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Wairarapa DHB 2019/20 Annual Plan

incorporating the 2019/20-2022/23 Statement of Intent and 2019/20 Statement of Performance Expectations

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

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Hon Dr David Clark

MP for Dunedin North

Minister of Health

Associate Minister of Finance

11 NOV 2019

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

Dear Paul

Wairarapa District Health Board 2019/20 Annual Plan

This letter is to advise you I have approved and signed Wairarapa District Health Board's (DHB's) 2019/20 Annual Plan for one year.

I have made my expectations on improving financial performance very clear. Current DHB financial performance is not sustainable, despite Government providing significant funding growth to DHBs in the past two Budgets. I am approving your plan on the expectation that you will continue to focus on opportunities for improving financial results for 2019/20 and into 2020/21 and beyond. The out-years have not been approved.

I am aware that you have advised the Ministry of Health (the Ministry) of an improving out-years position. However, I have asked the Ministry to request detail on the development of your savings plans for out-years as part of your 2019/20 quarter two report. I expect this report will include a granular and phased focus on cost containment, productivity and efficiency, quality, safety and Māori health and equity.

It is critical that a strong and deliberate approach is taken to out-year financial plans including your operating revenue, expenditure budgets and specific sustainable savings plans.

It is expected that as Chair, along with your Board, you will continually manage and monitor your cash position on a monthly basis with an ongoing year forecast. Should the DHB experience liquidity issues, please keep the Ministry informed of the likely timing of the need for liquidity support. Signalling the need for equity in the Annual Plan does not imply that an equity request will be approved. The available equity is limited and applications for equity support will be subject to a rigorous prioritisation and approval process.

I am aware you are planning a number of service reviews in the 2019/20 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.

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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 that will deliver on our Government's Wellbeing priorities.

I am looking forward to seeing continued support and progress in these priority areas and ask that you maintain a strong oversight of your team against the actions identified in your annual plan.

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 2019/20 Annual Plan. I look forward to seeing your achievements.

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 Dale Oliff
Chief Executive
Wairarapa District Health Board
dale.oliff@wairarapa.dhb.org.nz

PART A – Annual Plan

SECTION 1: Overview of Strategic Priorities

1.1 Strategic Intentions/Priorities

Wairarapa DHB's vision is Well Wairarapa: Better Health for All – Hauora pai mo te katoa

Our Mission is to improve, promote, and protect the health status of the people of the Wairarapa, and the independent living of those with disabilities, by supporting and encouraging healthy choices.

Our Values are:

Respect – Whakamana Tangata
According respect, courtesy and support to all.
Integrity – Mana Tu
Being inclusive, open, honest and ethical.
Self Determination – Rangatiratanga
Determining and taking responsibility for ones actions.
Cooperation – Whakawhānaungatanga
Working collaboratively with other individuals and organisations.
Excellence – Taumatatanga
Striving for the highest standards in all that we do.

Our Strategic Priorities are:

- The provision of Quality Care1 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.

Our Strategic Objectives are to continue to:

1. improve the health outcomes for the people of the Wairarapa district,
2. eliminate inequities,
3. improve service quality, and
4. ensure the ongoing sustainability of the local health system.

Between April and June 2019, the Ministry of Health met with all DHBs for strategic discussions focusing on 2019/20 and beyond. The WrDHB Board Chair, Chief Executive and members of senior management met with MOH officials on 28 May 2019 and were able to share insights of the current and future context of healthcare services in the Wairarapa. Some of our key actions for 2019/20 are outlined below. At the end of the process, the MOH noted that there were some common themes across all DHBs requiring the focus of both the Ministry and DHBs including:

Strategic

- Ability to look collectively

[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."

- DHBs taking a more active change role
- Transformational not transactional
- System thinking
- Increased national stewardship on issues of shared importance

Cultural

- Hearts and minds
- Focus on ideas, solutions, continued improvement
- Partnering not competing

Capability

- Variation across DHBs
- Leadership – organisational, financial, clinical, change management
- Shared learning

In order to achieve our overall Wairarapa strategic objectives our key areas for action in 2019/20 are:

Completing our plan towards achieving "Well Wairarapa" and future financial and clinical sustainability
During 2018/19 our Board and Executive Team have explored and agreed a new conceptual model of health service delivery for our population which will provide improvements in access and equity of health outcomes within a financially and clinically sustainable model. This concept puts community care at the heart of the system and supports much closer integration of service design and delivery across the health and social service continuum. During 2019/20 we will undertake the detailed planning and analysis required to turn this concept into a realistic and costed strategy, supported by a cascading series of steps of achievable actions and timelines.

Primary and Community Care
We will continue, together with our alliance partners, to strengthen and support primary and community care, in partnership with other social service agencies, consistent with our vision for Well Wairarapa, and our intention to put community care at the heart of the Wairarapa health system. We will invest in and monitor implementation of Health Care Homes to enable our primary care practices to provide better coordinated and more flexible care, tailored to their patients' needs.

Mental Health and Addictions
During 2018/19 we completed an in-depth review of mental health and addiction services in Wairarapa. The findings and recommendations of this local review provide us with detailed guidance on the actions we will take locally in 2019/20. In partnership with our neighbouring DHBs Hutt Valley (HVDHB) and Capital and Coast (CCDHB), we will also progress the directions of He Ara Oranga, the report of the government inquiry into mental health and addictions services, and Living Life Well, our three DHB strategy for development of mental health and addiction services.

With CCDHB and HVDHB, we have already begun work to re-design the continuum of acute care for mental illness so as to better meet the needs of Wairarapa people through an improved mix of local community based services supported by specialist hospital services in Hutt and Wellington.

Population health approaches
We recognise that achieving and maintaining wellness requires more than effective and efficient health services. A much broader approach across sectors is required to enable, support and promote all the requirements for a healthy life – including warm housing, occupation, income, community connectedness, and a health promoting environment. Social wellbeing and social services are inextricably linked with wellness. This plan reflects our growing closer relationship and co-work with Regional Public Health Services and others to ensure we have strong effective approaches for health promotion and creation and protection of healthy environments. This includes working with local government on a range of issues, and supporting local district council wellness plans.

Our commitment to key legislation and national strategies

In all that we do we are guided by key overarching national strategies and international conventions as shown in the table below:

The Treaty of Waitangi	Improving equity is a key goal for Wairarapa DHB. We prioritise actions which improve equity of health outcomes for Māori
The New Zealand Health Strategy	We ensure our plans and actions are aligned with the New Zealand Health Strategy
He Korowai Oranga	In all that we do we aim for Pae ora, Wai ora, Whanau ora, and Mauri ora.
The Healthy Aging Strategy	We ensure our work in aged care and improving management of long term conditions promotes and supports healthy aging and independence
UN Convention on the Rights of Persons with Disabilities	We are continuing to develop systems and supports to promote respect for the independence and needs of people with disabilities
Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014-18	In partnership with our small Pacific community we work to ensure their appropriate utilisation of social and health services.

1.2 Message from the Board Chair and Chief Executive

Thank you for taking the time to look at our plan for the 2019/20 financial year.

DHB annual plans are the primary accountability document between DHB Boards and the Minister of Health. For our Board it also sets out all our actions for the year and is what we have organised and resourced to do. The form of DHB annual plans is heavily templated for convenience and comparability, so we take the opportunity here to briefly look at where we are - noting that the Boards annual report is the place to do that fully – and to look forward into 2019/20 and beyond.

At a very high level we make the following observations about health in Wairarapa.

1. Health outcomes/indicators are proximal to NZ, with this DHB's performance against Ministry of Health targets showing consistent above average achievement or close to it.
2. Access to services is good in both primary and hospital care, and is higher than for the rest of NZ.
3. Inequities remain with little reduction in recent years.

Our financial situation, being an operating deficit in 2018/19 of $14.398M (excluding the revaluation of land and buildings) and a planned deficit of $9.527M in 2019/20, has seen us adopt a "no new investment" approach for 2019/20. This does not mean no progress or no improvement, for business as usual demands both these day-to day activities continue.

Realistically a number of things are required to reach break-even and are likely to take up to 5 years. We need to achieve sustainable financial break-even as soon as practicable so that we have the flexibility to reinvest in services and infrastructure.

We see our path being a combination of:

1. Assiduous financial management.
2. Savings initiatives, some of which will require bold decisions.
3. Keeping cost increases below funding increases. We should be able to maintain and modestly grow services without significant increases in staff. Clinical staff in particular has grown significantly over recent years. Continued population growth funding increases would enhance our ability to save.
4. Looking at how services for our population are delivered, as to what, how, when and where. This is as much a clinical sustainability issue as it is a financial issue. Our financial imperative means we need to continue to look at this sooner rather than later. Key in this will be safe services, and also the net cost of the Inter District Flow (IDF) regime, and the need for a real ongoing service commitment from potential partnering DHBs.

It requires a focus on priorities, rather than trying to be all things to all people.

Equity in Māori health is an issue. This is a priority for the Board. It is an area of much activity and targeted funding, yet we struggle to narrow the gap health outcomes. This year we shall focus on five specific measures. If achieved will, these will demonstrably improve Māori health status. The five areas are:

1. First 1,000 days - establishing a kaupapa Māori labour, birth and parenting programme
2. Improving diabetes management for Māori
3. Māori youth mental health – establishing a kaupapa Māori youth mental health service
4. Reducing respiratory conditions for Māori children aged 0-4
5. Oral health - targeting adult Māori with dentistry needs, delivered by the NZ Defence Force and local dentists.

To accelerate progress on the five initiatives, additional investment is planned.

Meanwhile activities where improvement has not been achieved will be reduced or stopped.

Other priorities can be summarised as:

1. Improving corporate and provider-arm systems and processes.
2. Continuing with all of health system integration and in particular the Health Care Home initiative which is now in the early stage of implementation in 6 of 7 general practices.
3. Acting on our own and the government's mental health and addictions review.
4. Implementing savings initiatives that are not to the detriment of services and organisation health.
5. Looking at long term service configuration, noting that this DHB has the highest incidence in NZ of its population receiving services outside its own district.
6. The Board's "Voice, Vision, Values" program that involves staff and community continues in 2019/20 and will inform the basis on which decisions and other DHB activity is guided.

Recent seismic remediation work at the Wairarapa Hospital leaves three areas that are earthquake prone at IL4, being the glass walkways, the cafeteria and ambulance bay on which further engineering advice is being obtained. The current hospital was built in 2006 and only recently we discovered that it did not meet either the current or 2006 building code to IL4 standards. We are looking at our options regarding this.

We thank management, staff, all of our providers, volunteers, and agencies for their ongoing support.

1.3 Message from Te Oranga o Te Iwi Kainga Chair

Te Oranga o Te Iwi Kainga (Iwi Kainga) see this next period as one of imminent and significant change. Whilst there has been a growing emphasis and attention on equity, it is the inequities between Māori and non-Māori that remain a concern for Kahungunu ki Wairarapa and Rangitāne o Wairarapa.

Our health data shows that less Māori are breastfeeding, getting immunised, getting screened and having CVD assessments than their non-Māori counterparts. A greater percentage of Māori are experiencing acute oral health issues, using the Emergency department as their health service or still smoking and almost half of all Mental Health inquiries are from Māori.

The Health sector is faced with considerable change led by a new Government and new leadership at the Ministry of Health. That change is being experienced here in the Wairarapa with the departure of key Executive positions including the CEO. In addition it is election year for DHB's and we should expect changes on the Board. This government has called for a review of the entire health system with a focus on addressing the equity issues. The recent reviews of the Mental Health System, both at a national level and here in the Wairarapa, call for better integration with community services and a real effort to provide kaupapa Māori services.

The WAI 2575 claim before the Waitangi Tribunal is a kaupapa inquiry that questions the reasons for the gap in health equity particularly for Māori. The collective claims are challenging the practices including institutional racism that have been carried out in our health system and that have led to the huge inequities in health for Māori. We look forward to the Waitangi Tribunals report.

Wairarapa District Health Board's growing deficit means that something significant has to change but not at the cost of patient safety or cultural integrity. Iwi Kainga would support changes that achieve the overarching aim which is *better health for all* but that also succeeds in improving Māori health outcomes.

Iwi Kainga see the 2019/20 annual plan as an opportunity to set us up for this change but we want to support and participate in the implementation of urgent initiatives to achieve immediate change. Addressing areas of poverty, being focused on system changes to have a positive impact on whānau, having a specific focus on areas of disease where Māori suffer the most will continue to be a priority of Iwi Kainga in the 2019/20 Annual Plan.

As iwi, we know that we can do things better together and are committed to working closely with our District Health Board to improve health outcomes that impact on whānau.

Naku te rourou nau te rourou ka ora ai te iwi… With your basket and my basket the people will live

Agreement for the Wairarapa DHB 2019-20 Annual Plan between

Hon. Dr David Clark
Minister of Health

Date 11/11/19

Sir Paul Collins
Board Chair
Wairarapa District Health Board

Date: 23 September 2019

Dale Oliff
Chief Executive
Wairarapa District Health Board

Date: 23 September 2019

Kim Smith
Chair
Te Oranga o Te Iwi Kainga

Date: 23 September 2019

SECTION 2: Delivering on Priorities and Targets

This section demonstrates Wairarapa DHB's commitments to the Minister's Letter of Expectations and to the agreed Planning Priorities.

2.1 Health Equity in the Wairarapa DHB Annual Plan

In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.

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 Crown 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 developing and 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.

All our 'Equitable Outcomes Actions' are marked with the acronym 'EOA' throughout this plan.

2.2 Māori Health

The focus for Māori health in 2019/20 will be to continue developing a stronger local Māori health workforce, access to health services and equity across the sector.

The Māori Health Directorate is now responsible for hosting and delivering the Central Region's Kia Ora Hauora programme across six DHB's. This adds responsibility for us to be leaders in workforce development in our own place.

We will host an internship every summer based at the directorate through Kia Ora Hauora. We will focus on Allied Health careers. Mental Health will be a priority area for recruiting Māori given the national and local reviews on Mental Health. We will continue to promote and administer the Health Workforce NZ Hauora Māori fund to upskill our existing Māori workforce. We aim to continue and widen our scholarship programme following the graduation of our first recipient as a midwife working in a kaupapa Māori way.

The DHB General Manager HR Forum covering all 20 DHB's recently agreed in principal that "all Kia Ora Hauora registered students will be employed upon graduation." That means that we must be proactive in knowing who is out there, what they are studying towards, what we have to offer and matching them to come here. Then we have to support them to do well.

Wairarapa DHB will host Tu Kaha for the second time mid-2020 so a lot of this year will be working with our local iwi, health and NGO providers to ensure a successful conference for our rangatahi.

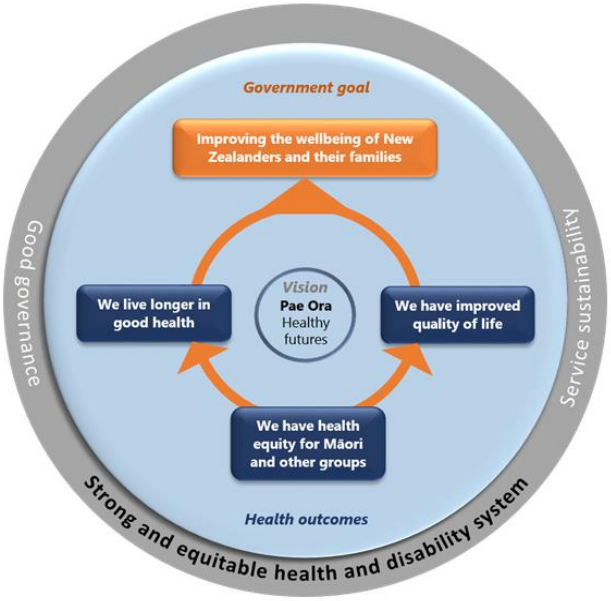
2.3 Responding to the Guidance

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.

The health and disability system outcomes framework supports a stable system by clearly articulating what outcomes the system intends to achieve for New Zealanders, and the areas of focus through which to obtain those outcomes. Figure 1 shows the elements of health and disability system outcomes framework.

Figure 1 the health and disability system outcomes framework elements



2.3.1 Public Health Plans

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 2019/20 Annual Plan.

We will continue to work closely with Regional Public Health to support public health across the sub-region in key areas including, wellbeing through prevention, communicable diseases, long term conditions and environmental health.

A key focus for 2019/20 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.

2.4 Government Planning Priorities

The whole of government priority is:

"Improving the wellbeing of New Zealanders and their families".

The health outcomes that will contribute to this are:

- We live longer in good health
- We have improved quality of life
- We have health equity for Māori and other groups.

To achieve the above, the Government has identified the following 2019/20 Planning Priorities for the health system:

- Improving child wellbeing
- Improving mental wellbeing
- Improving wellbeing through prevention
- Better population health outcomes supported by a strong and equitable public health and disability system
- Better population health outcomes supported by primary health care
- Strong fiscal management

The diagram below outlines the connection between the health system priorities and the whole of government priority outcomes.

Figure 1. Connection between the whole of government priorities and health system priorities

The key activities Wairarapa DHB is planning in each priority area are outlined in the table below.

2.4.1 Improving child wellbeing

Child and youth wellbeing is a priority work programme for Government, the Ministry of Health and District Health Boards. This section identifies annual planning guidance for children and young people that contributes to the development and delivery of New Zealand's first Child and Youth Wellbeing Strategy (the Strategy) and preparing the Health and Disability sector for system transformation over time.

There is an expectation that annual plans reflect how DHBs are actively working to improve the health and wellbeing of infants, children, young people and their whānau with a particular focus on improving equity of outcomes.

Annual plans should inform a comprehensive approach to prevention and early intervention services (primary and community health) provided to women of child bearing age, infants, babies, pre-school and school-aged children and youth and their families/carers.

DHBs should draw on the most relevant information necessary to evidence their approach.

<table>
<tr><td colspan="3">Immunisation</td><td colspan="2">This is an equitable outcomes action (EOA) focus area</td></tr>
<tr><td rowspan="4">DHB activity

2019-20 Plan

1. Work with Well Child Tamariki Ora providers, Parents Centre and Midwives to upskill on immunisation to enable them to promote immunisation to their population.

2. Continue to work closely with our general practices and primary care to support them in the provision of immunisation information and delivery.

3. Increase media activity with regard to on-time childhood immunisation to address decline rate.

4. Focus on funded influenza vaccination for under 5 year olds, through:

a. Opportunistic provision in Hospital where appropriate.

b. Supporting primary care to identify and recall eligible children.

c. Focus outreach services on capturing children that primary care are unable to reach.

