general practices to use stratification tools to identify populations at risk of admission. Further focused work is required on understanding drivers of acute bed days for the 75+ years age band, and specifically readmission rates for Māori 75+. Advanced care planning and shared care plans will assist in addressing this is 2018/19 and beyond.

The rate of acute bed days in WrDHB was historically low but has increased sharply in the last 12 months (from 349 to 400 from March 2017 to March 2018).

Actual bed days for all ethnicities have increased in the past year, with the biggest increase being Māori (from 318 to 435). Māori 75+ have a 16.9% standardised readmission rate compared to 11.1% for others in the same age range.

Respiratory conditions, especially in the very young, elderly and Māori, cerebrovascular disorders and fractures especially in the elderly are the largest drivers of acute bed day usage.



Milestone	Actions	Contributory Measures All contributory measures will be monitored by Māori, Pacific & Total Population where data allows
Reduce Māori standardised acute bed days (DHB of service) to 350 per 1000 population.	Present DHB Board with a business case for integrated urgent care provision, including streaming of patients to the appropriate care and avoiding admissions	• Business case completed
	Implement the falls prevention programme to reduce the incidence of falls and fragility fractures	• Number of people 65+ years with low impact fragility fractures who have been registered by the fracture liaison service
	Establish LTC Service Level Alliance, with an initial focus on improved management of diabetes and respiratory conditions	• Māori HbA1c test results
	Implement Health Care Home model focused on providing proactive, preventative and acute care to keep people well and prevent the requirement for them to attend hospital.	• Number of practices implementing HCH
	Review current processes and develop a plan for increasing CVDRA and CVD management plans for Māori	• Māori CVD risk recorded within the last ten years • Māori CVD risk >20% and prescribed a statin
	Extend multidisciplinary meetings in primary care for patients identified through risk stratification as being at risk of hospital admission.	• Number of practices using a tool that identifies population at risk of admission
	Implement the DHB's 2018/19 Tobacco Control Plan, including increasing referrals from primary and hospital to smoking cessation services	• Māori Quit rate (PHO data)
	Identify drivers for acute readmission rate for Maori 75+ years.	• Acute readmission rates

Amenable Mortality

We want to have an effective WrDHB health system, for individuals and the population as a whole. Wairarapa DHB aims to maintain its amenable mortality rate at less than 100 per 100,000. Our focus in 2018/19 and beyond is on reducing the Māori amenable mortality rate. Suicide continues to have a large relative impact on the rate at WrDHB. We are continuing to develop an improved understanding (including by age and ethnicity), so effective solutions can be developed and implemented in future years.

Wairarapa DHB's amenable mortality rate dropped significantly between 2013 – and 2015. However, large fluctuations over the last few years reflect the small population size.

Inequities remain with the Māori population continuing to have the highest AM rates.

Coronary disease, cerebrovascular disease, COPD, suicide and female breast cancer are the most prevalent conditions for Wairarapa DHB

Amenable mortality deaths, age standardised rates, 0-74 year olds, 2015

Calculated using estimated resident population as at June 30

	2015		2011-2015
	Number of deaths	Age standardised rate	Average 4 highest
Northland	277	106.7	127.1
Waitemata	472	62.9	71.7
Auckland	415	74.0	79.9
Counties Manukau	617	101.2	106.4
Waikato	528	102.5	108.1
Lakes	181	130.4	127.2
Bay of Plenty	322	103.6	107.7
Tairawhiti	88	138.4	142.7
Hawkes Bay	243	104.9	108.0
Taranaki	161	97.9	101.5
Midcentral	242	104.0	109.7
Whanganui	126	133.2	130.9
Capital & Coast	261	70.0	76.1
Hutt Valley	183	98.0	95.2
Wairarapa	61	89.8	110.7
Nelson Marlborough	166	68.9	77.2
West Coast	61	127.0	128.6
Canterbury	602	85.3	87.5
South Canterbury	68	78.2	111.1
Southern	412	96.9	95.5
Overseas and undefined	63	…	…
Total New Zealand	**5549**	**90.8**	**95.2**