5. Continue to send out unimmunised and overdue reports to general practices and monitor these.</td><td rowspan="4">Milestone

Q1-Q4

Q1-Q4

Q1-Q4

Q4

Q1-Q4</td><td rowspan="4">Measure

CW05: Immunisation coverage

CW08: Increased immunisation</td><td colspan="2">Government theme:
Improving the well-being of New Zealanders and their families</td></tr>
<tr><td>System outcome
We have improved quality of life
(health maintenance and independence)</td><td>Government priority outcome
Support healthier, safer and more connected communities</td></tr>
<tr><td>System outcome
We have improved health equity
(healthy populations)</td><td>Government priority outcome
Make New Zealand the best place in the world to be a child</td></tr>
<tr><td>System outcome
We live longer in good health
(prevention and early intervention)</td><td>Government priority outcome
Ensure everyone who is able to, is earning, learning, caring or volunteering</td></tr>
</table>

School-Based Health Services			**This is an equitable outcomes action (EOA) focus area**	
DHB activity **2019-20 Plan** 1. We commit to providing quantitative reports in quarter two and four on the implementation of school based health services (SBHS) in decile 1 to 4 secondary schools and decile 5 (where funded), teen parent units and alternative education facilities. 2. The DHB will work with Tu Ora Compass Health to implement Youth Health Care in Secondary Schools: A framework for continuous quality improvement in each school (or group of schools) with SBHS. 3. Refer to our System level Measures Improvement Plan, Youth access to health services section. 4. We commit to providing quarterly narrative reports on the actions of the SLAT to improve health of the DHB's youth population. 5. The DHB provides administrative, analytical and project management support to ensure high performance of the youth service level alliance team (SLAT) (or equivalent).	**Milestone** Q2 & Q4 Q4 Q1-Q4 Q1-Q4 Q1-Q4	**Measure** CW: Child wellbeing measures CW12: Youth Mental Health initiatives	**Government theme:** **Improving the well-being of New Zealanders and their families**	
			System outcome We have improved quality of life (health maintenance and independence)	**Government priority outcome** Support healthier, safer and more connected communities
			System outcome We have improved health equity (healthy populations)	**Government priority outcome** Make New Zealand the best place in the world to be a child
			System outcome We live longer in good health (prevention and early intervention)	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering

Midwifery workforce – hospital and LMC			**This is an equitable outcomes action (EOA) focus area**	
DHB activity **2019-20 Plan**	**Milestone**	**Measure**	**Government theme:** **Improving the well-being of New Zealanders and their families**	
1. The DHB will develop a Midwifery Workforce Plan over 2019/20 and also look to develop a concept design for future proofing maternity services.	Q4	CW: Child wellbeing measures	**System outcome** We have improved quality of life (health maintenance and independence)	**Government priority outcome** Support healthier, safer and more connected communities
2. (Subject to Budget) The DHB will continue to employ as additional to core base FTE a Midwife bridging role to support and supplement the LMC workforce variability and enhance the integration of service models.	Q1-4		**System outcome** We have improved health equity (healthy populations)	**Government priority outcome** Make New Zealand the best place in the world to be a child
3. (Subject to Budget) The DHB will continue to employ the recently introduced HCA to supplement the broader workforce model.	Q1-4		**System outcome** We live longer in good health (prevention and early intervention)	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering
4. The DHB will review and develop a revised programme for antenatal education for Maori (roll out and implementation will be subject to budget).	Q4		**System outcome** We have improved quality of life (health maintenance and independence)	**Government priority outcome** Support healthier, safer and more connected communities
5. The DHB will undertake a Midwifery Cultural competency programme over the 2019/20 year and establish baselines to capture gaps for equity relevant to our Maori community with goals for alignment of our Midwifery Workforce and models.	Q1-4		**System outcome** We have improved health equity (healthy populations)	**Government priority outcome** Make New Zealand the best place in the world to be a child
6. Develop an individualised CCDM implementation plan aligned to HVDHB and CCDHB approach under the regional midwifery model.	Q2		**System outcome** We live longer in good health (prevention and early intervention)	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering
7. Scope systems support to the development of a core data set and variance response management system for midwifery.	Q2			
8. Complete governance framework with establishment of a midwifery quality group aligned to quality improvement, safety, professional development. **(EOA)** – this group will develop improvement initiatives designed to improve health outcomes and equity; promote relationship centred care; and enhance healthcare environments.	Q3			

<table>
<tr><th colspan="3">First 1000 days (conception to around 2 years of age)</th><th colspan="2">This is an equitable outcomes action (EOA) focus area</th></tr>
<tr><td>DHB activity

2019-20 Plan</td><td>Milestone</td><td>Measure</td><td colspan="2">Government theme:
Improving the well-being of New Zealanders and their families</td></tr>
<tr><td>1. Work with Iwi to implement a programme for providing culturally appropriate antenatal support and education for Māori. This action will focus on reducing smoking rates, increasing breastfeeding and reducing SUDI risk factors. (EOA)</td><td>Q1–Q4</td><td rowspan="7">CW06: Improved breast feeding rates

CW07: Improving newborn enrolment in General Practice

CW09 : Better help for smokers to quit (maternity)

CW11: Supporting Child wellbeing (vulnerable children)

CW10: Raising healthy kids</td><td>System outcome
We have improved quality of life
(health maintenance and independence)</td><td>Government priority outcome
Support healthier, safer and more connected communities</td></tr>
<tr><td>2. Complete scoping of comprehensive child health coordination and outreach service.</td><td>Q1–Q4</td><td rowspan="3">System outcome
We have improved health equity
(healthy populations)</td><td rowspan="3">Government priority outcome
Make New Zealand the best place in the world to be a child</td></tr>
<tr><td>3. Investigate the appropriateness and resourcing possibilities for a first 1000 days screening and education tool in primary care. In Q 1 we will consider:
a. Clinical appropriateness of the tool.
b. Resourcing options in primary care.</td><td>Q1</td></tr>
<tr><td>4. Develop first 1000 days professional education programme. This programme is intended to support all health professionals working with pregnant women and parents of babies to promote breastfeeding and address risk factors including smoking and bed-sharing.</td><td>Q4</td></tr>
<tr><td>5. Embed ‘wrap-around’ services for vulnerable children and their families, including those booked for dental extraction under general anaesthetic.</td><td>Q4</td><td rowspan="3">System outcome
We live longer in good health
(prevention and early intervention)</td><td rowspan="3">Government priority outcome
Ensure everyone who is able to, is earning, learning, caring or volunteering</td></tr>
<tr><td>6. Scope opportunity for implementing a comprehensive child health coordination services for 0-4 year olds including resource requirements (see SLM plan).</td><td>Q4</td></tr>
<tr><td>Healthy weight in children
7. Increase referrals from B4 School Check to the Pre-school Active Families programme.</td><td>Q1-Q4</td></tr>
</table>

Family Violence and Sexual Violence (FVSV)			**This is an equitable outcomes action (EOA) focus area**	
DHB activity **2019-20 Plan** 1. Increase awareness and implementation of the Violence Intervention Programme (VIP) across the DHB by; a. Digitising Report of Concern (ROC) and Intimate Partner Violence (IPV) forms so that they are easier for clinicians to access and complete. b. Familiarising staff with the ROC and IPV documentation online. c. TV screen messages in public areas of the hospital recognising the impact Family Violence has on health. d. Whaiora and Security to start presenting at training days. e. One to one with staff two weeks after training to walk alongside and assist them with the screening process. 2. Reaffirm relationships and creating clear pathways for clinicians to effectively utilise services available for Māori. 3. Reaffirming relationships with Police and Oranga Tamariki. 4. During 2018/19 each general practice has identified a family harm champion. The DHB and PHO will identify how to work with this group to co-ordinate services and support for those identified through screening.	**Milestone** Q 1-4 Q 1-4 Q 1 Q1-Q4	**Measure** CW: Child wellbeing measures	**Government theme:** **Improving the well-being of New Zealanders and their families** **System outcome** We have improved quality of life (health maintenance and independence) **System outcome** We have improved health equity (healthy populations) **System outcome** We live longer in good health (prevention and early intervention)	**Government priority outcome** Support healthier, safer and more connected communities **Government priority outcome** Make New Zealand the best place in the world to be a child **Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering

<table>
<tr><td colspan="2">SUDI</td><td colspan="3">This is an equitable outcomes action (EOA) focus area</td></tr>
<tr><td rowspan="4">DHB activity

2019-20 Plan

1. Continue to embed and support the DHB's SUDI Prevention Action Plan including distribution of 77 safe-sleep devices for infants. (EOA)

2. Implement the Wairarapa DHB Tobacco Control Plan focussing on priority populations.[2] (EOA)

(This is also a Smokefree 2025 activity).</td><td rowspan="4">Milestone

Q1-Q4

Q1-Q4</td><td rowspan="4">Measure

PH01: ASH[3] rates for 0–4 year olds

CW: Child wellbeing measures</td><td colspan="2">Government theme:
Improving the well-being of New Zealanders and their families</td></tr>
<tr><td>System outcome
We have improved quality of life
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Make New Zealand the best place in the world to be a child</td></tr>
<tr><td>System outcome
We live longer in good health
(prevention and early intervention)</td><td>Government priority outcome
Ensure everyone who is able to, is earning, learning, caring or volunteering</td></tr>
</table>

[2] Māori (particularly Māori females and mothers), Pacific peoples, Rangatahi (young people), and mental health consumers.
[3] Ambulatory Sensitive Hospitalisation.

2.4.2 Improving mental wellbeing

The Government has a vision of a mental health, addiction and wellbeing system without barriers, that is easy to navigate, where no door is the wrong door. DHBs have an important role to play in achieving this vision.

We must work together to build a whole-of-system, integrated approach to mental health, addiction and wellbeing that provides options for New Zealanders across the full continuum of need.

There is an expectation that annual plans reflect how DHBs will embed a focus on wellbeing and equity at all points of the system, alongside an increased focus on mental health promotion, prevention, identification and early intervention.

Alongside building missing components of our continuum, annual plans should demonstrate how existing services can be strengthened to ensure that mental health services are cost effective, results focused and have regard to the service impacts on people who experience mental illness.

DHBs will provide a range of services that are of high quality, safe, evidence based and provided in the least restrictive environment.

Inquiry into mental health and addiction			**This is an equitable outcomes action (EOA) focus area**	
DHB activity **2019-20 Plan**	**Milestone**	**Measure**	**Government theme:** **Improving the well-being of New Zealanders and their families**	
1. Review He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction and plan for service development which aligns with the report in partnership with our stakeholders and service providers.	Q1 – Q4	PP7: Improving mental health services using wellness and transition (discharge planning) MH01: Improving the health status of people with severe mental illness through improved access	**System outcome** We have improved quality of life (health maintenance and independence)	**Government priority outcome** Support healthier, safer and more connected communities
2. Wairarapa DHB will work along with the Ministry of Health to implement Government's agreed actions following the Mental Health and Addiction Inquiry and implement relevant Budget 2019 initiatives.	Q1 – Q4			
3. Embedding a wellbeing focus and building the continuum/ increasing access and choice: Work in partnership with the Ministry, Māori, Pacific people, young people, people with lived experience, NGOs, primary and community organisations, and other stakeholders to plan an integrated approach to mental health, addiction and wellbeing and roll out new primary level responses from Budget 2019.	Q1 - Q4		**System outcome** We have improved health equity (healthy populations)	**Government priority outcome** Make New Zealand the best place in the world to be a child
4. Improve responsiveness to suicide prevention and postvention in Wairarapa by recruiting a 0.5FTE Suicide Prevention and Postvention Coordinator (SPPC) position within the DHB, which will work across the community to increase prevention engagement intersectorally. Bringing prevention and postvention functions from external providers back into the DHB will enable better reporting and measured service and allow for a more integrated, joined up approach across NGO's, primary and secondary care providers. The SPPC will work collegially with CCDHB and HVDHB colleagues, to action the regional strategic plan locally. Priorities include improving the service response to Māori, youth and men; mapping and promoting support services; assessing the health service response to suicidal behaviour; supporting training and education opportunities; and working to promote responsible messaging around suicide (see also Population mental health section).	Q1 – Q4		**System outcome** We live longer in good health (prevention and early intervention)	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering
5. Crisis Response- Complete a review of the Triage and Urgent response Service (Te Haika) and implement the findings to improve the response to acute referrals and triage for interventions. (This is also a Population Mental Health activity).	Q1 – Q4			

Inquiry into mental health and addiction continued			**This is an equitable outcomes action (EOA) focus area**	
6. Wairarapa DHB will work collaboratively with a new Mental Health and Wellbeing Commission. 7. Wairarapa DHB will work with the Ministry to improve and expand the capacity of forensic responses from Budget 2019 and contribute, where appropriate, to the Forensic Framework project.	Q1 – Q4 Q1 – Q4		**System outcome** We live longer in good health (prevention and early intervention)	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering

<table>
<tr><td colspan="3">Population mental health</td><td colspan="2">This is an equitable outcomes action (EOA) focus area</td></tr>
<tr><td>DHB activity

2019-20 Plan
1. Engage with Māori and whānau to redesign and reconfigure services for Māori (EOA).
2. Increase access to community mental health and addiction treatment, including:
a. Development of referral pathways and access criteria for all primary and secondary mental health and addiction services, and where relevant, in conjunction with the 3DHB transitions project.
b. Plan for and commission improved service responses for acute care needs, following completion of the 3DHB review and redesign of the Acute Care Continuum.
3. Investigate crisis respite services models and the best care setting and implement when financial resources allow.
4. Develop a continuum of early intervention services available in a wide range of settings.
5. Reconfigure and increase services for youth and their whanau, including the support of the new PIKI service for youth aged 18-25 years, and increase resources in schools/colleges and Youth Kinnex, as funding allows.
6. Improve interface between AOD and Mental Health services in Wairarapa.
7. Implement new community psychogeriatric service in Wairarapa, linking with primary care and aged residential care.</td><td>Milestone

Q2 to Q4

Q4

Q4

Q4

Q4

Q4

Q4</td><td>Measure

SS10: Mental Health output delivery against plan

CW12: Youth mental health

MH01: Improving the health status of people with severe mental illness through improved access

MH04: Mental Health and Addiction Service Development</td><td colspan="2">Government theme:
Improving the well-being of New Zealanders and their families</td></tr>
<tr><td></td><td></td><td></td><td>System outcome
We have improved quality of life
(health maintenance and independence)</td><td>Government priority outcome
Support healthier, safer and more connected communities</td></tr>
<tr><td></td><td></td><td></td><td>System outcome
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Make New Zealand the best place in the world to be a child</td></tr>
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We live longer in good health
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Ensure everyone who is able to, is earning, learning, caring or volunteering</td></tr>
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Population mental health continued			**This is an equitable outcomes action (EOA) focus area**	
8. Improve responsiveness to suicide prevention and postvention in Wairarapa by recruiting a 0.5FTE Suicide Prevention and Postvention Coordinator (SPPC) position within the DHB, which will work across the community to increase prevention engagement intersectorally. The SPPC will work collegially with CCDHB and HVDHB colleagues, to action the regional strategic plan locally. Priorities include improving the service response to Māori, youth and men; mapping and promoting support services; assessing the health service response to suicidal behaviour; supporting training and education opportunities; and working to promote responsible messaging around suicide. **(EOA)**	Q1–Q4			
9. Continue to implement the requirements of the Substance Addiction (Compulsory Assessment and Treatment) Act 2017.	Q1 – Q4			
10. Develop and commence implementation of a 3DHB Mental Health and Addiction Population Outcomes Framework, which links the activities across the three DHBs with the desired outcomes and provides a means of tracking and reporting progress.	Q2			
11. Development of the 3DHB Community Mental Health Integration model of care to implement the 3DHB Mental Health and Addictions Strategy – *Living Life Well 2019-2025.* **(EOA)**	Q1 – Q4			
12. Support the Sub-Regional Piki Pilot, a 3DHB primary mental health initiative providing free mental health support to young people (18-25 years old).	Q1 – Q4			

<table>
<tr><td colspan="3">Mental health and addictions improvement activities</td><td colspan="2">This is an equitable outcomes action (EOA) focus area</td></tr>
<tr><td>DHB activity

2019-20 Plan

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.

Embed significant advancements of 2018-19 for the long term benefit for service users:

1. Implement the 3DHB ‘Acute Continuum of Care’ to better match need to service provision, enhance coordinated service provision across a range of providers, and improve integration and patient flow through the system. This will include supporting prioritised pathways with a focus on responding to Māori mental health needs.
2. Continue to monitor and reduce the use of seclusion through the Restraint and Seclusion Elimination Monitoring and Advisory Group.
3. Co-design seclusion reduction activities with consumers, tāngata whaiora, family and whānau who use acute units, followed by testing of selected activities. (EOA)
4. MHAIDS will implement a revised mental health clinical governance structure to enhance its patient safety culture and encourage ongoing service improvement activity and review.
5. Complete a Triage and Urgent Response Review (Te Haika)[1] and implement the findings to improve the response to acute referrals and triage for interventions. (This is also an Addiction activity and an Acute Demand improvement activity)</td><td>Milestone

Q1–Q4

Q1–Q4

Q1–Q4

Q4

Q1–Q4</td><td>Measure

MH02: Improving mental health services using wellness and transition (discharge planning)

MH04: Mental Health and Addiction service development FA1: Primary Mental Health FA2: Suicide prevention & postvention

MH05: Reduce the rate of Māori under the mental health Act: section 29 community treatment orders</td><td colspan="2">Government theme:
Improving the well-being of New Zealanders and their families

System outcome
We have improved quality of life
(health maintenance and independence)

Government priority outcome
Support healthier, safer and more connected communities

System outcome
We have improved health equity
(healthy populations)

Government priority outcome
Make New Zealand the best place in the world to be a child

System outcome
We live longer in good health
(prevention and early intervention)

Government priority outcome
Ensure everyone who is able to, is earning, learning, caring or volunteering</td></tr>
</table>

[1] Te Haika is part of the 3DHB Mental Health, Addiction and Intellectual Disability Service (MHAIDS).

<table>
<tr><td colspan="3">Addiction</td><td colspan="2">This is an equitable outcomes action (EOA) focus area</td></tr>
<tr><td rowspan="4">DHB activity

Note: Wairarapa DHB is not currently meeting the PP8 addiction related waiting times targets.

2019-20 Plan
Actions to improve performance

1. The 3 DHB MHAIDS service improvement programme integrates aspects of secondary services across the 3 DHBs and provides Wairarapa with improved access to acute and intensive services. Wairarapa will continue to participate actively in the 3DHB MHAIDS improvement programme.

2. The 3DHBs will implement the final decisions on the proposal to move to a lead DHB model with one management structure for all secondary and tertiary mental health and AOD services across the 3DHBs to improve access.

3. Review current AOD NGO services followed by the development and co-design with key stakeholders of a 3DHB AOD model of care and practice pathway, with particular focus on priority populations including Māori, Pacific and youth. (EOA)

4. Complete a Triage and Urgent Response Review (Te Haika)[1] and implement the findings to improve the response to acute referrals and triage for interventions. (This is also a Mental Health and Addiction improvement activity and an Acute Demand improvement activity)

Outline of existing and planned AOD services

AOD services are currently provided in Wairarapa by an NGO (Pathways) with support available from the 3DHB MHAIDS team. Future addiction service planning will be taking into account the reports of both the Government Inquiry and the local Wairarapa Review of Mental Health and Addiction Services completed in 2018.</td><td rowspan="4">Milestone

Q1-4

Q3-4

Q1-4

Q1-4</td><td rowspan="4">Measure

MH03: Shorter wait for non-urgent mental health and addiction services for 0 – 19 yr. olds</td><td colspan="2">Government theme:
Improving the well-being of New Zealanders and their families</td></tr>
<tr><td>System outcome
We have improved quality of life
(health maintenance and independence)</td><td>Government priority outcome
Support healthier, safer and more connected communities</td></tr>
<tr><td>System outcome
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(healthy populations)</td><td>Government priority outcome
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</table>

[1] Te Haika is part of the 3DHB Mental Health, Addiction and Intellectual Disability Service (MHAIDS).

1. Provide the Ministry of Health with a list of all existing and planned AOD services in the Wairarapa district (including DHB contracted NGO services) by 30 September 2019.	Q1			

Maternal mental health services			**This is an equitable outcomes action (EOA) focus area**	
DHB activity **2019-20 Plan**	**Milestone**	**Measure**	**Government theme:** **Improving the well-being of New Zealanders and their families**	
1. Review stock take completed in Q4 2018/19 and develop plan to address findings.	Q2	MH04: Mental Health and Addiction service development	**System outcome** We have improved quality of life (health maintenance and independence)	**Government priority outcome** Support healthier, safer and more connected communities
2. Work with other agencies to develop more integrated and collaborative services to enable better inter-agency service coordination, including with Oranga Tamariki, MSD, Education, and Justice. Establish regular joint meetings to review and enhance service provision. Our Local Mental Health and Addictions Leadership Group (MHALG), which has representatives from all community providers and the DHB provider will lead this work. MHALG will monitor access to relevant mental health services, with a specific focus on access for Māori and Pacific women.	Q4		**System outcome** We have improved health equity (healthy populations)	**Government priority outcome** Make New Zealand the best place in the world to be a child
3. Develop and commence implementation of a 3DHB Mental Health and Addiction Population Outcomes Framework, which links the activities across the three DHBs with the desired outcomes and provides a means of tracking and reporting progress. (This is also a Population Mental Health activity).	Q2		**System outcome** We live longer in good health (prevention and early intervention)	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering

2.4.3 Improving wellbeing through prevention

This priority work programme is aligned with several of Government's priority outcomes, including: Transition to a clean, green carbon neutral new Zealand; Grow and share New Zealand's prosperity more fairly.

DHBs are expected to continue to contribute to the Government's priority outcome of environmental sustainability including reducing carbon emissions, to address the impacts of climate change on health.

Climate change has been described as the "biggest global health threat" and "greatest global health opportunity" of the 21st century. While tackling climate change will require intersectoral action across New Zealand society and Government, the health sector has a large role to play in supporting and encouraging climate action.

The Government is undertaking system-wide reform of the regulatory arrangements for drinking water and DHBs are expected to support any developments that may result. DHBs are expected to work through their public health units and across agency and legislative boundaries to carry out their key role in drinking water safety with a focus on the health of the population.

<table>
<tr><td colspan="3">Cross-sectoral collaboration</td><td colspan="2">This is an equitable outcomes action (EOA) focus area</td></tr>
<tr><td>DHB activity

2019-20 Plan

1. Continue the focus of the Wairarapa Intersectoral Forum on the wellbeing of children and youth development

2. Contribute to implementing the Positive Ageing Strategy of the 3 local Wairarapa District Councils which is due to be finalised in June 2019.

3. Through Regional Public Health (RPH), raise Wairarapa profile with Wellington Region Housing Forum.

4. In partnership with RPH increase public health nurse capacity to undertake housing assessments. (EOA)

5. Continue to provide financial support to Wairarapa Home Insulation Scheme. (EOA)

6. Partnering with community stakeholders, plan and carry out a period of free community dental care for adult Maori whanau provided at Masterton oral health hub over school holidays. (EOA)</td><td>Milestone

Q1–Q4

Q4

Q1–Q4

Q4

Q4

Q4</td><td>Measure
PH01: ASH rates for 0 – 4 year olds

Babies living in smoke free homes

Plan developed

To be agreed

To be agreed

Increased Nursing capacity as at 30/6/20.

Funding provided in year ended 30/6/20</td><td colspan="2">Government theme:
Improving the well-being of New Zealanders and their families

System outcome
We have improved quality of life
(health maintenance and independence)

Government priority outcome
Support healthier, safer and more connected communities

System outcome
We have improved health equity
(healthy populations)

Government priority outcome
Make New Zealand the best place in the world to be a child

System outcome
We live longer in good health
(prevention and early intervention)

Government priority outcome
Ensure everyone who is able to, is earning, learning, caring or volunteering</td></tr>
</table>

<table>
<tr><th colspan="5">Waste disposal</th></tr>
<tr><td>DHB activity

2019-20 Plan

1. Work with Regional Public Health to ensure the appropriate management of hazardous substances so that adverse health effects and environmental contamination are avoided.

2. Continue local DHB recycling programme initiatives in order to reduce costs, minimise waste-streams, and reduce/re-use/ recycle, wherever possible.</td><td>Milestone

Q1-Q4

Q1-Q4</td><td>Measure

PE: Public health and the environment</td><td colspan="2">Government themes:
Improving the well-being of New Zealanders and their families
Build a productive, sustainable and inclusive economy (priority outcome is: Transition to a Clean, Green and Carbon Neutral New Zealand)</td></tr>
<tr><td colspan="3" rowspan="3"></td><td>System outcome
We have improved quality of life
(health maintenance and independence)</td><td>Government priority outcome
Transition to a clean, green carbon neutral new Zealand</td></tr>
<tr><td>System outcome
We have improved health equity
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</table>

<table>
<tr><th colspan="5">Climate change</th></tr>
<tr><td>DHB activity

2019-20 Plan

Masterton air quality:
1. Support Greater Wellington Regional Council and Masterton District Council to monitor Masterton air quality, and consider the development of an air quality management plan.

2. Identify actions that improve the use of environmental sustainability criteria in procurement processes, and review Wairarapa DHB’s procurement policy to include environmental sustainability criteria.</td><td>Milestone

Q1-4

Q4</td><td>Measure

PE: Public health and the environment</td><td colspan="2">Government themes:
Improving the well-being of New Zealanders and their families
Build a productive, sustainable and inclusive economy (priority outcome is: Transition to a Clean, Green and Carbon Neutral New Zealand)</td></tr>
<tr><td></td><td></td><td></td><td>System outcome
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(health maintenance and independence)</td><td>Government priority outcome
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<table>
<tr><td colspan="3">Drinking water</td><td colspan="2">This is an equitable outcomes action (EOA) focus area</td></tr>
<tr><td rowspan="4">DHB activity

2019-20 Plan

1. Meet regularly with Regional Public Health to understand and support drinking water activities, with an initial focus on the annual drinking water survey and compliance report.
2. Support Regional Public Health in its work with Māori communities to improve drinking water quality. (EOA)</td><td rowspan="4">Milestone

Q1-Q4

Q1-Q4</td><td rowspan="4">Measure
PE: Public health and the environment

Number of investigations completed, per DHB

Percentage of networked water suppliers serving more than 100 people with approved water safety plans, per DHB.</td><td colspan="2">Government theme:
Improving the well-being of New Zealanders and their families</td></tr>
<tr><td>System outcome
We have improved quality of life
(health maintenance and independence)</td><td>Government priority outcome
Grow and share New Zealand’s prosperity more fairly</td></tr>
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<table>
<tr><th colspan="3">Healthy food and drink</th><th colspan="3">This is an equitable outcomes action (EOA) focus area</th></tr>
<tr><td rowspan="5">DHB activity
Wairarapa DHB has a Healthy Food and Beverage Environments Policy that aligns with the National Healthy Food and Drink Policy. The purpose of our policy is to:
1. have an environment supportive of healthy eating and beverage choices
2. demonstrate a commitment to the health and wellbeing of staff and visitors
3. act as a role model to the community
4. acknowledge the needs of different cultures, religious groups and those with special dietary needs.

2019-20 Plan
1. The DHB will commit to including a clause in contracts with health provider organisations stipulating an expectation that they develop a Healthy Food and Drink Policy (that aligns with the Healthy Food and Drink Policy for Organisations) covering all food and drinks sold on site/s, and provided by their organisation to clients/service users/patients, staff and visitors under their jurisdiction.

2. Align the 3DHB food and beverage guidelines with the national Policy (with the exception of drinks which will remain stricter than the national policy). Finalise the implementation of the food and beverage guidelines (one phase outstanding: gifts and fundraising).

3. Support ‘water-only schools’ and the development of healthy food environments in school settings, including early childhood centres, with a focus on low decile schools. (EOA) (Also a Diabetes and other long term conditions activity).

4. Continue to fund Sport Wellington to deliver a free Active Families programme to help children and their whānau create a healthier lifestyle by becoming more active and learning about healthy eating. Māori and Pacific families are targeted. (EOA) (Also a Diabetes and other long term conditions activity).

5. Work with Regional Public Health to develop processes, in partnership with other relevant agencies, for reporting in Q2 and Q4 on the number of Early Learning Settings, primary, intermediate and secondary schools that have current 1) water-only (including plain milk) policies, and 2) healthy food policies consistent with the Ministry of Health's Eating and Activity Guidelines.</td><td rowspan="5">Milestone

Q4

Q4

Q1-Q4

Q1-Q4

Q2 and Q4</td><td rowspan="5">Measure

Number of provider contracts with a Healthy Food and Drink Policy

Proportion of provider contracts with a Healthy Food and Drink Policy</td><td colspan="2">Government theme:
Improving the well-being of New Zealanders and their families</td></tr>
<tr><td>System outcome
We have improved quality of life
(health maintenance and independence)</td><td>Government priority outcome
Support healthier, safer and more connected communities</td></tr>
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Make New Zealand the best place in the world to be a child</td></tr>
<tr><td rowspan="2">System outcome
We live longer in good health
(prevention and early intervention)</td><td rowspan="2">Government priority outcome
Ensure everyone who is able to, is earning, learning, caring or volunteering</td></tr>
<tr></tr>
</table>

<table>
<tr><td colspan="2">Smokefree 2025</td><td colspan="3">This is an equitable outcomes action (EOA) focus area</td></tr>
<tr><td>DHB activity

2019-20 Plan

To implement the Wairarapa DHB Tobacco Control Plan 2019-2020.
Specifically we will:

1. Develop and implement useful interventions for youth and explore opportunities for awareness and cessation work in colleges.

2. Continue to work with and support Takiri Mai Te Ata Regional Stop Smoking Service in the provision of smoking cessation services, including increasing and monitoring visibility of this service in the hospital.

3. Develop and maintain relationships with Māori and other communities to identify practical and effective approaches to reducing the incidence of smoking among girls and women of pre-child-bearing, and child-bearing age; and increase support for, and participation in, the Hapu Mama programme. Formal assessment of the Hapu Mama programme will be undertaken. (EOA)

4. Implement processes for increasing referrals to cessation support services from LMCs, Pharmacies and WCTO providers.

5. Work with our WCTO partners to ensure 95% of whanāu are asked about their smoking status at the first well child core check.

6. Provide training and education to DHB staff on the importance of providing brief advice and support to patients who smoke, and explore IT opportunities to better capture brief advice on patient notes.

7. Continue to reduce social exposure to smoking in recreational environments.</td><td>Milestone

Q1-4

Q1-4

Q1-4

Q2

Q2

Q1-4

Q1-4</td><td>Measure

SS05: Better help for smokers to quit in public hospitals

PH04: Better help for smokers to quit (primary care)

CW09: Better help for smokers to quit (maternity)</td><td colspan="2">Government theme:
Improving the well-being of New Zealanders and their families

System outcome
We have improved quality of life
(health maintenance and independence)

Government priority outcome
Support healthier, safer and more connected communities

System outcome
We have improved health equity
(healthy populations)

Government priority outcome
Make New Zealand the best place in the world to be a child

System outcome
We live longer in good health
(prevention and early intervention)

Government priority outcome
Ensure everyone who is able to, is earning, learning, caring or volunteering</td></tr>
</table>

Breast Screening

Breast cancer is the most commonly diagnosed cancer among women in Aotearoa. BreastScreen Aotearoa (BSA) aims to reduce women's mortality and morbidity from breast cancer by identifying cancers at an early stage, allowing treatment to commence sooner than might otherwise have been possible. Women screened by BSA have a third lower risk of dying from breast cancer than women who are not screened.

Improving access to screening for wāhine Māori and Pacific women is a priority focus for BSA. The effect of the equity gap is especially significant because Māori and Pacific mortality rates from breast cancer are disproportionately higher than those of other women. More equitable outcomes could be achieved if more wāhine Māori and Pacific women were diagnosed at an earlier stage.

The National Screening Unit is implementing an Equity and Performance Matrix to the annual planning reporting process. The Matrix measures both performance against a target and the equity gap between population groups notably, but not limited to, Māori and non-Māori.
The Ministry of Health, DHBs and Breast Screening Lead Providers all have an important role in ensuring that participation targets are achieved and in eliminating equity gaps between Maori and non-Māori, Pacific and non-Pacific/non-Māori.

This is an equitable outcomes action (EOA) focus area

DHB activity	**Milestone**	**Measure**
2019-20 Plan Wairarapa DHB aims to achieve participation of at least 70 percent of women aged 45-69 years in the most recent 24 month period, and eliminate equity gaps for priority groups Māori and Pacific women.		SS07: Improving breast screening coverage and re-screening
1. Improve access to Māori and Pacific women through evening and weekend sessions for breast and cervical screening run by the Regional Screening Service (RSS) with support from the PHO. (This is also a Cervical Screening activity and a Cancer Services activity). **(EOA)**	Q4	
2. Invite and encourage overdue women who are unscreened to combined breast and cervical screening sessions. (This is also a Cervical Screening activity and a Cancer Services activity). RSS will run one combined breast and cervical screening clinic when the Breast Screen Aotearoa mobile bus is in Wairarapa. **(EOA)**	Q1 - Q4 Q1 - Q4	
3. Trial same day biopsies and first specialist appointments at the breast symptomatic clinic to facilitate access and faster cancer treatments. (This is also a Cancer Services activity).	Q1 - Q4	
4. Support the recommendations of the sub-regional breast services review that was completed in June 2019. (This is also a Cancer Services activity).		

Government themes:

Improving the well-being of New Zealanders and their families

Build a productive, sustainable and inclusive economy (priority outcome is: Transition to a Clean, Green and Carbon Neutral New Zealand)

System outcome We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
System outcome We live longer in good health	**Government priority outcome** Make New Zealand the best place in the world to be a child
System outcome We have improved quality of life	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering

Cervical Screening

Cervical cancer is one of the most preventable forms of cancer. Through cervical screening pre-cancerous cell changes can be identified and women offered treatment before the cells develop into cervical cancer. In New Zealand around 170 women are diagnosed with cervical cancer 50 women die from the disease each year. Since the beginning of the National Cervical Screening Programme (NCSP) in 1990 the incidence of cervical cancer in New Zealand has reduced by 60 percent and deaths by 70 percent.

Achieving equitable access is a key priority for the NCSP because participation rates for Māori, Pacific and Asian women and people living in our most deprived areas remain lower than other groups. A focus on equity is expected throughout the screening pathway. The National Screening Unit is implementing an Equity and Performance Matrix to the annual planning reporting process. The Matrix measures both performance against a target and the equity gap between population groups notably, but not limited to, Māori and non-Māori.

This is an equitable outcomes action (EOA) focus area

DHB activity	**Milestone**	**Measure**	**Government themes:** **Improving the well-being of New Zealanders and their families** **Build a productive, sustainable and inclusive economy** (priority outcome is: Transition to a Clean, Green and Carbon Neutral New Zealand)	
2019-20 Plan Wairarapa DHB aims to achieve at least 80 percent participation of women aged 25-69 years in the most recent 36 month period, and eliminate equity gaps for priority group women.		SS08: Improving Cervical Screening coverage		
1. Improve access to Māori and Pacific women through evening and weekend sessions for breast and cervical screening run by the Regional Screening Service (RSS) with support from the PHO. (This is also a Breast Screening activity and a Cancer Services activity). **(EOA)**	Q4		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
2. Provide 'Free Smear Clinics' in high-need communities and fund general practices to provide free smear tests to Māori, Pacific, Asian women. (This is also a Cancer Services activity). Regional Screening Service (RSS) will run up to four free Saturday cervical screening clinics in the Wairarapa. **(EOA)**	Q2		**System outcome** We live longer in good health	**Government priority outcome** Make New Zealand the best place in the world to be a child
3. Invite and encourage overdue women who are unscreened to combined breast and cervical screening sessions. (This is also a Breast Screening activity and a Cancer Services activity). RSS will run one combined breast and cervical screening clinic when the Breast Screen Aotearoa mobile bus is in Wairarapa. **(EOA)**	Q1-4		**System outcome** We have improved quality of life	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering
4. RSS will use the PHO Datamatch Report and work with the PHO and Wairarapa practices to identify NCSP priority group women and systematically invite them to screening.	Q1-4			
5. RSS will investigate centralising cervical screening referrals to the RSS team, with appropriate distribution to providers to follow up.	Q1-4			

2.4.4 Better population health outcomes supported by a strong and equitable public health and disability system

New Zealanders are living longer, but also spending more time in poor health.
This means we can expect strong demand for health services in the community, our hospitals, and other care settings.

Responding to this challenge will require effective and co-ordinated care in the community supported by strategic capital investment, workforce development, and joined-up service planning to maximise system resources and to improve health and increase equity.

<table>
<tr><td colspan="3">Engagement and obligations as a Treaty partner</td><td colspan="2">This is an equitable outcomes action (EOA) focus area</td></tr>
<tr><td>DHB activity

2019-20 Plan

1. Facilitate Iwi Kainga
a. Ensure that Iwi Kainga have full access to the Board papers and are engaged in their decision making process.
b. Iwi Kainga to participate in all Board workshops.
c. Representatives are identified and supported to attend these hui.

2. Wairarapa is represented on the Sub-Regional Disability Advisory Group
a. Representatives are identified and supported to attend these hui.

3. Wairarapa is represented on the Sub-regional Māori Disability Forum
a. Representatives are identified and supported to attend these hui.

4. Treaty of Waitangi Training
a. Training to be offered four times per annum.

5. Wairarapa District Health Board Powhiri/Orientation
a. All new staff will attend the DHB powhiri.</td><td>Milestone

Q1–Q4

Q1–Q4

Q1–Q4

Q1–Q4

Q1–Q4</td><td>Measure

SS12: Engagement and obligations as a treaty partner</td><td colspan="2">Government theme:
Improving the well-being of New Zealanders and their families

System outcome
We have improved quality of life
(health maintenance and independence)

Government priority outcome
Support healthier, safer and more connected communities

System outcome
We have improved health equity
(healthy populations)

Government priority outcome
Make New Zealand the best place in the world to be a child

System outcome
We live longer in good health
(prevention and early intervention)

Government priority outcome
Ensure everyone who is able to, is earning, learning, caring or volunteering</td></tr>
</table>

<table>
<tr><td colspan="3">Delivery of Whānau Ora</td><td colspan="2">This is an equitable outcomes action (EOA) focus area</td></tr>
<tr><td rowspan="4">DHB activity

2019-20 Plan

1. Contribute to the strategic change for whānau ora approaches within the DHB systems and services, and across the district, to improve service delivery.
2. Representation of whānau ora (Maori providers) on the Alliance Leadership Team[1].
3. Support – including through investment – the Whānau Ora Initiative, and collaborate with its commissioning agencies and partners to identify opportunities for alignment.
4. Ensuring that Maori Providers have access to the MOH MPDS Funding.
5. Participate in the Whanau Ora Collective Impact Governance Group overseeing local initiatives.</td><td rowspan="4">Milestone

Q1-Q4

Q1

Q1-Q4

Q1-Q4

Q1-Q4</td><td rowspan="4">Measure

SS17: Delivery of Whānau Ora</td><td colspan="2">Government theme:
Improving the well-being of New Zealanders and their families</td></tr>
<tr><td>System outcome
We have health equity for Māori and other groups</td><td>Government priority outcome
Support healthier, safer and more connected communities</td></tr>
<tr><td>System outcome
We live longer in good health</td><td>Government priority outcome
Make New Zealand the best place in the world to be a child</td></tr>
<tr><td>System outcome
We have improved quality of life)</td><td>Government priority outcome
Ensure everyone who is able to, is earning, learning, caring or volunteering</td></tr>
</table>

[1] Whaiora represents Maori Providers on the Alliance Leadership Team

Care Capacity Demand Management (CCDM)			**This is an equitable outcomes action (EOA) focus area**	
DHB activity **2019-20 Plan** 1. Prioritise ICT system support for CCDM implementation; then achieve required level of ICT system interface and functionality to enable CCDM systems to be embedded. 2. Complete FTE calculations, roster adjustments and business cases for any required additions to FTE for first three wards in CCDM overall implementation plan. 3. Scope end user requirement and develop business case for ICT hardware support to CCDM establishment of variance response management systems (integrated operations centre, electronic white boards, hospital at a glance technology). 4. Upgrade TrendCare system to version 3.6 (including new rehabilitation module). 5. Expand TrendCare system engagement alongside and aligned to CCDM programme expansion. 6. Complete governance framework with establishment of ward quality groups aligned to quality improvement, safety, professional development. **(EOA)** – These groups will be developing improvement initiatives designed to improve health outcomes and equity; promote relationship centred care; and enhance healthcare environments. 7. Expand the CCDM programme to include all inpatient areas, acute services, midwifery and allied health.	**Milestone** Q2 Q2 Q3 Q3 Q4 Q4 Q4	**Measure** Achievement of Planned Activities	**Government theme:** **Improving the well-being of New Zealanders and their families**	
			System outcome We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
			System outcome We live longer in good health	**Government priority outcome** Make New Zealand the best place in the world to be a child
			System outcome We have improved quality of life)	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering

<table>
<tr><td colspan="3">Disability</td><td colspan="2">This is an equitable outcomes action (EOA) focus area</td></tr>
<tr><td>DHB activity

This activity is underpinned by the 3DHB Sub-Regional Disability Strategy 2017 – 2022 (Wairarapa, Hutt Valley and Capital & Coast District Health Boards): Enabling Partnerships: Collaboration for effective access to health services.

2019/20 Plan
1. Work with Māori and Pacific people with disabilities to determine the key goals and priorities for improving access to services. (This is also a Workforce / Health literacy activity). (EOA)
2. Develop and implement Disability Education Plan that incorporates a rights-based approach to reduce inequitable health outcomes across the disabled, Māori and Pacific communities. (EOA)
3. Develop and complete a Disability Survey with our workforce to better understand the areas where capability development is required. The survey will be endorsed by the Sub Regional Disability Advisory Group which will include Māori and Pacific.
4. Continue quality improvement processes on the Disability Responsiveness eLearning Module to all staff and report on the percentage of staff that have completed the training.
5. Improve patient experiences by including information about a patient's sensory, physical, intellectual disabilities on Disability Alerts[4], and put in place a quality standard which is measured.</td><td>Milestone

Q1-4

Q1-2

Q1-4

Q4

Q1-4</td><td>Measure

SS: Strong and equitable public health and disability system</td><td colspan="2">Government theme:
Improving the well-being of New Zealanders and their families

System outcome
We have improved quality of life
(health maintenance and independence)

Government priority outcome
Support healthier, safer and more connected communities

System outcome
We have improved health equity
(healthy populations)

Government priority outcome
Make New Zealand the best place in the world to be a child

System outcome
We live longer in good health
(prevention and early intervention)

Government priority outcome
Ensure everyone who is able to, is earning, learning, caring or volunteering</td></tr>
</table>

[4] Disability Alerts contain specific information provided by the patient on how best to meet their support needs.

Planned Care

Planned Care Vision: 'New Zealanders receive equitable and timely access to Planned Care Services in the most appropriate setting, which supports improved health outcomes'.

Planned Care is a broader concept than medical and surgical services traditionally known as Electives or Arranged services. Planned Care is patient centred and includes a range of treatments funded by DHBs delivered in both inpatient, outpatient, primary and community settings. It also includes selected early intervention programmes that can prevent or delay the need for more complex healthcare interventions.

Planned Care is centred around five key principles, which are built on the earlier principles of clarity, timeliness and fairness under the Elective Policy. The five principles for planned care are:

1. **Equity** – People will get the healthcare that safely meets their needs, regardless of who they are or where they are.
2. **Access** – People can access the care they need in the right place, with the right health provider.
3. **Quality** - Services are appropriate, safe, effective, efficient, and respectful and support improved health.
4. **Timeliness** – People will receive care at the most appropriate time to support improved health and minimise ill-health, discomfort and distress.
5. **Experience** –People and their family or whanau work in partnership with healthcare providers to make informed choices and get care that responds to their needs, rights and preferences.