Milestone	Actions	Contributory Measures All contributory measures will be monitored by Māori, Pacific & Total Population where data allows
Maintain 0-74 years age standardised AM rate at or below 89 per 100,000	Establish a LTC Service Level Alliance to monitor system level performance and lead integrated service development (with an initial focus on diabetes and respiratory conditions)	• SLA quarterly monitoring framework process established and implemented by 30 June 2019 • HbA1c results
	Review current processes and develop a plan for increasing CVDRA and CVD management plans for Māori	• CVDRA within last year • CVD >20% and prescribed a statin
	Evaluate the benefits of group consultations for people with LTCs through a trial	• Number of group consultations
	Implement the DHBs 2018/19 Tobacco Control Plan, including increasing referrals from primary and hospital to smoking cessation services	• Referral to smoking cessation services • Primary care quit rates
	collaborate with iwi to develop specific actions to improve equity in Māori rates of breast, cervical and bowel screening	• Māori breast cervical and bowel screening rates
	Implement the recommendations of the local mental health and addictions review	• Recommendations approved by Board and implementation plan agreed by 30 June 2019
	Implement the Wairarapa Community Alcohol Initiative which is focused on reducing alcohol related harm among young people	• % data collected for alcohol related ED presentations

Youth access to and utilisation of youth appropriate health services

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. We will focus on engaging youth in the development of youth health services, and on improving youth engagement with health services in the 2018/19 year. This will inform priority areas for future years' activities.

Self-Harm

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

There has been a marked reduction in self harm hospitalisations for this age group in 2018, especially among Māori females. However, consultation conducted for the mental health review highlighted considerable concern about youth mental health, so the Alliance will continue to focus on this domain.

Youth Oral Health

Between 2010 and 2017 adolescent oral health utilisation dropped from 82% to 64%. In 2017, coverage was 48% for Māori, 40% for Pacific and 75% for other ethnic groups.

Milestone	Actions	Contributory Measures All contributory measures will be monitored by Māori, Pacific & Total Population where data allows
Maintain intentional self-harm ED presentations /hospitalisations 15-19 year olds at or less than the national rate. Increase Māori and Pacific oral health utilisation to 55% by 30 June 2019	Establish a Child and Youth Service Level Alliance to monitor youth health indicators and lead youth health service development	• SLA quarterly monitoring framework process established and implemented by 30 June 2019
	Implement the recommendations of the local mental health and AOD review, including increasing mental health support in schools as part of implementation of universal School Based Health Services	• Practice utilisation of PMHI extended consultation and packages of care for young people 15 – 24 yrs • Intentional self-harm presentations 10-24 years (Maori /Other)
	Review local oral health service delivery model and develop options for increasing utilization especially for Māori and Pacific.	• Year 9 enrolments with dentists (Māori /Pacific / other)
	Develop mechanisms for increasing access to the Youth Kinex clinic.	• Number of Youth Kinex consults

Babies in smoke-free households

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.

The baseline from the WellChild Tamariki Ora dataset at March 2018: % of babies for whom the smokefree home field is completed was 72%.

Of those for whom data was available, 27.3% of Māori babies and, 64% of all babies were living in smokefree homes.

Milestone	Actions	Contributory Measures All contributory measures will be monitored by Māori, Pacific & Total Population where data allows
Increase the percentage of babies for whom the smoke free home data field is completed from 72% to 95% by 30 June 2019. Increase the proportion of babies living in smoke free homes to 70% (total) and 40% (Māori).	Provide WCTO providers with education and training support on the implementation of the Smokefree SLM data standard	• Quarterly progress on data quality
	Establish a Child and Youth Service Level Alliance to monitor WCTO quality indicators and lead maternal and child service development	• SLA quarterly monitoring framework process established and implemented by 30 June 2019
	Develop antenatal wananga, including smoke free messaging, targeted to young Māori women and their whānau	• Number of hapu mama attending wananga
	Increase support for the Hapu Mama programme, including further incentives and alternative NRT	• Hapu Mama programme referrals, enrolments, and quit rates
	Implement the DHB's 2018/19 tobacco control plan, including implementing processes for increasing referrals to cessation support services from LMCs and WCTO providers	• Pregnant women who identify as smokers upon registration with an LMC • LMC referrals to cessation support • Number of mothers smoke free at first core contact
	Increase referrals from primary care to Stop Smoking Services by using primary care data set to target households with babies	• Primary care quit rates for households with babies