This is an equitable outcomes action (EOA) focus area

DHB activity **2019/20 Plan**	**Milestone**	**Measure** SS: Planned care discharges	**Government theme:** **Improving the well-being of New Zealanders and their families**	
Part 1: Current performance actions		**Part 1:** Delivery of current performance actions to improve planned care	**System outcome** We have improved quality of life (health maintenance and independence)	**Government priority outcome** Support healthier, safer and more connected communities
1. Revised Production Planning and monitoring system validated and in place to deliver and accurately to contracted discharges at targeted specialty level. Monitoring systems to include ethnicity breakdown against delivery for core measurable services in order to ensure all our patients are treated within a clinically appropriate timeframe. **(EOA)** Establish Q1, evaluate refine measures Q2.	Q1,Q2			
2. Appropriately initiate demand management strategies for areas with higher comparative rates of access (SIRs) to maximise capacity and address inequity **(EOA**) (i.e. identify priority underserviced conditions or ethnicities for transfer of resource	Q3		**System outcome** We have improved health equity (healthy populations)	**Government priority outcome** Make New Zealand the best place in the world to be a child

and effort). Confirm equity monitoring post evaluation of Q2 and implement into regular production planning considerations. 3. Undertake development and feasibility for Non-Surgical Intervention pathway model for Orthopaedics (Links to 3yr plan). Feasibility completed by Q3 for business case inclusion for 2010 FY. 4. Implement Ministry of Health prioritisation tool for referral to FSA to ensure need and ability to benefit is better reflected in clinical decision making. The new prioritisation tool is to ensure all our patients are treated within a clinically appropriate timeframe. Plan Q1 delivery and evaluate Q3. 5. Complete and evaluate implementation of revised efficiency models - Ophthalmology & ENT (e.g. Use Nurse Specialist F/U and Registrar Virtual Clinic). (Links to 3yr plan). **(EOA).** 6. Initiate review of consistent regional triage thresholds for Ophthalmology and implement process for monitoring and review. 7. Initiate and review service by service equity results for Planned Service DNA rates to identify outlier services. Aligned to Actions 1&2 and structure inclusion of Planned Care processes for Māori DNA **(EOA)** and service access to include all Health Care Home Practices in mitigation actions. Once identified, ensure appropriate and relevant support is provided to increase attendance of Māori at outpatient appointments. **Part 2: Three year plan for planned care** 8. Undertake review to determine most vulnerable Planned Services (including Diagnostics) in line with recent demand and population growth forecasts and sustainability projections against workforce/MOC and infrastructure. Align to local and regional solutions paths. 9. Plan, design and start implementation of a Three Year Plan to improve Planned Care services that will address the Ministry of Health's five Planned Care Priorities. Engage with the DHB Consumer Council and other key stakeholders in the development of the plan.	Q3 Q1,Q3 Q3 Q2 Q2 Q2 Q1-Q4	**Part 2:** Q1: A plan is submitted that outlines the proposed approach to develop the Three Year Plan. Q2: A summary report outlining the outcomes	**System outcome** We live longer in good health (prevention and early intervention)	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering

10. (Regional) Work collaboratively with the Region to incorporate and align most vulnerable to Support Regional approach and support roll out of actions for Yr 2 and 3 as a Regional Plan. 11. Work collaboratively with the Primary Care and local providers to enhance capacity for increased non Hospital Procedural and Non-Surgical interventions to inform and determine requirements for actions in Year 2 and 3.	Q4 Q4	of the analysis and consultation processes to understand local health needs, priorities and preferences. Q3: Submission of the Three Year Plan to improve Planned Care Services. Q4: An update is provided on actions outlined in the Three Year Plan to improve Planned Care Services.		

Acute Demand			**This is an equitable outcomes action (EOA) focus area**	
DHB activity **2019-20 Plan** 1. Develop a plan to implement SNOMED coding in the Emergency Department, including: a. assessing feasibility and the change impact to clinical workflow and systems (Q2) b. liaising and consulting with sub-regional DHBs and the Ministry of Health on the findings of this assessment and the development of a coordinated approach to implementation (Q2) c. developing and assessing implementation options (Q3). d. developing a business case for implementation (Q4). Agree the Performance Monitoring Framework for and implement monitoring of Health Care Home targets at an individual practice level for all Health Care Home practices. Specific measures to include reduction of acute presentations. (Specifically with an equity lens) 2. Implement monthly departmental data review audits to validate wait time measurements and relevant capture of presentation information. 3. Re-establish multi-disciplinary 'High User' review group, including community and Māori representatives, with a focus on stronger links with general practice. 4. Complete a Triage and Urgent Response Review (Te Haika)[1] and implement the findings to improve the response to acute referrals and triage for interventions. (This is also mental health and addictions improvement activity). 5. Undertake a review to establish key drivers of wait times for patients seeking urgent access to mental health service who present in the Emergency Department. Develop monitoring systems to include ethnicity breakdown in order to target key aspects of care delivery specifically for Māori. (Plan Q2, Implement Q4).	**Milestone** Q2-4 Q1-Q4 Q4 Q1 Q1-Q4 Q2, Q4	**Measure** SS10: Shorter stays in emergency departments SS05: Ambulatory sensitive admissions (ASH adults)	**Government theme:** **Improving the well-being of New Zealanders and their families**	
			System outcome We have improved quality of life (health maintenance and independence)	**Government priority outcome** Support healthier, safer and more connected communities
			System outcome We have improved health equity (healthy populations)	**Government priority outcome** Make New Zealand the best place in the world to be a child
			System outcome We live longer in good health (prevention and early intervention)	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering

[1] Te Haika is part of the 3DHB Mental Health, Addiction and Intellectual Disability Service (MHAIDS).

<table>
<tr><td colspan="3">Rural health</td><td colspan="2">This is an equitable outcomes action (EOA) focus area</td></tr>
<tr><td rowspan="4">DHB activity

2019-20 Plan
1. Alliance Leadership Team (ALT) to review rural health funding to ensure a match to priority outcomes for implementation in 2020-21.

2. Complete arrangements for providing DHB specialist and other services in South Wairarapa.</td><td rowspan="4">Milestone

Q4

Q2</td><td rowspan="4">Measure

Rural health funding review completed

Arrangements completed</td><td colspan="2">Government theme:
Improving the well-being of New Zealanders and their families</td></tr>
<tr><td>System outcome
We have improved quality of life
(health maintenance and independence)</td><td>Government priority outcome
Support healthier, safer and more connected communities</td></tr>
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Ensure everyone who is able to, is earning, learning, caring or volunteering</td></tr>
</table>

Healthy Ageing			**This is an equitable outcomes action (EOA) focus area**	
DHB activity **2019-20 Plan**	**Milestone**	**Measure** SS04: Implementing the Healthy Ageing Strategy Quality indicator established in Patient Dashboard Referrals to S&B Osteoporosis management Dexa Scans Local HCSS service specification reviewed. Hospital admissions for high user group	**Government theme:** **Improving the well-being of New Zealanders and their families**	
1. The DHB will continue to promote enrolment in Strength & Balance programmes through primary care.			**System outcome** We have improved quality of life (health maintenance and independence)	**System outcome** We have improved quality of life (health maintenance and independence)
a. Establish a Clinical Quality Indicator as the recommended process for Primary Care to proactively identify patients who may be at risk of falls. The Clinical Quality Indicator will appear on the Patient Dashboard as a screening template for patients in the target group. This group consists of Māori and Pacific Island patients aged 65 years and over and patients aged 75 years and over for other.	Q2			
b. Embed the 'Fragility Fracture Protocol' and monitor implementation in primary care e.g. bone health and/or falls assessment, osteoporosis management, DEXA scan if indicated, referral to a specialist and allied health if required.	Q1–Q4		**System outcome** We have improved health equity (healthy populations)	**System outcome** We have improved health equity (healthy populations)
2. Review local service specifications for HCSS in line with the principles of the national framework, ensuring congruence with the total Wairarapa system for health of older people and other population groups.	Q4		**System outcome** We live longer in good health (prevention and early intervention)	**System outcome** We live longer in good health (prevention and early intervention)
3. Re-establish multi-disciplinary 'High User' review group with a focus on stronger links with primary care as the patients' Health Care Home with community, support coordination and specialist support in order to reduce acute demand activity. **(EOA)**	Q1-4			
4. Aim to prevent readmissions of older people through using information gained from 2018/19 project to inform service development relating to discharge planning. **(EOA).**	Q3			
5. Provide input into a regional stocktake of dementia services and related activity, which will be completed and provided to the Ministry by the end of quarter two (via the S12 measure).	Q2			

<table>
<tr><td colspan="3">Improving Quality</td><td colspan="3">This is an equitable outcomes action (EOA) focus area</td></tr>
<tr><td>DHB activity

2019-20 Plan

1. Implement the local System Level Measure Improvement Plan developed by our Alliance Leadership Team as outlined in Appendix B.

Improve equity in outcomes for diabetes [see also SLM Plan in Appendix B]

1. Increase percentage of Māori with a Year of Care Plan that includes diabetes management. (EOA)

2. Increase Māori participation in the Stanford health management programme. (EOA)

Improve patient experience [see also SLM Plan in Appendix B]

1. Continue to focus on increasing participation in Adult In-Patient Experience Survey and reviewing and reporting on ethnicity and organisation wide sharing of the data. (EOA)

2. Review lowest rated scores of patient experience survey and consider if lowest rated score align with what matters most as identified through consumer forums as part of Vision and values work and integrate as appropriate through improvement activities.

Antimicrobial Resistance

1. Surveillance of antimicrobial usage.</td><td>Milestone

Q1-Q4

Q4

Q4

Q1-Q4

Q4

Q4</td><td>Measure

PH01: Improving system integration and SLMs

PH01: Patient experience of care

OS3: Inpatient Average Length of Stay.

Atlas of Health care Variation measures

Antimicrobial Resistance:
1. Stable or reduced antibiotic use.

2. Policies updated.</td><td colspan="2">Government theme:
Improving the well-being of New Zealanders and their families</td></tr>
<tr><td colspan="3"></td><td>System outcome
We have improved quality of life
(health maintenance and independence)</td><td>Government priority outcome
Support healthier, safer and more connected communities</td></tr>
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We live longer in good health
(prevention and early intervention)</td><td>Government priority outcome
Ensure everyone who is able to, is earning, learning, caring or volunteering</td></tr>
</table>

Improving Quality contd.				**This is an equitable outcomes action (EOA) focus area**
2. Update of 3DHB "MDRO Screening" and "Transmission Based Precautions" policies. 3. Continue surveillance of Multidrug Resistant Organisms and Clostridium difficile. 4. Maintain hand hygiene compliance above 80% across the organisation. 5. Wairarapa DHB will continue to support residential care providers to meet the Infection Control Standard (HDS (IPC) S.2008:3.1) through a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. 6. Primary Care - Wairarapa DHB will collaborate with the PHO regarding the support they provide to general practices to meet the Infection Control Standard (HDS (IPC) S.2008:3.1) through a managed environment, which minimises the risk of infection to consumers, service providers, and visitors.	Q4 Q1-Q4 Q1-Q4 Q1-Q4 Q1	3.Stable or reduced use of Multidrug Resistant Organisms and Clostridium difficile 4. Compliance to HHNZ 5 Moments of Hand Hygiene >= 80% across the organisation. 5. Audited facilities to comply with standards.		

Cancer Services			**This is an equitable outcomes action (EOA) focus area**	
DHB activity **2019-20 Plan**	**Milestone**	**Measure**	**Government theme:** **Improving the well-being of New Zealanders and their families**	
1. We work with our regional DHB partners to provide cancer care for our people. Ensure regular communication is made to expedite timely access to cancer treatment wherever possible.	Q1-Q4	SS01: Faster cancer treatment (31 days) SS11: Faster cancer treatment (62 days) SS07: Breast Screening SS08; Cervical screening	**System outcome** We have improved quality of life (health maintenance and independence)	**Government priority outcome** Support healthier, safer and more connected communities
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. Evening and weekend sessions for breast screening with a focus on improving access to Māori and Pacific women. **(EOA)**	Q1-Q4		**System outcome** We have improved health equity (healthy populations)	**Government priority outcome** Make New Zealand the best place in the world to be a child
4. Work with general practice, community providers and the national screening unit to: • Provide 'Free Smear Clinics' in high-need communities and fund general practices to provide free smear tests to Māori, Pacific, Asian women. **(EOA)** • Provide targeted outreach services to Māori and Pacific overdue women with high grade and low grade results. • Focus activity on the approximately 500 Māori and 90 Pacific Wairarapa women who are overdue or have never been screened.	Q2		**System outcome** We live longer in good health (prevention and early intervention)	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering
5. Invite and encourage Māori and Pacific women who are unscreened to combined breast and cervical screening sessions. **(EOA)**	Q1-Q4			
6. Continue to monitor equity of access and timely diagnosis and treatment for all patients on the Faster Cancer Treatment (FCT) pathway[5].	Q1-Q4			
7. Implement and embed psychosocial support for people who have completed cancer treatment.	Q1-Q4			
8. Implement the recommendations of the sub-regional breast services review that is due for completion in June 2019.	Q1			

[5] Wairarapa DHB consistently achieves the 31 day and 62 FCT measures and we will continue to monitoring our performance.

Bowel Screening

New Zealand has one of the highest rates of bowel cancer in the world. Bowel cancer is the second most common cause of cancer death in New Zealand, after lung cancer, with the third highest bowel cancer death rate in the OECD for women and the sixth highest for men. The National Bowel Screening Programme aims to reduce the mortality rate from bowel cancer by diagnosing and treating cancers at an earlier more treatable stage. Early identification and removal of precancerous advanced bowel adenomas aims to reduce bowel cancer incidence over time.

Achieving equitable access is a key priority for the bowel screening programme because participation rates for Maori, Pacific and people living in our most deprived areas remain lower than other groups.

The National Screening Unit is implementing an Equity and Performance Matrix in the annual planning reporting process.
The Matrix measures both performance against a target and the equity gap between population groups notably, but not limited to, Māori and non-Māori.

The Ministry of Health, DHBs and the National Coordination Centre all have an important role in ensuring that participation targets are achieved and in eliminating equity gaps between Maori and non-Māori, Pacific and non-Pacific/non-Māori.

This is an equitable outcomes action (EOA) focus area

DHB activity **2019-20 Plan**	**Milestone**	**Measure**	**Government theme:** **Improving the well-being of New Zealanders and their families**	
1. Continued support of existing activities to increase equity in bowel screening including on-going implementation of the bowel screening equity plan. Continued DHB Maori Health Leadership and governance within programme team continues.	Q1 – Q4	SS03: Ensuring delivery of Service Coverage	**System outcome** We have improved quality of life (health maintenance and independence)	**Government priority outcome** Support healthier, safer and more connected communities
2. Continue to surpass current targets for participation through developed media network and awareness campaigns.	Q1 – Q4		**System outcome** We have improved health equity (healthy populations)	**Government priority outcome** Make New Zealand the best place in the world to be a child
3. Explore options with National NBSP to look at opportunities to pilot local Registry and innovation systems.	Q1 – Q4			
4. Continued use and refinement of production planning tools to ensure continued achievement of wait time targets and service is effectively managed and delivered.	Q1 – Q4		**System outcome** We live longer in good health (prevention and early intervention)	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering

Workforce			**This is an equitable outcomes action (EOA) focus area**	
DHB activity **2019-20 Plan**	**Milestone**	**Measure**	**Government theme:** **Improving the well-being of New Zealanders and their families**	
1. Creating a values into action program that includes - Values into action - Leading with values, - Values based recruitment - Beyond bullying	Q1-Q4 and beyond	SS: Strong and equitable public health and disability system	**System outcome** We have improved quality of life (health maintenance and independence)	**Government priority outcome** Support healthier, safer and more connected communities
2. Develop and implement values based recruitment practises across the DHB to ensure the process aligns to our agreed values and supports an engaged workforce.	Q2/Q3		**System outcome** We have improved health equity (healthy populations)	**Government priority outcome** Make New Zealand the best place in the world to be a child
3. Develop and implementation of defined values into performance frameworks	Q3/Q4			
4. Ensuring our values and culture support a safe work environment including the connection of cultural competency framework.	Q1-Q4			
5. Review and change core organisational training and development requirements to align with new values and a focus on building constructive workforce relationships.	Q2/Q3		**System outcome** We live longer in good health (prevention and early intervention)	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering
6. Review current recruitment policies and procedures to enhance the ability to attract, appoint and retain Māori staff.	Q3/Q4			
7. Develop the payroll/HRIS system to improve workforce data collection. This includes the ability to be able to record relevant ethnicity data and to set aims for the organisation moving forward.	Q1-Q4			
8. Work with the Ministry of Health, regional DHB shared services and unions to progress addressing issues around pay equity and the gender pay gap.	Q1-Q4			
9. Progress the implementation of the Care Capacity Demand Management (CCDM) programme, with the goal of full implementation by 30 June 2021.	Q1-Q4 and beyond			
10. As part of the Kia Ora Hauora programme the DHB will develop a plan to connect with educational institutes within the region to develop interest in health careers moving forward.	Q1-Q4			

<table>
<tr><td colspan="3">Data and Digital</td><td colspan="3">This is an equitable outcomes action (EOA) focus area</td></tr>
<tr><td>DHB activity

2019-20 Plan
Improving equity through digital systems/investments
1. Complete Business Case for multilingual versions of an electronic Patient Experience Survey.
2. Pilot Electronic Referrals from hospital services (including Emergency Department) to community providers.
3. Make the Maori keyboard (including ability to add macrons) the standard profile.
4. Extend free patient Wi-Fi to outpatients.
5. Implement electronic Health Passport for Disabilities
Leveraging approved standards and architecture
6. Complete a Security Improvement work plan for 2019-21 based on the findings of the independent review against the Health Information Security Framework.
7. Complete the Allied Health Activity Capture project to improve the Allied Health service’s ability to meet data standards.
8. Work with the Ministry on developing a plan to implement SNOMED coding in the Emergency Department, including:
○ assessing feasibility and the change impact to clinical workflow and systems;
○ liaising and consulting with sub-regional DHBs and the Ministry of Health on the findings of this assessment and the development of a coordinated approach to implementation;
○ developing and assessing implementation options; and
○ developing a business case for implementation.
9. Implement a FHIR (Fast Health Interoperability Resources Standard).</td><td>Milestone

Q3
Q4
Q1
Q3
Q4
Q1
Q1
Q4
Q2</td><td>Measure

Quarterly reports on the DHB ICT Investment Portfolio.</td><td colspan="2">Government theme:
Improving the well-being of New Zealanders and their families
System outcome
We have improved quality of life
(health maintenance and independence)
Government priority outcome
Support healthier, safer and more connected communities
System outcome
We have improved health equity
(healthy populations)
Government priority outcome
Make New Zealand the best place in the world to be a child
System outcome
We live longer in good health
(prevention and early intervention)
Government priority outcome
Ensure everyone who is able to, is earning, learning, caring or volunteering</td></tr>
</table>

Supporting new models of health care delivery through technology				
10. Implement a Shared Care Plan function in Indici.	Q2			
11. Extend use of Zoom to other services to support new models of care including telehealth and multi-disciplinary meetings.	Q2-4			
Leveraging Regional and National Initiatives				
12. Complete transition to the Regional Radiology Information System.	Q2			
13. Regional Clinical Portal – complete the replication of data from local Clinical Data Repositories into the Regional Clinical Data Repository.	Q2			
14. National Bowel Screening – transition onto the National Bowel Screening Platform.	Q4			
Implementing Application Portfolio Management				
15. Long Term Investment Plan – complete an Asset Management Plan for information, communications, and technology assets.	Q2			
Mobile ePatient Observations				
16. Complete Implementation Business Case for Mobile ePatient Observations.	Q1			
eMedication Management				
17. Link NZePS data to discharge documentation and improve discharge information to include medication on admission and on discharge, and record changes with reasons.	Q4			
18. Implement a new ePrescribing solution for Addiction Services with connection to NZePS.	Q2			
19. Complete a request for proposal of a Hospital ePrescribing and Administration system.	Q2			
20. Complete Implementation Business Case for a Hospital ePrescribing and Administration system.	Q4			

<table>
<tr><td colspan="3">Collective Improvement Programme</td><td colspan="2">This is an equitable outcomes action (EOA) focus area</td></tr>
<tr><td rowspan="4">DHB activity

2019-20 Plan

1. Wairarapa DHB is committed to engaging in collective improvement work as this develops.</td><td rowspan="4">Milestone

Q1-Q4</td><td rowspan="4">Measure

SS16: Delivery of Collective Improvement Plan</td><td colspan="2">Government theme:
Improving the well-being of New Zealanders and their families</td></tr>
<tr><td>System outcome
We have health equity for Māori and other groups</td><td>Government priority outcome
Support healthier, safer and more connected communities</td></tr>
<tr><td>System outcome
We live longer in good health</td><td>Government priority outcome
Make New Zealand the best place in the world to be a child</td></tr>
<tr><td>System outcome
We have improved quality of life</td><td>Government priority outcome
Ensure everyone who is able to, is earning, learning, caring or volunteering</td></tr>
</table>

<table>
<tr><th colspan="3">Delivery of Regional Service Plan (RSP) priorities</th><th colspan="2">This is an equitable outcomes action (EOA) focus area</th></tr>
<tr><td rowspan="4">DHB activity

2019-20 Plan

Wairarapa DHB will support the region to deliver the RSP:

1. Support work in our region’s identified Priority Areas (Cancer, Cardiac, Radiology, and Regional Care Arrangements.

2. Dementia Care: support work in the region to implement the New Zealand Framework for Dementia Care.

3. Hepatitis C: support work in the region to encourage optimal Hepatitis C virus care in general practice.</td><td rowspan="4">Milestone

Q1-Q4

Q1-Q4

Q1-Q4</td><td rowspan="4">Measure

SS2: Ensuring delivery of Regional Service Plans</td><td colspan="2">Government theme:
Improving the well-being of New Zealanders and their families</td></tr>
<tr><td>System outcome
We have improved quality of life
(health maintenance and independence)</td><td>Government priority outcome
Support healthier, safer and more connected communities</td></tr>
<tr><td>System outcome
We have improved health equity
(healthy populations)</td><td>Government priority outcome
Make New Zealand the best place in the world to be a child</td></tr>
<tr><td>System outcome
We live longer in good health
(prevention and early intervention)</td><td>Government priority outcome
Ensure everyone who is able to, is earning, learning, caring or volunteering</td></tr>
</table>

2.4.5 Better population health outcomes supported by primary health care

Primary health care is a priority work programme for Government, the Ministry of Health and District Health Boards.

An affordable effective primary care system is essential to achieving the objectives of a strong public health system. Primary care is the means through which the health system can decrease use of expensive secondary health services, better manage and lower the incidence of long-term conditions, increase use of illness-preventing behaviours and treatments, and thereby increase people's ability to participate in work and education.

Primary health care is earlier, safer, cheaper, and better connected to people's daily routines.

However, the primary health care system does not serve all people equitably. Some people are avoiding or delaying engaging with primary care services because of cost. There is also the potential for a different primary care model to better suit people's lives and better integrate across health disciplines and facilities, thereby improving health outcomes.

Primary health care integration			**This is an equitable outcomes action (EOA) focus area**	
DHB activity Wairarapa's Alliance Leadership Team is known as Tihei Wairarapa. Tihei is a board of decision makers from a range of organisations across the health system who, through their own organisations, give effect to the decisions made by the Alliance and achieve the Tihei's purpose as outlined in the Alliance Charter. Linkages are maintained with the DHB's Board and Te Iwi Kainga, Tū Ora Compass Health and the Consumer Council. Service Level Alliance Teams carry out the Tihei work programme and report to the Alliance on a bi-monthly basis. The PHO and DHB Planning & Performance Directorate supports Tihei and Service Level Alliance Teams work programmes.	**Milestone**	**Measure**	**Government theme:** **Improving the well-being of New Zealanders and their families**	
			System outcome We have improved quality of life (health maintenance and independence)	**Government priority outcome** Support healthier, safer and more connected communities
1. Wairarapa DHB will continue to strengthen the Alliance relationships, broaden membership and develop services based on robust data and analytics. **(EOA)**	Q1		**System outcome** We have improved health equity (healthy populations)	**Government priority outcome** Make New Zealand the best place in the world to be a child
2. The SLM Improvement Plan has a strong equity focus – the plan will identify equity targets and actions to improve health outcomes for those populations. **(EOA)**	Q2			
3. Primary health care workforce: Expanding the skills and workforce participating in proactive and acute care in partnership with Health Care Homes.	Q3		**System outcome** We live longer in good health (prevention and early intervention)	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering
4. Give effect to the System Level Measures Improvement Plan, which has a focus on improving access to primary care services for high needs patients. **(EOA).**	Q4			
2019-20 Plan 1. During 2018/19 all Wairarapa general practices began their implementation of Health Care Home. The practices will be focused on creating an integration platform to work effectively with other services. In 2019/20 we will be looking at introducing additional support into the general practice team such as pharmacist resources.	Q4	PH01: Improving system integration		
2. Access to general practice for unenrolled patients has been hampered in 2018/19 by capacity challenges in the GP Workforce. The DHB will support Tū Ora Compass Health and general practices with recruitment activities including:	Q1-Q4	PH02: Improving the quality of data collection in		

a. Work with the college of Rural Hospital Doctors on opportunities for the introduction of procedural GP roles in Wairarapa and extended scope opportunities for GPs such as urgent care provision. Providing exciting career opportunities for GPs may increase interest in working in the Wairarapa. b. Supporting advertising and communications campaigns aimed at attracting primary care clinicians to the region.		PHO and NHI registers PH03: Improving whānau enrolment in PHOs to meet the national average of 90% CW07: Improving newborn enrolment in General Practice Health Care Home model implemented		
3. Initiate a shared data agreement between Tū Ora Compass Health and the DHB to enable analysis of shared data for service planning.	Q1			
4. 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			
5. Endorse general practice as the palliative patient's medical home and their role in managing the patient's journey.	Q1–Q4			
6. Continue to optimise opportunities for integration of interdisciplinary teams via primary care IT systems (e.g. shared care plan). Several general practices will be implementing the Indici system during the 19/20 year which will provide opportunities for collaboration – for example community nursing will be able to access records via a browser.	Q1–Q4			
7. Incorporate psycho-social support across all settings for the palliative journey from community agencies as determined by the patient and their family/whānau.	Q2			
8. Promote learning & development of health professionals through peer reviews and specialist input/advice in the palliative care area.	Q1–Q4			
9. Implement rural primary care funding arrangements as agreed by the Alliance Leadership Team, which serves as our Rural Service Level Alliance Team (see Rural Health section of Annual Plan).	Q4			
10. The Health Care Home programme will be live in all seven general practices during the year ahead, including the two rural practices. As part of the programme the practice teams will be exploring use of additional scopes including Nurse Practitioner	Q4			

and Primary Care Practice Assistants – many practices are already making use of these. The successful pilots of MDTs at Carterton Medical and Masterton Medical for palliative care patients will be rolled out to other practices which provides specific opportunities to engage with community pharmacists as part of the broader primary care team.				

Pharmacy			**This is an equitable outcomes action (EOA) focus area**	
DHB activity Wairarapa DHB commits to delivering on the Pharmacy Action Plan and further development under the Integrated Community Pharmacy Services Agreement. **2019-20 Plan** 1. Implement actions to increase referrals from community pharmacies to smoking support services. 2. Develop a proposal to reconfigure the community pharmacy long term conditions service so that it integrates with primary and secondary care and better addresses issues for complex patients such as polypharmacy and equity of access. **(EOA)** 3. Develop and implement local strategies that support general practice, pharmacy, and other immunisation providers to work together to improve influenza vaccination rates in Māori, Pacific and Asian people over 65 years of age. This includes: • developing and reporting on the local strategies by quarter three. • implementing local strategies from 1 April 2020. • reporting the outcomes of these local strategies to improve influenza vaccination rates in quarter two of 2020/21. 4. Continue to support the pilot of a single medication chart for complex patients living in the community and make recommendations for longer term options. 5. Work with the Pharmacy profession and prescribers to identify opportunities to reduce costs in medicine expenditure. 6. Support the vision of the Pharmacy Action Plan and the Integrated Community Pharmacy Services Agreement (ICPSA) by working with pharmacists, the public, primary care and the wider health care team to commission integrated local services that prioritise local need and support equitable health outcomes. **(EOA)** 7. Support the work to enable the separation of dispensing into separate ICPSA schedules (medicine and supply and clinical advice) by June 2020.	**Milestone** Q1–Q4 Q4 Q4 Q1-Q4 Q4 Q1-Q4 Q1-Q4	**Measure** No of referrals to SSS from community pharmacies LTC Review report completed ARC services report completed Single medication chart pilot supported	**Government theme:** **Improving the well-being of New Zealanders and their families** **System outcome** We have improved quality of life (health maintenance and independence) **System outcome** We have improved health equity (healthy populations) **System outcome** We live longer in good health (prevention and early intervention)	**Government priority outcome** Support healthier, safer and more connected communities **Government priority outcome** Make New Zealand the best place in the world to be a child **Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering

<table>
<tr><td colspan="3">Diabetes and other long-term conditions</td><td colspan="2">This is an equitable outcomes action (EOA) focus area</td></tr>
<tr><td>DHB activity
(Linkages with PP22 System integration and SI01 ASH hospital admissions)

2019-20 Plan
Public health promotion
1. Support ‘water-only schools’ and the development of healthy food environments in school settings, including early childhood centres, with a focus on low decile schools. (Also a Healthy Food and Drink activity). (EOA)
2. Continue to fund Sport Wellington to delivers a free Active Families programme to help children and their whānau create a healthier lifestyle by becoming more active and learning about healthy eating. Māori and Pacific families are targeted. (Also a Healthy Food and Drink activity). (EOA)

Culturally appropriate self-management
1. Tū Ora Compass Health will build on the Stanford Self-Management programme and deliver a further 6 courses during the 2019/20 financial year with increased Maori participation. Of these courses one will be specifically delivered to individuals with diabetes and one will be school-based.

PHO/practice activities
1. Patients with diabetes will be prioritised with the introduction of planned care in the Health Care Home Model.
2. Monitor PHO/practice level data to improve equitable service provision and inform quality improvement. (EOA)</td><td>Milestone

Q1-Q4

Q1-Q4

Q1-Q4

Q4

Q1-Q4</td><td>Measure

SS13- Improved management for long term conditions
FA1: Long term conditions
FA2: Diabetes Services
FA3: Cardiovascular health
FA4: Acute Heart Services
FA5: Stroke Services</td><td colspan="2">Government theme:
Improving the well-being of New Zealanders and their families

System outcome
We have improved quality of life
(health maintenance and independence)

System outcome
We have improved health equity
(healthy populations)

System outcome
We live longer in good health
(prevention and early intervention)</td><td>Government priority outcome
Support healthier, safer and more connected communities

Government priority outcome
Make New Zealand the best place in the world to be a child

Government priority outcome
Ensure everyone who is able to, is earning, learning, caring or volunteering</td></tr>
</table>

2.5 Financial Performance Summary

PROSPECTIVE FINANCIAL PERFORMACE FOR THE FOUR YEARS ENDED 30 JUNE 2020, 2021, 2022 AND 2023.

Statement of Comprehensive Income	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
	Audited Actual	Actual	Plan	Plan	Plan	Plan
	$000	$000	$000	$000	$000	$000
Revenue						
Ministry of Health Revenue	145,094	153,738	163,696	166,477	169,306	172,183
Other Government Revenue	2,412	2,491	2,396	2,432	2,456	2,480
Other Revenue	10,862	9,499	10,069	10,130	10,186	10,242
Interest Revenue	30	47	24	24	24	25
Total Revenue	**158,398**	**165,775**	**176,185**	**179,063**	**181,972**	**184,930**
Expenditure						
Personnel	45,862	53,093	52,369	54,200	56,097	58,060
Outsourced Services	8,474	8,633	8,380	8,381	8,387	8,395
Clinical Supplies	12,526	11,621	12,296	11,928	11,570	11,223
Infrastructure and Non Clinical	8,035	9,043	9,955	9,618	9,328	9,048
Payments to Non-DHB Providers	48,850	52,989	55,678	56,514	57,361	58,222
Inter District Flows	39,528	39,724	42,242	42,875	43,519	44,171
Interest, Capital Charge, Depreciation and Amortisation	4,125	5,070	4,792	4,831	4,831	4,831
Total Expenditure	**167,400**	**180,173**	**185,712**	**188,347**	**191,093**	**193,950**
Surplus/(deficit)	**(9,002)**	**(14,398)**	**(9,527)**	**(9,284)**	**(9,121)**	**(9,020)**
Revaluation of land and buildings	**0**	**7,454**	**0**	**0**	**0**	**0**
Total Comprehensive Income/(Deficit)	**(9,002)**	**(6,944)**	**(9,527)**	**(9,284)**	**(9,121)**	**(9,020)**

PROSPECTIVE STATEMENT OF MOVEMENT IN EQUITY FOR THE FOUR YEARS ENDED 30 JUNE 2020, 2021, 2022 AND 2023.

Statement of Movements in Equity	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
	Audited Actual	Actual	Plan	Plan	Plan	Plan
	$000	$000	$000	$000	$000	$000
Balance at 1 July	31,444	33,198	37,251	40,724	43,440	45,319
Net surplus / (deficit) for the year	(9,002)	(14,398)	(9,527)	(9,284)	(9,121)	(9,020)
Other comprehensive revenue and expense	(44)	0	0	0	0	0
Increase in revaluation reserve	0	7,454	0	0	0	0
Equity injection from the Crown	10,800	11,000	13,000	12,000	11,000	11,000
Repayment of equity to the Crown	0	(3)	0	0	0	0
Balance at 30 June	**33,198**	**37,251**	**40,724**	**43,440**	**45,319**	**47,299**

PROSPECTIVE STATEMENT OF FINANCIAL POSITION (BALANCE SHEET) FOR THE FOUR YEARS ENDED 30 JUNE 2020, 2021, 2022 AND 2023.

Statement of Financial Position	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
	Audited Actual	Actual	Plan	Plan	Plan	Plan
	$000	$000	$000	$000	$000	$000
Assets						
Current assets						
Cash & cash equivalents	5	9	9	9	9	9
Investments	343	185	185	185	185	185
Inventories	1,175	1,039	1,039	1,039	1,039	1,039
Trade & other receivables	4,214	6,755	5,660	5,660	5,660	5,660
Total current assets	**5,737**	**7,988**	**6,893**	**6,893**	**6,893**	**6,893**
Non-current assets						
Property, plant & equipment	38,821	46,437	46,940	46,954	46,968	46,982
Intangible assets	10,232	10,593	11,632	12,285	12,937	13,590
Total non-current assets	**49,053**	**57,030**	**58,572**	**59,239**	**59,905**	**60,572**
Total assets	**54,790**	**65,018**	**65,465**	**66,132**	**66,798**	**67,465**
Liabilities						
Current liabilites						
Cash & cash equivalents - Overdraft	943	1,799	878	(1,135)	(2,361)	(3,688)
Interest-bearing loans & borrowings	85	85	48	0	0	0
Payables & accruals	10,400	12,448	10,298	10,298	10,298	10,298
Employee entitlements	9,030	12,557	12,693	12,705	12,718	12,732
Total current liabilities	**20,458**	**26,889**	**23,917**	**21,868**	**20,655**	**19,342**
Non-current liabilities						
Term loans & borrowings	138	54	0	0	0	0
Employee benefits (non-current)	653	639	639	639	639	639
Trust funds	343	185	185	185	185	185
Total non-current liabilities	**1,134**	**878**	**824**	**824**	**824**	**824**
Total liabilities	**21,592**	**27,767**	**24,741**	**22,692**	**21,479**	**20,166**
Net assets	**33,198**	**37,251**	**40,724**	**43,440**	**45,319**	**47,299**
Equity						
Crown equity	79,578	90,575	103,575	115,575	126,575	137,575
Revaluation reserve	5,558	13,012	13,012	13,012	13,012	13,012
Retained earnings	(51,938)	(66,336)	(75,863)	(85,147)	(94,268)	(103,288)
Total equity	**33,198**	**37,251**	**40,724**	**43,440**	**45,319**	**47,299**

PROSPECTIVE STATEMENT OF CASH FLOW FOR THE FOUR YEARS ENDED 30 JUNE 2020, 2021, 2022 AND 2023.

Statement of Cashflow	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
	Audited Actual	Actual	Plan	Plan	Plan	Plan
	$000	$000	$000	$000	$000	$000
Cash flows from operating activities						
Operating receipts:						
Government & crown agency revenue	151,661	158,312	172,566	174,494	177,357	180,269
Other	4,893	4,886	4,500	4,545	4,590	4,636
Payments to suppliers & employees	(160,159)	(169,592)	(182,336)	(183,097)	(185,840)	(188,698)
Capital charge paid	(1,750)	(1,776)	(1,998)	(1,998)	(1,998)	(1,998)
Goods and Services Tax (net)	(349)	(400)	(400)	(400)	(400)	(400)
Net cash flows from operating activities	**(5,704)**	**(8,570)**	**(7,668)**	**(6,456)**	**(6,291)**	**(6,191)**
Cash flows from investing activities						
Proceeds from sale of property, plant & equipment	132	21	0	0	0	0
Interest received	30	47	24	24	24	25
Investments	(9)	25	0	0	0	0
Acquisition of property, plant & equipment	(385)	(1,990)	(2,413)	(1,700)	(1,700)	(1,700)
Acquisition of intangible assets	(2,692)	(1,283)	(1,924)	(1,800)	(1,800)	(1,800)
Net cash flows from investing activities	**(2,924)**	**(3,180)**	**(4,313)**	**(3,476)**	**(3,476)**	**(3,475)**
Cash flows from financing activities						
Equity injected	10,800	11,000	13,000	12,000	11,000	11,000
Equity Repaid	0	(3)	0	0	0	0
Repayments of loans	(79)	(85)	(91)	(48)	0	0
Interest paid	(25)	(14)	(7)	(7)	(7)	(7)
Net cash flows from financing activities	**10,696**	**10,898**	**12,902**	**11,945**	**10,993**	**10,993**
Net increase / (decrease) in cash held	**2,068**	**(852)**	**921**	**2,013**	**1,226**	**1,327**
Cash & cash equivalents at beginning of year	(3,006)	(938)	(1,790)	(869)	1,144	2,370
Cash & cash equivalents at end of year	**(938)**	**(1,790)**	**(869)**	**1,144**	**2,370**	**3,697**

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 expected Funding Envelope
- IDF levels based on expected Funding Envelope or agreed changes within the sub-region.

Expenditure

- Personnel expenditure has increased in line with settled MECAs and expected increases where MECAs are still in negotiation.
- Supplies and expenses based on current contract prices where applicable with a 2% increase in some areas.
- Depreciation includes base, plus work in progress, plus new purchases.
- Capital Charge at 6% payable half yearly.
- Total Capital Expenditure of $3.7M is planned for 2019/20, however the cash flow includes a total of $4.3M which includes costs of $0.6M relating to 2018/19 projects.

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 2019/20 of $3.7M includes IT projects and hardware costs of $1.5M, which covers regional, sub-regional and local projects.

Debt & Equity

Equity Drawing

Wairarapa DHB anticipates $13M deficit support will be required for the 2019/20 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. At that time, the level of remediation was 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 was undertaken at 30 June 2019 and the financial impact of this has been included in the reported result for the 2018/19 year.

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 2019/20.

3.2 Service Change

The table below describes all active service changes that have been approved or proposed for implementation in 2019/20.

Change	Description of Change	Benefits of Change	Change for local, regional or national reasons
Inpatient mental health services models of care	Following significant issues with the physical space of the HVDHB Te Whare Ahuru mental health inpatient unit, HVDHB has embarked on a strategic assessment and single stage business case to consider facility options. Wairarapa DHB uses this facility for inpatient mental health services for its population.	• Improved health outcomes • Improved patient experience • Improved responsiveness to Māori health	Hutt, Capital and Coast, and Wairarapa
Acute mental health services and alcohol and other drug treatment services	The DHBs are undertaking a review of their mental health acute services and alcohol and other drug treatment services. This may result in commissioning a different range of services to that which is currently funded. It may also result in the termination of some current agreements to allow the commissioning of best practice model-of-care services that support optimal population health outcomes.	• Improved health outcomes • Improved patient experience • Improved responsiveness to Māori health • Value for money	Hutt, Capital and Coast, and Wairarapa

Change	Description of Change	Benefits of Change	Change for local, regional or national reasons
Acute Care Continuum	A project to develop a mental health & addiction acute care service has commenced. The aim of the project is to develop an improved model of integrated service delivery, focusing on a defined range of services which will together deliver an 'Acute Care Continuum'. The system design approach taken with this project aims to deliver best practice improvements to better meet the acute needs of services users including improved support for family / whanau. The outcome of this project will determine the investment approach for a range of linked acute services, including inpatient and NGO provided services. This may result in commissioning a different range of services than currently funded, with potential review and updating or termination of some existing contracts.	• Integration between providers of acute care services • Improved access and responsive support for at risk service users and family / whanau • Address health inequities • Value for money	Hutt, Capital and Coast, and Wairarapa
MHAIDS Structural Review	Two consultation processes will take place in relation to the 3DHB Mental Health, Addiction and Intellectual Disability Service (MHAIDS). The first will propose to staff that MHAIDS is led on behalf of all 3 sub-regional DHBs (Wairarapa, Capital & Coast and Hutt Valley) by CCDHB. The second consultation process will cover a fundamental review of the leadership structures and clinical governance of MHAIDS. Both consultation processes are expected to be completed by early 2019/20 with any resulting implementation complete by the end of this calendar year.	• Improved governance structures • Strengthened clinical and operational partnership • Stronger locality leadership presence • Value for money • Improved health outcomes	Hutt, Capital and Coast, and Wairarapa
2018 Mental Health and Addictions Reviews	In 2018, the He Ara Oranga Report of the Government Inquiry into Mental Health and Addiction and also a local Wairarapa Mental Health and Addictions Service Review were completed. In light of these two reports, the DHB will plan for service development which aligns with the reports in partnership with our stakeholders and service providers. This may result in commissioning a different range of services to that which is currently funded. It may also result in the termination of some current agreements to allow the commissioning of best practice model-of-care services that support optimal population health outcomes.	• Improved health outcomes • Improved patient experience • Improved responsiveness to Māori health • Strengthened clinical and operational partnership • Value for money	National & Local

Change	Description of Change	Benefits of Change	Change for local, regional or national reasons
Community Pharmacist Services	Complete the development of a Wairarapa Pharmacist Services Strategy, which includes reviewing the Long Term Condition service provided by pharmacists, and the commissioning of pharmacist services to aged residential care.	• More integration across the primary care team • 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	Local
Access to specialist clinical services	During 2019/20 we will review the range, mix and level of specialist services provided at Wairarapa Hospital, and how these clinical services are currently configured in order for us to maintain financial and clinical sustainability, and meet health needs more equitably. This may result in implementation of some changes during 2019/20.	• Improved health outcomes • Improved clinical sustainability • Address health inequities • Value for money • Maintain access to services for our population	Local
Ophthalmology service	Implementation of national Age-related Macular Degeneration (AMD) and glaucoma referral guidelines	• Nationally consistent acceptance criteria • Consistent timeframes for review and follow up	National
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 2019/20.	Decisions not under Wairarapa DHB control unless DHB decides to prioritise funding to these services.	National

SECTION 4: Stewardship

This section provides an outline of the arrangements and systems that Wairarapa DHB has in place to manage our core functions and to deliver our planned services.

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.

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 framework and robust reporting system. Risks are recorded on the Wairarapa DHB SharePoint Risk Register and monitored by risk owners, a report is collated and escalated 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 Building Capability

4.2.1 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 commissioned two separate engineering surveys of the main hospital facility in relation to the primary structure and the contained services of the hospital building. LGE Engineering Ltd and Clendon Burns Park Ltd undertook these reviews respectively.

The reports received by the DHB identified the main hospital building as requiring seismic remediation to meet its service and function requirements as an IL4 building rated overall at 34% NBS. It also identified significant issues specifically in relation to restraint of in ceiling services rated provisionally at 15%. A further recommendation to undertake detailed seismic assessment of connected structures was also made. The DHB has completed, over the 2018/19 year, restraint remediation for in ceiling services to address the safety issues identified as well as commissioning a detailed structural engineering assessment of connected structures and an assessment to provide the level of remediation required to meet the service and function requirements of an IL4 building. These further reviews will inform the full scale of remediation required and will be made available over the course of this year 2019/20

The Training Centre has been subject to a seismic engineering review and a scheme developed for strengthening. The funding has not been approved in the 2019/20 Capex budget.

Engineering reviews of the Clinical and Support Services Building (main administrative building) have been undertaken and these reviews have demonstrated that considerable refurbishment to the fabric of the building is required to maintain a 25 year life expectancy. The strategy is to evaluate options for alternative accommodation over the next five years.

4.2.2 Information technology and communications systems

Information and Communication Technology (ICT) can improve efficiency, quality and safety of services, improve care in the community, reduce avoidable demand for emergency and inpatient care in the DHB's provider arm and manage resources more efficiently.

We have identified focus areas for strategic investment to deliver a step change in our ability to create and operate models of care that fundamentally changes our current trajectory:

1. Digital & Mobile Inpatient Care
2. Mobility in the community
3. Integrating whole system of care
4. The Engine (ICT Platforms & Delivery Model)

These are not the only ICT investments. Investment needs to balance transformational and operational need. There will be linkages to key programmes and projects to maximise the potential benefits of the investments being made and avoid poor investment choice.

In addition to the key investments we are making in line with the focus areas (detailed in the Data & Digital section of the Annual Plan), ICT are also undertaking key initiatives to improve its capacity and capability to deliver including:

- Completing its Future State Enterprise Architecture and key systems roadmaps including Infrastructure, Digital Imaging, Office 365, Electronic Health Record and Patient Administration System;
- Automating a number of routine, manually intensive tasks including testing and account creation to release additional capacity to meet increased demand;
- Establishing customer engagement pathways that are visible to provide our stakeholders with clear points of entry and service level expectations;

- Implementing Application Portfolio Management for our top 10 systems;
- Establishing more agile, product based teams to improve the effectiveness of our delivery to key priorities; and
- Establishing a dedicated security team to improve the IT security of our key systems and information assets.

4.2.3 Workforce

The Wairarapa DHB has commenced a program of work relating to our Voice, Vision, Values relating to our workforce as a result of the staff survey undertaken in 2018. The feedback from the survey noted a number of areas for the DHB to work on to support our workforce going forward. A key component of the Voice, Vision, Values activity has been to include the voice of our patients, families and whanau to ensure the values or expectations of our culture moving forward include the voice of those we engage with from a community perspective.

The areas being looked at to support our workforce into the future need to align with the organisational strategy and pathway as we move to having more community focused services that allow for different ways of working to be considered.

The high level areas of focus over the next 12 months are:

1. Leadership Development
    a) Leading with Values-providing all leaders with the tools around DHB expectations.
    b) Identifying and implementing relevant leadership programs.
    c) Accelerating capability and skill.
2. Values & Recognition
    a) Creating a 'Values into action' program.
    b) Integrating our values with recruitment processes.
3. Wellbeing & Safety
    a) Developing a wellbeing focus and program within the organisation.
    b) Ensuring our values and culture support a safe work environment.
4. Culture and Behaviours
    a) Integrating our values into performance frameworks.
    b) Building constructive relationships.
    c) Including the voice of our patients in what we do.
5. Environment and Systems
    a) Making it easier to work at our DHB.
    b) Ensuring a quality start.
    c) Development of the payroll system to support data management and easier processes.

The DHB is at the start of a journey to challenge how we do things as an organisation and support each other in the work environment. For transformation to occur everyone within the organisation needs to be engaged and invested in the work that is occurring. A key component of this is ensuring we focus on the diversity of our workforce and continue to build strong linkages with the work that is occurring via the Kia Ora Hauora Programme.

Training and development
High quality training and supervision of interns and RMOs is a strategic priority at Wairarapa DHB. Trainee Intern training (PGY1, PGY2 and RMO) will be offered and supported in 2019/20 as will Community Based

Attachments (CBAs) given the DHB's regional setting and our close relationship with Primary Care Providers.

The Wairarapa DHB continues to support the development and placement of students and new graduates within the DHB in conjunction with supporting the wider community where possible. Initiatives include:

Nursing

- MOU in place with UCOL to support nursing student placement
- Employment of nursing students in Healthcare Assistant positions
- Dedicated unit to support new graduate nursing development
- New graduates employed in the community invited to DHB provided study days
- Diversity of new graduate workforce consider as part of new graduate in take

Allied, Scientific and Technical

- Provide placements for Allied, Scientific and Technical students
- Development of graduate program/orientation where applicable (i.e sterile services and speech language)
- Ongoing Implementation of the Calderdale Framework
- Continued implementation of 3DHB Allied Health Career Framework

General support to encourage working in health is achieved by offering information at local school careers sessions.

4.2.4 Co-operative developments

Wairarapa DHB works and collaborates with a number of external organisations and entities on delivery of programmes and initiatives contributing to the Wairarapa health system. These organisations and entities have a role in delivering the priority action areas noted in Wairarapa DHB's Annual Plan.

4.2.5 Regional Public Health

Regional Public Health (RPH) is the public health unit for the sub-region (CCDHB, Hutt Valley DHB and Wairarapa DHB). 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 integration of Regional Public Health activity into locality and Community Health Network activity has commenced to ensure our efforts to improve health outcomes in our communities are aligned. The details about the activities of RPH are contained in the Regional Public Health 2019/20 Annual Plan.

SECTION 5: Performance Measures

5.1 2019/20 Performance Measures

The health and disability system has been asked to focus on the following priorities:

- Improving child wellbeing
- Improving mental wellbeing
- Improving wellbeing through prevention.
- Better population health outcomes supported by strong and equitable public health services
- Better population health outcomes supported by primary health care.

The DHB monitoring framework and accountability measures have been updated for 2019/20 to provide a line of sight between DHB activity and the health system priorities that will support delivery of the Government's priority goals for New Zealand and the health system vision and outcomes, within a system that has a foundation of financial, clinical and service sustainability and strong governance.

Performance measure		**Expectation**		
CW01	Children caries free at 5 years of age	Year 1	68%	
		Year 2	68%	
CW02	Oral health: Mean DMFT score at school year 8	Year 1	0.55	
		Year 2	0.55	
CW03	Improving the number of children enrolled and accessing the Community Oral health service	Children (0-4) enrolled	Year 1	> = 95%
			Year 2	> = 95%
		Children (0-12)not examined according to planned recall	Year 1	< = 10%
			Year 2	< = 10%
CW04	Utilisation of DHB funded dental services by adolescents from School Year 9 up to and including 17 years	Year 1	>= 85%	
		Year 2	>=85%	
CW05	Immunisation coverage at 8 months old and 5 years of age, immunisation coverage for human papilloma virus (HPV) and influenza immunisation at age 65 years and over	95% of eight-month-olds olds fully immunised.		
		95% of five-year-olds have completed all age-appropriate immunisations due between birth and five year of age.		
		75% of girls and boys fully immunised – HPV vaccine.		
		75% of 65+ year olds immunised – flu vaccine.		
CW06	Child Health (Breastfeeding)	70% of infants are exclusively or fully breastfed at three months.		
CW07	Newborn enrolment with 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.		
CW08	Increased immunisation at two years	95% of two-year-olds have completed all age-appropriate immunisations due between birth and age two years,		
CW09	Better help for smokers to quit (maternity)	90 percent of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking.		
CW10	Raising healthy kids	95% of obese children identified in the Before School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions.		
CW11	Supporting child wellbeing	Provide report as per measure definition		

Performance measure		Expectation	
CW12	Youth mental health initiatives	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.	
		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.	
CW13	Reducing rheumatic fever	Reducing the Incidence of First Episode Rheumatic Fever to 0.0 per 100,000	
MH01	Improving the health status of people with severe mental illness through improved access	Age (0-19) Maori, other & total	Maori 6.0%, Other 4.58% & Total 4.7%
		Age (20-64) Maori, other & total	Maori 11.5%, Other 5.43% & Total 5.6%
		Age (65+) Maori, other & total	Maori 4.2%, Other 1.26% & Total 1.1%
MH02	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.	
MH03	Shorter waits for non-urgent mental health and addiction services	Mental health provider arm	80% of people seen within 3 weeks.
			95% of people seen within 8 weeks.
		Addictions (Provider Arm and NGO)	80% of people seen within 3 weeks.
			95% of people seen within 8 weeks.
MH04	Rising to the Challenge: The Mental Health and Addiction Service Development Plan	Provide reports as specified	
MH05	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.	
MH06	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.	
PV01	Improving breast screening coverage and rescreening	70% coverage for all ethnic groups and overall.	
PV02	Improving cervical Screening coverage	80% coverage for all ethnic groups and overall.	
SS01	Faster cancer treatment – 31 day indicator	85% of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat.	
SS02	Ensuring delivery of Regional Service Plans	Provide reports as specified	
SS03	Ensuring delivery of Service Coverage	Provide reports as specified	
SS04	Delivery of actions to improve Wrap Around Services for Older People	Provide reports as specified	
SS05	Ambulatory sensitive hospitalisations (ASH adult)	3,792 per 100,000 (Total)	

Performance measure		Expectation		
SS07	Planned Care Measures	Planned Care Measure 1: *Planned Care Interventions*		3,232 discharges
		Planned Care Measure 2: *Elective Service Patient Flow Indicators*	ESPI 1	100% (all) services report Yes (that more than 90% of referrals within the service are processed in 15 calendar days or less)
			ESPI 2	0% – no patients are waiting over four months for FSA
			ESPI 3	0% - zero patients in Active Review with a priority score above the actual Treatment Threshold (aTT)
			ESPI 5	0% - zero patients are waiting over 120 days for treatment
			ESPI 8	100% - all patients were prioritised using an approved national or nationally recognised prioritisation tool
		Planned Care Measure 3: *Diagnostics waiting times*	Coronary Angiography	95% of patients with accepted referrals for elective coronary angiography will receive their procedure within 3 months (90 days)
			Computed Tomography (CT)	95% of patients with accepted referrals for CT scans will receive their scan, and the scan results are reported, within 6 weeks (42 days).
			Magnetic Resonance Imaging (MRI)	90% of patients with accepted referrals for MRI scans will receive their scan, and the scan results are reported,

				within 6 weeks (42 days).
		Planned Care Measure 4: *Ophthalmology Follow-up Waiting Times*	No patient will wait more than or equal to 50% longer than the intended time for their appointment. The 'intended time for their appointment' is the recommendation made by the responsible clinician of the timeframe in which the patient should next be reviewed by the ophthalmology service.	
		Planned Care Measure 6: *Acute Readmissions*		<10.1%
Performance measure		**Expectation**		
SS08	Planned care three year plan	Provide reports as specified		
SS09	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	Recording of non-specific ethnicity in new NHI registration	>0.5% and < or equal to 2%
			Update of specific ethnicity value in existing NHI record with a non-specific value	>0.5% and < or equal to 2%
			Validated addresses excluding overseas, unknown and dot (.) in line 1	>76% and < or equal to 85%
			Invalid NHI data updates	Still to be confirmed
			New NHI registration in error (duplication) Group C	>1.5% and <=6%
		Focus Area 2: Improving the quality of data submitted to National Collections	NPF collection has accurate dates and links to NNPAC, NBRS and NMDS for FSA and planned inpatient procedures.	Greater than or equal to 90% and less than95 %
			National Collections completeness	Greater than or equal to 94.5% and less than 97.5 %
			Assessment of data reported to the NMDS	Greater than or equal to 75%
		Focus Area 3: Improving the quality of the Programme for the Integration of Mental Health data (PRIMHD)		Provide reports as specified
SS10	Shorter stays in Emergency Departments	95% of patients will be admitted, discharged or transferred from an emergency department (ED) within six hours.		
SS11	Faster Cancer Treatment (62 days)	90% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks.		
SS12	Engagement and obligations as a Treaty partner	Reports provided and obligations met as specified		

Performance measure		Expectation	
SS13	Improved management for long term conditions (CVD, Acute heart health, Diabetes, and Stroke)	Focus Area 1: Long term conditions	Report on actions to: Support people with LTC to self-manage and build health literacy.
		Focus Area 2: Diabetes services	Report on the progress made in self-assessing diabetes services against the *Quality Standards for Diabetes Care.*
			Ascertainment: target 95-105% and no inequity HbA1c<64mmols: target 60% and no inequity No HbA1c result: target 7-8% and no inequity
		Focus Area 3: Cardiovascular health	Provide reports as specified
		Focus Area 4: Acute heart service	**Indicator 1: Door to cath** - Door to cath within 3 days for >70% of ACS patients undergoing coronary angiogram**.**
			Indicator 2a: Registry completion- >95% of patients presenting with Acute Coronary Syndrome who undergo coronary angiography have completion of ANZACS QI ACS and Cath/PCI registry data collection within 30 days of discharge and **Indicator 2b:** ≥ 99% within 3 months.
			Indicator 3: ACS LVEF assessment- ≥85% of ACS patients who undergo coronary angiogram have pre-discharge assessment of LVEF (ie have had an echocardiogram or LVgram).
			Indicator 4: Composite Post ACS Secondary Prevention Medication Indicator - in the absence of a documented contraindication/intolerance >85% of ACS patients who undergo coronary angiogram should be prescribed, at discharge - - Aspirin*, a 2nd anti-platelet agent*, statin and an ACEI/ARB (4 classes), and - LVEF<40% should also be on a beta-blocker (5-classes). ** An anticoagulant can be substituted for one (but not both) of the two anti-platelet agents*.
			Indicator 5: Device registry completion- ≥ 99% of patients who have pacemaker or implantable cardiac defibrillator implantation/replacement have completion of ANZACS QI Device forms within 2 months of the procedure.
		Focus Area 5: Stroke services	**Indicator 1** ASU: 80% of stroke patients admitted to a stroke unit or organised stroke service, with a demonstrated stroke pathway
			Indicator 2 Thrombolysis: 10% of potentially eligible stroke patients thrombolysed 24/7
			Indicator 3: In-patient rehabilitation: 80% patients admitted with acute stroke who are transferred to in-patient rehabilitation services are transferred within 7 days of acute admission

			Indicator 4: Community rehabilitation: 60 % of patients referred for community rehabilitation are seen face to face by a member of the community rehabilitation team within 7 calendar days of hospital discharge.
Performance measure		**Expectation**	
SS15	Improving waiting times for Colonoscopy	90% of people accepted for an urgent diagnostic colonoscopy receive (or are waiting for) their procedure 14 calendar days or less 100% within 30 days or less.	
		70% of people accepted for a non-urgent diagnostic colonoscopy will receive (or are waiting for) their procedure in 42 calendar days or less, 100% within 90 days or less.	
		70% of people waiting for a surveillance colonoscopy receive (or are waiting for) their procedure in 84 calendar days or less of the planned date, 100% within 120 days or less.	
		95% of participants who returned a positive FIT have a first offered diagnostic date that is within 45 calendar days of their FIT result being recorded in the NBSP IT system.	
SS16	Delivery of collective improvement plan	Deliverable tbc	
SS17	Delivery of Whānau ora	Provide reports as specified	
PH01	Delivery of actions to improve system integration and SLMs	Provide reports as specified	
PH02	Improving the quality of ethnicity data collection in PHO and NHI registers	Provide reports as specified	
PH03	Access to Care (PHO Enrolments)	Meet and/or maintain the national average enrolment rate of 90%.	
PH04	Primary health care :Better help for smokers to quit (primary care)	90% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months	
Annual plan actions – status update reports		Provide reports as specified	

PART B - Statement of Intent (SOI) Incorporating the 2019/20 Statement of Performance Expectations including Financial Performance

Wairarapa District Health Board

Statement of Intent 2019/20 to 2022/23

Incorporating the 2019/20 Statement of Performance Expectations including Financial Performance

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

Board Statement

In signing this statement, we acknowledge that we are responsible for the information contained in the Statement of Intent (SOI) for the Wairarapa District Health Board.

This information has been prepared in accordance with the requirements of the Crown Entities Act 2004. The SOI sets out the DHB's strategic intentions, the nature and scope of the DHB's functions and operations and how these will be managed for the period from 1 July 2019 to 30 June 2023.

Signed on behalf of the Board

Sir Paul Collins
Board Chair

Date: 23 September 2019

Leanne Southey
Deputy Chair

Date: 23 September 2019

SECTION 1: Strategic Direction (SOI)

1.1 Context

The Wairarapa District Health Board (DHB) is one of 20 DHBs across New Zealand, established under the NZ Public Health and Disability Act, 2000 (NZPHD Act). As Crown Entities, DHBs are accountable to the Minister of Health and the Minister of Finance for ensuring the populations health and independence, improvement of health system sustainability and quality, and to eliminate health inequities. Our accountability is demonstrated primarily through the annual planning and reporting process.

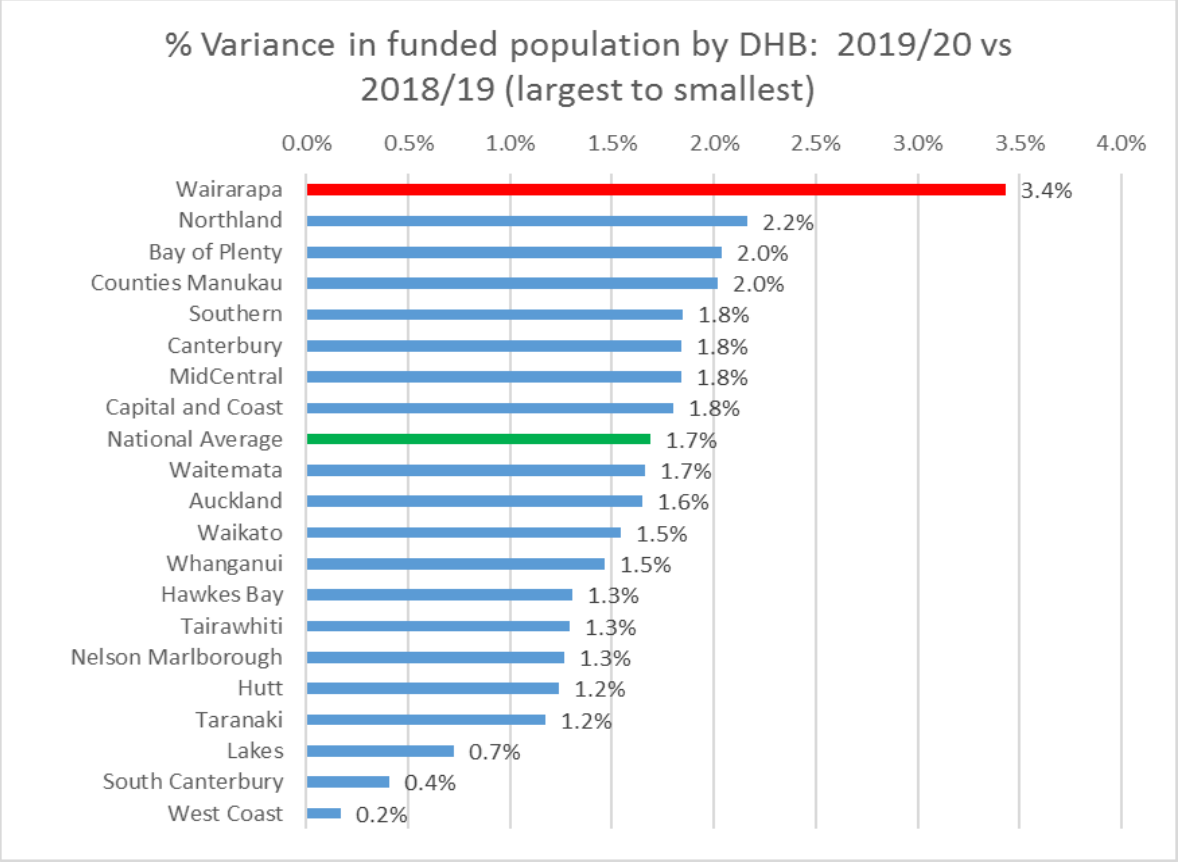
1.2 Background

1.2.1 Our population

Wairarapa DHB provides health services to a wide geographical area. The Wairarapa includes three Territorial Local Authorities (TLA's) Masterton, Carterton and South Wairarapa. It extends from the Remutaka Hill in the west to Ocean Beach in the south and Mount Bruce in the north, a total of 5,936 square kilometres.

Wairarapa DHB serves a population of approximately 46,500 people. Infants, children and youth under 20 years of age account for 25 percent of the population, adults aged 20-64 make up 53 percent and 22 percent are over 65 years of age. Between 18/19 and 19/20, Wairarapa's population has increased the most (3.4% - from 44,905 to 46,445) of all DHB populations as measured by the funded population, and this is shown in the graph below.

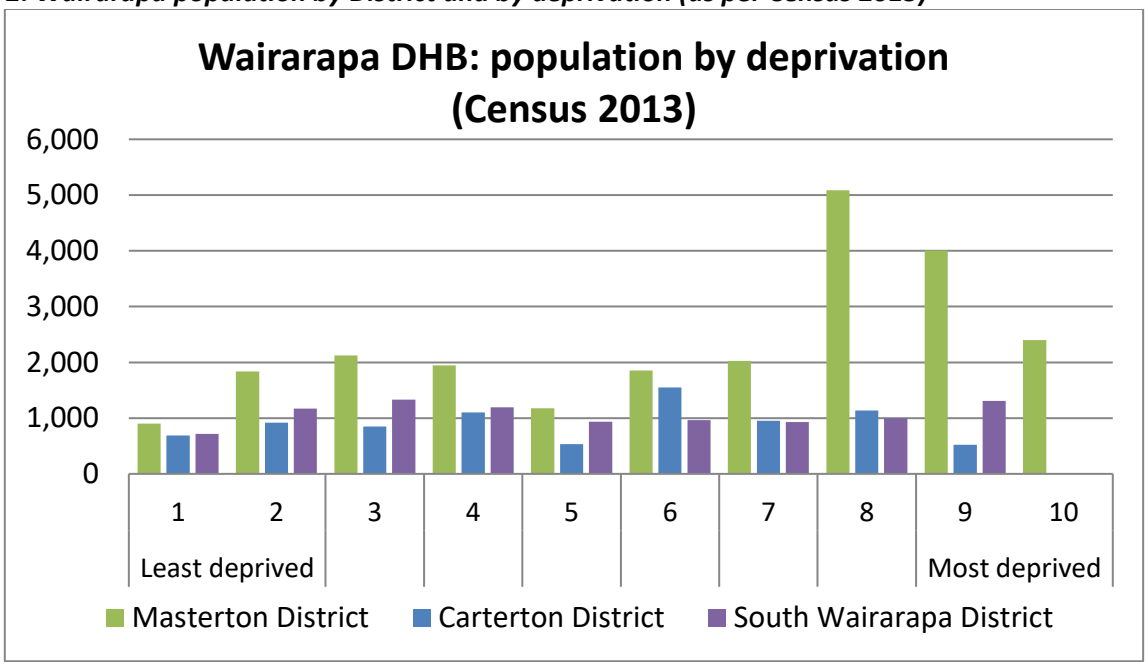
Table 1: Comparison of population increases across NZ DHBs 2019/20 vs 2018/19



The Wairarapa population is ethnically diverse; 17 percent of our population identify as Māori, 2 percent as Pacific and the balance (81 percent) as New Zealand European, Asian and Other.

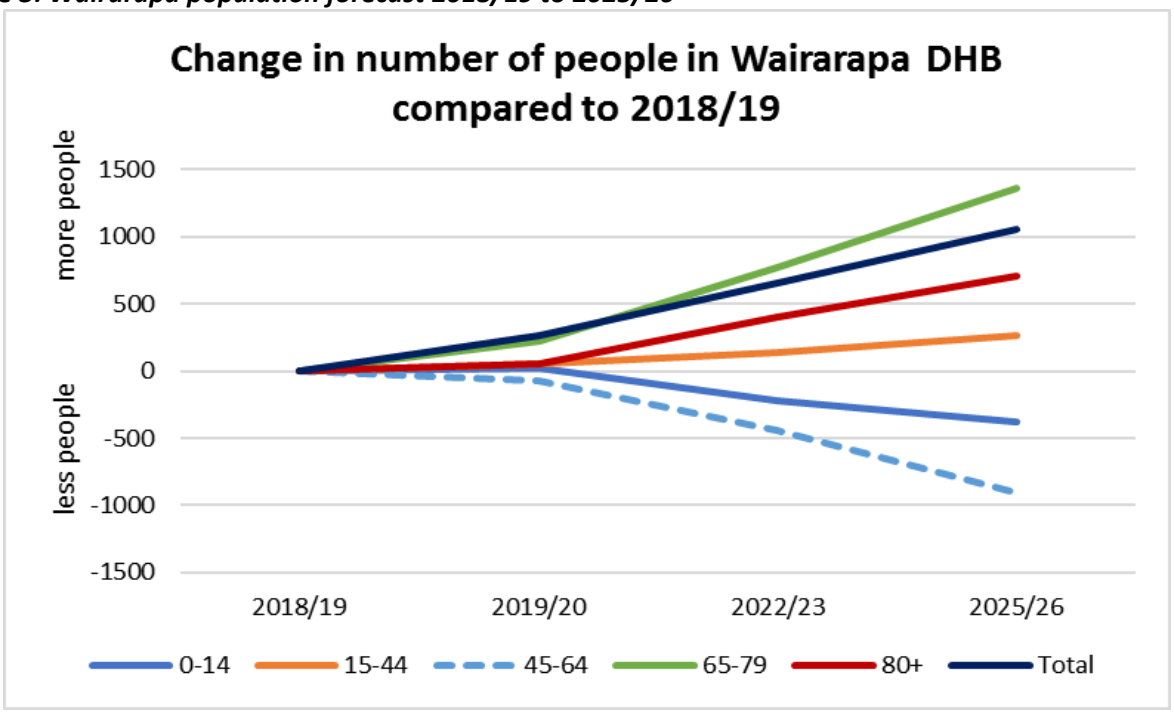
Overall, the Wairarapa region has a mixture of those living in the highest and lowest deprivation areas. There are some extremes in deprivation in the Masterton area where 27% of the population lived in decile nine or ten areas (the most deprived) and a further 22% in decile eight areas. There are no decile ten areas in Carterton or South Wairarapa, although nearly a quarter of the South Wairarapa population lived in decile eight (10%) or nine (14%).

Table 2: Wairarapa population by District and by deprivation (as per Census 2013)



According to Stats NZ, the Wairarapa population is forecast to grow by 1,055 or 2.4 percent between 2018/19 to 2025/26. Most of the growth is in older people (>65 years) where there will be 2,085 or 21 percent more people while the net overall number of children and working-age adults is expected to decline. This is shown in the graphic below:

Table 3: Wairarapa population forecast 2018/19 to 2025/26



1.2.2 Our regional role

Wairarapa DHB is one of six Central Region DHBs – the others are Capital & Coast, Hawkes' Bay, Mid Central, Hutt Valley, and Whanganui. We work closely with our Central Region DHB partners to plan and coordinate the delivery of health services within the region as well as locally. Technical Advisory Services (TAS) is funded by the Central Region DHBs to assist us with developing and planning services across the region.

Wairarapa DHB also forms part of a '3DHB' sub-region with Capital & Coast and Hutt Valley DHBs. We work closely with our sub-regional partners to plan and coordinate our services locally. Under the 3DHB umbrella almost all tertiary level services are provided at Capital & Coast DHB. These services include cardio thoracic, oncology, renal, vascular, tertiary maternity, and neurosurgery services.

A number of other DHB-funded services are provided by provided across the sub-region. These include:

- The Mental Health, Addictions and Intellectual Disability Service (MHAIDS) (3DHB)
- The Disability Responsiveness Programme (3DHB)
- Regional Public Health (3DHB)
- Regional Screening services (3DHB)

1.3 Nature and scope of functions

Like all DHBs, we receive funding from the Government to purchase and provide the services required to meet the health needs of our population and we are expected to operate within allocated funding.

In accordance with legislation and government objectives, we use that funding to:

- *Plan* the strategic direction of our health system and, in collaboration with clinical leaders and alliance partners, determine the services required to meet the needs of our population.
- *Fund* the health services required to meet the needs of our population and, through collaborative partnerships and performance monitoring, ensure these services are safe, equitable, integrated and effective.
- *Provide* a significant share of the specialist health and disability services delivered to our population and to the population of other DHBs.
- *Promote* and protect our population's health and wellbeing through investment in health protection, promotion and education services and delivery of evidence-based public health initiatives.

While Wairarapa DHB is the lead provider of health services for the people of the Wairarapa, it shares this responsibility with the Primary Healthcare Organisation (PHO), the Accident Compensation Corporation (ACC), and Non-Government Organisations (NGOs). This means there are health services provided in the Wairarapa that are not commissioned by the DHB and this creates a requirement to build local partnerships and an integrated health system response by working with all of these partners, including local Māori, social sector agencies, and councils.

1.4 Strategic Outcomes

Wairarapa DHB's vision is Well Wairarapa: Better Health for All – Hauora pai mo te katoa

Our Mission is to improve, promote, and protect the health status of the people of the Wairarapa, and the independent living of those with disabilities, by supporting and encouraging healthy choices.

The values that underpin all of our work are:

Respect – Whakamana Tangata

According respect, courtesy and support to all.

Integrity – Mana Tu

Being inclusive, open, honest and ethical.

Self Determination – Rangatiratanga
Determining and taking responsibility for ones actions.
Cooperation – Whakawhānaungatanga
Working collaboratively with other individuals and organisations.
Excellence – Taumatatanga
Striving for the highest standards in all that we do.

Our Strategic Priorities are:

- The provision of Quality Care[6] 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.

Our Strategic Objectives for the next four years are to continue to:

5. improve the health outcomes for the people of the Wairarapa district,
6. eliminate inequities,
7. improve service quality, and
8. ensure the ongoing sustainability of the local health system.

In order to achieve our overall strategic objectives our key areas for action in 2019/20 are:

Completing our plan towards achieving "Well Wairarapa" and future financial and clinical sustainability
During 2018/19 our Board and Executive Team have explored and agreed a new conceptual model of health service delivery for our population which will provide improvements in access and equity of health outcomes within a financially and clinically sustainable model. This concept puts community care at the heart of the system and supports much closer integration of service design and delivery across the health and social service continuum. During 2019/20 we will undertake the detailed planning and analysis required to turn this concept into a realistic and costed strategy, supported by a cascading series of steps of achievable actions and timelines.

Primary and Community Care
We will continue, together with our alliance partners, to strengthen and support primary and community care, in partnership with other social service agencies, consistent with our vision for Well Wairarapa, and our intention to put community care at the heart of the Wairarapa health system.

We will invest in implementation of Health Care Homes to enable our primary care practices to provide better coordinated and more flexible care, tailored to their patients' needs.

Mental Health and Addictions
During 2018/19 we completed an in-depth review of mental health and addiction services in Wairarapa. The findings and recommendations of this local review provide us with detailed guidance on the actions we will

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

take locally in 2019/20. In partnership with our neighbouring DHBs Hutt Valley (HVDHB) and Capital and Coast (CCDHB), we will also progress the directions of He Ara Oranga, the report of the government inquiry into mental health and addictions services, and Living Life Well, our three DHB strategy for development of mental health and addiction services.

With CCDHB and HVDHB, we have already begun work to re-design the continuum of acute care for mental illness so as to better meet the needs of Wairarapa people through an improved mix of local community based services supported by specialist hospital services in Hutt and Wellington.

Population health approaches

We recognise that achieving and maintaining wellness requires more than effective and efficient health services. A much broader approach across sectors is required to enable, support and promote all the requirements for a healthy life – including warm housing, employment, income, community connectedness, and a health promoting environment. This plan reflects our growing closer relationship and co-work with Regional Public Health Services and others to ensure we have strong effective approaches for health promotion and creation and protection of healthy environments. This includes working with local government on a range of issues, and supporting local district council wellness plans.

SECTION 2: Managing our Business (SOI)

This section provides an outline of the arrangements and systems that Wairarapa DHB has in place to manage our core functions and to deliver our planned services.

2.1 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 its 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.

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 framework and robust reporting system. Risks are recorded on the Wairarapa DHB SharePoint Risk Register and monitored by risk owners, a report is collated and escalated 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.

Workforce

Wairarapa DHB supports the principles of equal opportunity in underpinning all activity relating to our workforce.

Wairarapa District Health Board

Statement of Performance Expectations 2019/20

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

2019/20 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 2019/20 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 2019 to 30 June 2020.

Signed on behalf of the Board

Sir Paul Collins
Board Chair

Date: 23 September 2019

Leanne Southey
Deputy Chair

Date: 23 September 2019

Output class measures

Four Output Classes are used by (all) DHBs to reflect the nature of services provided. These are as follows:

1. **Prevention services:** publicly funded services that protect and promote health in the whole population.
2. **Early detection and management:** services delivered by a range of health and allied health professionals in various private, not-for-profit and government service settings including general practice, community and Māori health services, Pharmacist services, Community Pharmaceuticals (the Schedule) and child and adolescent oral health and dental services.
3. **Intensive assessment and treatment:** generally hospital services including Emergency Departments, ambulatory services (outpatients, district nursing and day procedures) and inpatient services (acute and planned care).
4. **Rehabilitation and support:** services delivered following a 'needs assessment' process and co-ordination input by NASC Services including palliative care, home-based support and residential care services.

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 provides representative information about the vast scope of business as usual services we provide in support of our strategic goals.

In identifying appropriate output measures[7] 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 2019/20 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[8]	3DHB performance indicator (Capital & Coast DHB, Hutt Valley DHB, Wairarapa DHB)		

[7] 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.

[8] 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. 2019/20	Baseline	Baseline data date
Health promotion and education					
Number of adult referrals to the Green Prescription program.	V	WPI	≥ 224	224	2018/19 Q2
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	PH04	≥90%	91%	2018/19 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	CW09	≥90%	100%	2018/19 Q2
Babies living in Smokefree Homes at 6 weeks post-natal	Q	PHO4	Total ≥37.5% Māori ≥18.5% Other ≥48.3%	Total 37.5% Māori 18.5% Other 48.3%	2018/19 Q2
Immunisation					
Percentage of 2-year olds fully immunised.	C	CW05	≥95%	Total 93.6% Māori 92.9% Pacific 100% Other 100%	2018/19 Q2
Percentage of 8-month olds fully vaccinated	C	W08	≥95%	Total 92% Māori 95% Pacific 94% Other 77.8%	2018/19 Q2

Outputs measured by	Note		Target/Est. 2019/20	Baseline	Baseline data date
Percentage of 5-year olds fully immunised	C	CW05	≥95%	Total 91.1% Māori 91.5% Pacific 66.7% Other 87.5%	2018/19 Q2
Percentage of year 7 children provided Boostrix vaccination in Wairarapa district.	C	WPI	≥92%	Total 92%, Māori 94%, Pacific 113%, Other 90%	2018/19 Q2
Percentage of year 8 girls and boys vaccinated against HPV (final dose) in Wairarapa district.	C	CW05	≥89%	Total 89% Māori 118% Pacific 75% Other 85%	2018/19 Q2
Percentage of people aged 65+yrs who have completed their annual influenza immunisation.	C	CW05	≥75%	Total 65% Māori 57% Other 67%	2018/19 Q2
Breastfeeding					
Percentage of infants fully or exclusively breastfed at 3-months.[9]	Q	CW06	≥70%	59%	2018/19 Q1
Population based screening services					
Percentage of eligible children receiving a B4 School Check.	C	CW10	≥90%	Total 99.8%	2018/19 Q2
Percentage of eligible women (25-69 years) having cervical screening in last 3 years.	C	SS08	>80%	Total 79% Māori 69% Pacific 85% Other 79%	2018/19 Q2
Percentage of eligible women (50-69 years) having breast screening in the last 2 years.	C	SS07	>70%	Total 77% Māori 70% Pacific 65% Other 78%	2018/19 Q2

[9] This measure is based on all WCTO providers (not just Plunket).

Output class 2: Early detection and management

Early detection and management

1. 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.
2. These services are by their nature more generalist, usually accessible from multiple health providers and from a number of different locations within the DHB.
3. 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 2019/20	Baseline	Baseline data date
Primary Care services / Long term conditions management					
Newborn enrolment with General Practice	SI18	CW07[10]	≥80%	Total 82% Māori 88% Pacific NA Other 80%	April 2019
Percentage of DHB-domiciled population enrolled in a PHO.	C	PH03	All ethnicities ≥99%	Total 99%, Māori 99% Pacific 107% Asian 76% Other 100%	2018/19 Q2
ASH Rates (avoidable hospitalisations) for 0-4 years (rate per 100,000)	PP22	PH0111	Total ≤ 6,300 Māori ≤ 9,000 Pacific NA Other ≤5,000	Total 6,452 Māori 9,318 Pacific NA Other 5,014	12 months to Dec 2018
ASH Rates (avoidable hospitalisations) for 45-64 years	SI1	SS	Total ≤ 3,500 Māori ≤ 5,500 Pacific NA Other ≤3,400	Total 3,756 Māori 5,935 Pacific NA Other 3,490	12 months to Dec 2018
Percentage of DHB-domiciled population (15-74 yrs) enrolled in a PHO with well managed diabetes (HbA1c ≤ 64 mmol/mol)	PP20	SS13 FA2	≥70%	Total64% Māori 61% Pacific 56% Other 65%	April 2019
Oral health					
Percentage of children under 5 years enrolled in DHB-funded dental services.	C	CW04	≥91%	Total 91.5% Māori 86.4% Pacific 71.4% Other 95.5%	2018/19 Q2
Percentage of children Carries Free at 5 years	Q	CW02	Total ≥68% Māori≥52% Pacific ≥60% Other≥76%	Total 67.87% Māori 51.2% Pacific 58.8% Other 75.3%	2018/19 Q2
Percentage of children with Decayed, Missing, Filled Teeth-DMFT in year 8 kids	Q	CW01	Total ≤76% Māori≤72% Pacific ≤80% Other≤78%	Total 76% Māori 71.3% Pacific 80% Other 77.46%	2018/19 Q2

[10] Also a Well Child/Tamariki Ora Quality Improvement Framework Indicator (number 11) - with a national target of ≥90%.
11 Also a HQSC Health System Quality Indicator (EFCT-15)

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. 2019/20	Baseline	Baseline data date
Mental Health and Addiction services					
Percentage of patients 0-19 yrs referred to non-urgent child & adolescent mental health services & seen within 8 weeks.	T	MH03	≥95%	88%	2018/19 Q2
Percentage of patients 0-19 years referred to non-urgent child & adolescent Addiction services & seen within 8 weeks.	T	MH03	≥95%	97.6%	2018/19 Q2
Percentage of clients with transition (discharge) plan	3DHB	MH02	≥95%	44%	2018/19. Q2 (April-Dec 2018)[12]*
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	≥90% (Nat'l ≥90%)	92%	2017/18 Q2
Elective and Acute (Emergency Dept.) inpatient/outpatient					
Number of surgical elective discharges.	V	HT2	≥2,417	2,380	2018/19 Q2
Percentage of patients admitted, discharged or transferred from ED within 6 hours.	T	SS10	≥90%	87%	2018/19 Q2
Standardised inpatient average length of stay ALOS (Acute).	T	OS3 (SS)	≤2.35	2.36	2018/19 Q2
Standardised inpatient average length of stay ALOS (Elective).	T	OS3 (SS)	≤1.55	1.45	2018/19 Q2
Standardised Acute Readmissions	Q	OS8 (SS)	Total ≤11%	Total 11.2% Māori 12.2% 75+Total 11.4% 75+ Māori 17.2%	2018/19 Q2
Rate of inpatient falls causing harm per 1,000 bed days.	Q	WPI	≤0.50	0.27	2017/18

[12] Data period is 1 April 2018 to 31 December 2018: new client pathway with suite of new digital documentation rolled out in March 2018

Outputs measured by	Note		Target/Est. 2019/20	Baseline	Baseline data date
Rate of hospital acquired pressure injuries per 1,000 bed days.	Q	WPI	≤1.40	1.39	2017/18
Rate of identified medication errors causing harm per 1,000 bed days.	Q	WPI	≤0.85	0.85	2017/18
Weighted average score in Patient Experience Survey	Q	SI8	≥8.3	Communication: 8.7 Coordination: 8.5 Partnership: 8.7 Physical and emotional needs: 8.9	2018/19 Q2
Percentage Did Not Attend (DNA) appointments for outpatient First Specialist assessments.	Q	WPI	≤8%	8%	2017/18
Percentage DNA appointment for follow-up Specialist appointments.	Q	WPI	≤8%	8%	2017/18
Cancer services					
Percentage of patients receiving their first cancer treatment (or other management) within 31 days from date of decision-to-treat.	T	SS01	≥85%	87.7%	2018/19 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	SS11	≥90%	88.9%	2018/19 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 2019/20	Baseline	Baseline data date
Disability care services					
Total number of hospital staff that have completed the Disability Responsiveness eLearning module.	Q	WPI	≥330	198	2018/19 Q2
Total number of Disability alert registrations	Q	WPI	≥100	0	2018/19 Q2
Health of Older People (HOP) services					
Percentage of people 65+years receiving DHB funded HOP support that are being supported to live at home.	C	WPI	≥ 67%	69%	2018/19 Q2
Percentage of the population aged 75+ years that are in Aged Residential Care (including private payers).	C	WPI	≤14%	14%	2018/19 Q2
% people who have received a LTCF residing in ARC or Residential Facilities within timeframes	Q	SS04	≥ 75%	76%	2018/19 Q2

SECTION 4: Financial Performance (SOI & SPE)

PROSPECTIVE FINANCIAL PERFORMACE FOR THE FOUR YEARS ENDED 30 JUNE 2020, 2021, 2022 AND 2023.

Statement of Comprehensive Income	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
	Audited Actual	Actual	Plan	Plan	Plan	Plan
	$000	$000	$000	$000	$000	$000
Revenue						
Ministry of Health Revenue	145,094	153,738	163,696	166,477	169,306	172,183
Other Government Revenue	2,412	2,491	2,396	2,432	2,456	2,480
Other Revenue	10,862	9,499	10,069	10,130	10,186	10,242
Interest Revenue	30	47	24	24	24	25
Total Revenue	**158,398**	**165,775**	**176,185**	**179,063**	**181,972**	**184,930**
Expenditure						
Personnel	45,862	53,093	52,369	54,200	56,097	58,060
Outsourced Services	8,474	8,633	8,380	8,381	8,387	8,395
Clinical Supplies	12,526	11,621	12,296	11,928	11,570	11,223
Infrastructure and Non Clinical	8,035	9,043	9,955	9,618	9,328	9,048
Payments to Non-DHB Providers	48,850	52,989	55,678	56,514	57,361	58,222
Inter District Flows	39,528	39,724	42,242	42,875	43,519	44,171
Interest, Capital Charge, Depreciation and Amortisation	4,125	5,070	4,792	4,831	4,831	4,831
Total Expenditure	**167,400**	**180,173**	**185,712**	**188,347**	**191,093**	**193,950**
Surplus/(deficit)	**(9,002)**	**(14,398)**	**(9,527)**	**(9,284)**	**(9,121)**	**(9,020)**
Revaluation of land and buildings	**0**	**7,454**	**0**	**0**	**0**	**0**
Total Comprehensive Income/(Deficit)	**(9,002)**	**(6,944)**	**(9,527)**	**(9,284)**	**(9,121)**	**(9,020)**

PROSPECTIVE STATEMENT OF MOVEMENT IN EQUITY FOR THE FOUR YEARS ENDED 30 JUNE 2020, 2021, 2022 AND 2023.

Statement of Movements in Equity	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
	Audited Actual	Actual	Plan	Plan	Plan	Plan
	$000	$000	$000	$000	$000	$000
Balance at 1 July	31,444	33,198	37,251	40,724	43,440	45,319
Net surplus / (deficit) for the year	(9,002)	(14,398)	(9,527)	(9,284)	(9,121)	(9,020)
Other comprehensive revenue and expense	(44)	0	0	0	0	0
Increase in revaluation reserve	0	7,454	0	0	0	0
Equity injection from the Crown	10,800	11,000	13,000	12,000	11,000	11,000
Repayment of equity to the Crown	0	(3)	0	0	0	0
Balance at 30 June	**33,198**	**37,251**	**40,724**	**43,440**	**45,319**	**47,299**

PROSPECTIVE STATEMENT OF FINANCIAL POSITION (BALANCE SHEET) FOR THE FOUR YEARS ENDED 30 JUNE 2020, 2021, 2022 AND 2023.

Statement of Financial Position	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
	Audited Actual	Actual	Plan	Plan	Plan	Plan
	$000	$000	$000	$000	$000	$000
Assets						
Current assets						
Cash & cash equivalents	5	9	9	9	9	9
Investments	343	185	185	185	185	185
Inventories	1,175	1,039	1,039	1,039	1,039	1,039
Trade & other receivables	4,214	6,755	5,660	5,660	5,660	5,660
Total current assets	**5,737**	**7,988**	**6,893**	**6,893**	**6,893**	**6,893**
Non-current assets						
Property, plant & equipment	38,821	46,437	46,940	46,954	46,968	46,982
Intangible assets	10,232	10,593	11,632	12,285	12,937	13,590
Total non-current assets	**49,053**	**57,030**	**58,572**	**59,239**	**59,905**	**60,572**
Total assets	**54,790**	**65,018**	**65,465**	**66,132**	**66,798**	**67,465**
Liabilities						
Current liabilites						
Cash & cash equivalents - Overdraft	943	1,799	878	(1,135)	(2,361)	(3,688)
Interest-bearing loans & borrowings	85	85	48	0	0	0
Payables & accruals	10,400	12,448	10,298	10,298	10,298	10,298
Employee entitlements	9,030	12,557	12,693	12,705	12,718	12,732
Total current liabilities	**20,458**	**26,889**	**23,917**	**21,868**	**20,655**	**19,342**
Non-current liabilities						
Term loans & borrowings	138	54	0	0	0	0
Employee benefits (non-current)	653	639	639	639	639	639
Trust funds	343	185	185	185	185	185
Total non-current liabilities	**1,134**	**878**	**824**	**824**	**824**	**824**
Total liabilities	**21,592**	**27,767**	**24,741**	**22,692**	**21,479**	**20,166**
Net assets	**33,198**	**37,251**	**40,724**	**43,440**	**45,319**	**47,299**
Equity						
Crown equity	79,578	90,575	103,575	115,575	126,575	137,575
Revaluation reserve	5,558	13,012	13,012	13,012	13,012	13,012
Retained earnings	(51,938)	(66,336)	(75,863)	(85,147)	(94,268)	(103,288)
Total equity	**33,198**	**37,251**	**40,724**	**43,440**	**45,319**	**47,299**

PROSPECTIVE STATEMENT OF CASH FLOW FOR THE FOUR YEARS ENDED 30 JUNE 2020, 2021, 2022 AND 2023.

Statement of Cashflow	2017/18 Audited Actual	2018/19 Actual	2019/20 Plan	2020/21 Plan	2021/22 Plan	2022/23 Plan
	$000	$000	$000	$000	$000	$000
Cash flows from operating activities						
Operating receipts:						
Government & crown agency revenue	151,661	158,312	172,566	174,494	177,357	180,269
Other	4,893	4,886	4,500	4,545	4,590	4,636
Payments to suppliers & employees	(160,159)	(169,592)	(182,336)	(183,097)	(185,840)	(188,698)
Capital charge paid	(1,750)	(1,776)	(1,998)	(1,998)	(1,998)	(1,998)
Goods and Services Tax (net)	(349)	(400)	(400)	(400)	(400)	(400)
Net cash flows from operating activities	**(5,704)**	**(8,570)**	**(7,668)**	**(6,456)**	**(6,291)**	**(6,191)**
Cash flows from investing activities						
Proceeds from sale of property, plant & equipment	132	21	0	0	0	0
Interest received	30	47	24	24	24	25
Investments	(9)	25	0	0	0	0
Acquisition of property, plant & equipment	(385)	(1,990)	(2,413)	(1,700)	(1,700)	(1,700)
Acquisition of intangible assets	(2,692)	(1,283)	(1,924)	(1,800)	(1,800)	(1,800)
Net cash flows from investing activities	**(2,924)**	**(3,180)**	**(4,313)**	**(3,476)**	**(3,476)**	**(3,475)**
Cash flows from financing activities						
Equity injected	10,800	11,000	13,000	12,000	11,000	11,000
Equity Repaid	0	(3)	0	0	0	0
Repayments of loans	(79)	(85)	(91)	(48)	0	0
Interest paid	(25)	(14)	(7)	(7)	(7)	(7)
Net cash flows from financing activities	**10,696**	**10,898**	**12,902**	**11,945**	**10,993**	**10,993**
Net increase / (decrease) in cash held	**2,068**	**(852)**	**921**	**2,013**	**1,226**	**1,327**
Cash & cash equivalents at beginning of year	(3,006)	(938)	(1,790)	(869)	1,144	2,370
Cash & cash equivalents at end of year	**(938)**	**(1,790)**	**(869)**	**1,144**	**2,370**	**3,697**

PROSPECTIVE SUMMARY OF REVENUE AND EXPENSES BY OUTPUT CLASS FOR THE FOUR YEARS ENDED 30 JUNE 2020, 2021, 2022 AND 2023.

Prospective Summary of Revenue and Expense by Output Class	2017/18 Audited Actual	2018/19 Actual	2019/20 Plan	2020/21 Plan	2020/22 Plan	2020/23 Plan
	$000	$000	$000	$000	$000	$000
Revenue						
Prevention Services	1,231	5,169	5,252	5,339	5,427	5,517
Early Detection and Management Services	38,401	27,784	28,942	29,518	30,107	30,706
Intensive Assessment and Treatment Services	95,039	102,989	111,580	112,197	113,926	115,684
Rehabilitation and Support Services	22,880	29,833	30,411	32,009	32,512	33,023
Total Revenue	157,551	165,775	176,185	179,063	181,972	184,930
Expenditure						
Prevention Services	1,983	5,203	5,609	5,700	5,793	5,889
Early Detection and Management Services	42,211	28,107	29,269	29,709	30,156	30,610
Intensive Assessment and Treatment Services	97,643	119,782	121,975	123,597	125,310	127,113
Rehabilitation and Support Services	24,420	27,081	28,859	29,341	29,834	30,338
Total Expenditure	166,257	180,173	185,712	188,347	191,093	193,950
Subsidiary Not Allocated	(297)	-	-	-	-	-
Land and buildings revaluation not allocated	-	7,454	-	-	-	-
Consolidated Surplus / (Deficit)	(9,002)	(6,944)	(9,527)	(9,284)	(9,121)	(9,020)

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 expected Funding Envelope
- IDF levels based on expected Funding Envelope or agreed changes within the sub-region.

Expenditure

- Personnel expenditure has increased in line with settled MECAs and expected increases where MECAs are still in negotiation.
- Supplies and expenses based on current contract prices where applicable with a 2% increase in some areas.
- Depreciation includes base, plus work in progress, plus new purchases.
- Capital Charge at 6% payable half yearly.
- Total Capital Expenditure of $3.7M is planned for 2019/20, however the cash flow includes a total of $4.3M which includes costs of $0.6M relating to 2018/19 projects.

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 2019/20 of $3.7M includes IT projects and hardware costs of $1.5M, which covers regional, sub-regional and local projects.

Debt & Equity

Equity Drawing

Wairarapa DHB anticipates $13M deficit support will be required for the 2019/20 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. At that time, the level of remediation was 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 was undertaken at 30 June 2019 and the financial impact of this has been included in the reported result for the 2018/19 year.

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 1: System Level Measures Improvement Plan 2019/20

Wairarapa District Health Board
System Level Measures Improvement Plan 2019/2020

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

Regional Public Health
HAUORA Ā IWI KI TE ŪPOKO O TE IKA A MĀUI
Better health for the greater Wellington region

Tū Ora
COMPASS HEALTH

WHAIORA

Signatories

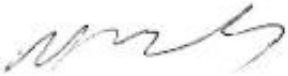
The members of Tihei Wairarapa - the Wairarapa Alliance Leadership Team

Bob Francis
Chair
Tihei Wairarapa

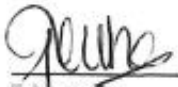
Nicole Ølvenbag
Primary Care Nursing Leader
Tu Ora Compass Health

Craig Climo
Interim Chief Executive
Wairarapa District Health Board

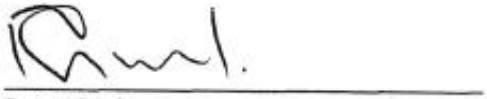
David Holt
Pharmacist
Carterton Pharmacy



Martin Hefford
Chief Executive
Tu Ora Compass Health



Triny Ruhe
Kaihautū - General Manager
Whaiora Whanui



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Executive Leader, Maori Health
Wairarapa District Health Board

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Interim Executive Leader, Planning & Performance
Wairarapa District Health Board

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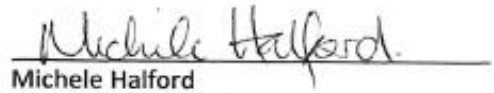
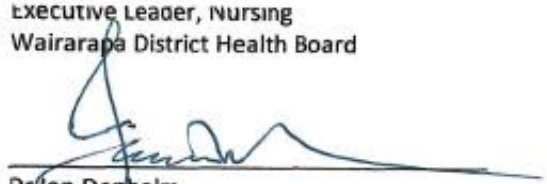
Director Primary Care, Wairarapa
Tu Ora Compass Health

Linda Penlington
Chair, Consumer Council
Wairarapa District Health Board

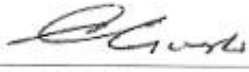


Michele Halford
Executive Leader, Nursing
Wairarapa District Health Board

Kieran McCann
Executive Leader, Operations
Wairarapa District Health Board



Dr Ian Denholm
Interim Chief Medical Officer
Wairarapa District Health Board



Tofa Suafole Gush
Director Pacific People's Health
Wairarapa and Hutt Valley
District Health Boards

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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 health sector stakeholders 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.

In 2018/19 the Tihei Wairarapa Alliance was refreshed and the membership widened to reflect the importance of working with a wider range of partners. The new Alliance Leadership Team (ALT) committed to work in partnership to refresh and further develop the plan, and progress was made during the year. The 2019/20 Improvement Plan continues to embed the priorities developed during 2018/19. 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 ALT 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 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 its alliance partners. 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 2019/20

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, Tū Ora Compass Health, Aged Residential Care providers, Hospice, Regional Public Health, Wellington Free Ambulance, Iwi Kainga, and Pharmacists) to inform the development of the 2019/20 Annual Plan, and SLM Improvement Plan.

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:

- Te Iwi Kainga
- Tū Ora Compass Health Clinical Quality Management Committee
- Tū Ora Compass Health Board
- Wairarapa DHB Executive Leadership Team
- Executive Leader Māori Health, Wairarapa DHB
- Director of Pacific Health, Wairarapa DHB

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 2019/20 Plan. The milestones are also aligned with the National Health Strategy, and DHB performance measures as reflected in the DHBs 2019/20 Annual Plan.

2019/20 System Level Measures

From 1 July 2019 the System Level Measures remain:

- 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 2019/20, 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 (to be confirmed):

- 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.

The context of our 2019/20 Plan

Wairarapa DHB recognises that we remain 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 was facing capacity challenges. Collectively we acknowledged that during this time the Alliance had not been operating as effectively as we would like.

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

We also recognised the need to modernise and free-up capacity in primary care to improve the management of patients in the community. The implementation of the Health Care Home Model (HCH) across all seven Wairarapa practices was the major commitment for the PHO and practices over the next three years, and the DHB acknowledged that this would limit the extent to which other service developments might be possible.

The challenges we recognised a year ago have intensified. The rapid population growth we experienced in 2017/18 as people relocated from the major cities has accelerated, with the Wairarapa now the fastest growing DHB. Many of these immigrants to the Wairarapa are retirees, adding to our already relatively old population. This has also increased the disparity between population sub-groups, with significant proportions of our population, particularly in Masterton, living in relative deprivation. In both the hospital and primary care there has been significant growth in acute demand. The workforce shortages we reported twelve months ago have become acute, particularly in the GP workforce.

In this context it has been crucial that we focus on those activities which will provide the quickest wins in meeting immediate demand. We have made significant progress in some areas, including:

- The ALT has been revitalised, with membership widened
- Six of the seven Wairarapa practices are fully engaged with the implementation of the Health Care Home model
- We have developed a strategic plan for a more sustainable service model for the medium term
- We have established a Child and Youth Service Level Alliance and are progressing a number of child and youth priority projects
- We have implemented regular reviews of our combined patient survey results and are using these to inform our improvement activities
- We have developed an implementation plan for an integrated palliative care service
- We have implemented a falls prevention programme
- We are progressing the development of a district wide health promotion plan
- We are participating in the ongoing development of HealthPathways and a new smart e-referral system

There are some priorities that we have been less able to progress due to pressure on our health system and clinicians. This includes the development of better models of long term condition management, revised urgent/acute care arrangements and the development of an integrated maternity model. These remain priorities for 2019/20. The implementation of Health Care Homes provides a platform for both planned LTC and urgent care developments.

Table 1 below summarises the headline actions that have been agreed as priorities for the 2019/20 year, and the intervention logic behind them.

Our 2019/20 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 Alliance Leadership Team (ALT) will continue to be responsible for the development and implementation of the system level measures and will be accountable to the Board and to Te Iwi Kainga for the SLM Programme of work.	✓	✓	✓	✓	✓	✓
The Health Care Home (HCH) model will be implemented in six of the seven Wairarapa practices by the end of the 18/19 year. In 2019/20 the HCH model will focus on embedding the new model to achieve: • 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.	✓	✓	✓	✓		
The ALT will monitor LTC quality indicators, and identify opportunities to work collaboratively to improve outcomes. This activity will include reviewing: • the SLM contributory measures, • the Atlas of Healthcare Variation, • Health Roundtable data and • the Tū Ora Compass Health quality indicator data, System improvements to improve population health outcomes will be prioritised by equity. The ALT will use palliative care as a model for improvement for long term conditions services. MDT activity in this space will focus on diabetes and cardiac conditions. The ALT 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 identify and monitor 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 indicator data and will make recommendations to the ALT on system improvements to improve child and youth health outcomes including increasing equity. The SLA will continue to 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 improving access to youth health services (in particular mental health support). The SLA will have primary responsibility for the implementation of the ASH 0-4, babies in smoke-free households and youth measure improvement plans. The SLA will also focus specifically on the development of youth services including the Youth clinic, services in South Wairarapa and school-based services.	✓		✓	✓	✓	✓
The Alliance believes there are opportunities to improve the patient experience of the health system as a whole by sharing PES results and NZ health survey results and combining quality improvement initiatives. We will continue to conduct quarterly combined reviews of survey results and commit to an integrated quality improvement approach.			✓			

The Wairarapa DHB/Tihei Wairarapa agreed Improvement Milestones for 2019/20 are:

System Level Measure	Key Improvement Milestones	Date	2018/19 Target and latest results	2019/20 Improvement Milestone
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 2018 baseline: Māori 0-4yrs = 9,318 Other 0-4yrs = 5,014	Reduce non-standardised Māori 0-4 years ASH rate from 9,318 to <9,000 per 100,000 population
Acute bed days per capita	Wairarapa acute bed day rate per 1,000 (Note:18/19 target rebased to be consistent with 19/20)	End of Q4	Reduce standardised Māori acute bed days for DHB of domicile by 10% from 662 to 596 per 1,000 population December 2018 baseline = 553	Reduce standardised Māori acute bed days for DHB of domicile by 10% from 553 to 500 per 1,000 population
Patient Experience Survey	Wairarapa primary care and inpatients composite score (note national definition currently unavailable in library)	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 April 2019 – all 7 practices participating. Average score PCPES Wairarapa DHB practices for Question 7 "In the last 12 months, when you ring to make an appointment how quickly do you usually get to see your own GP?" Baseline:Q1 2019 =2.7	**Primary Care:** 10% improvement in average score of practices for Question 7 "In the last 12 months, when you ring to make an appointment how quickly do you usually get to see your own GP?" **Inpatient:** Increase participation rates in the inpatient PES to the national average (currently 24%) Increase inpatient PES communications domain score to the national average (currently 8.3)
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	Reduce AM rate to at or below 105 per 100,000 (5 year average)
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:** Increase Māori and Pacific adolescent dental coverage from 48% /40% to 55% by 30 June 2019 2018 baseline: coverage = 67% total, Māori 45%, Pacific 40% **Intentional self-harm hospitalisations:** 2018 Wairarapa rate of admissions for 15 – 19 year olds ≤ the national rate December 2018 = 106.9 (national rate = 76.9)	**Access to preventative services:** Increase Māori and Pacific adolescent dental coverage from 45% /40% to 55% by 30 June 2020 **Mental Health and Wellbeing**: Decrease rate of self- harm hospitalisations for 10-24 year olds to 50 per 10,000 population (standardised)
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	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 2020 June 2018: 18.5% Māori babies and 37.5% all babies in smoke-free homes	Increase the total % of babies living in smoke free homes to 40% and Māori babies to 25% by 30 June 2020

Ambulatory Sensitive Hospitalisations 0-4yo

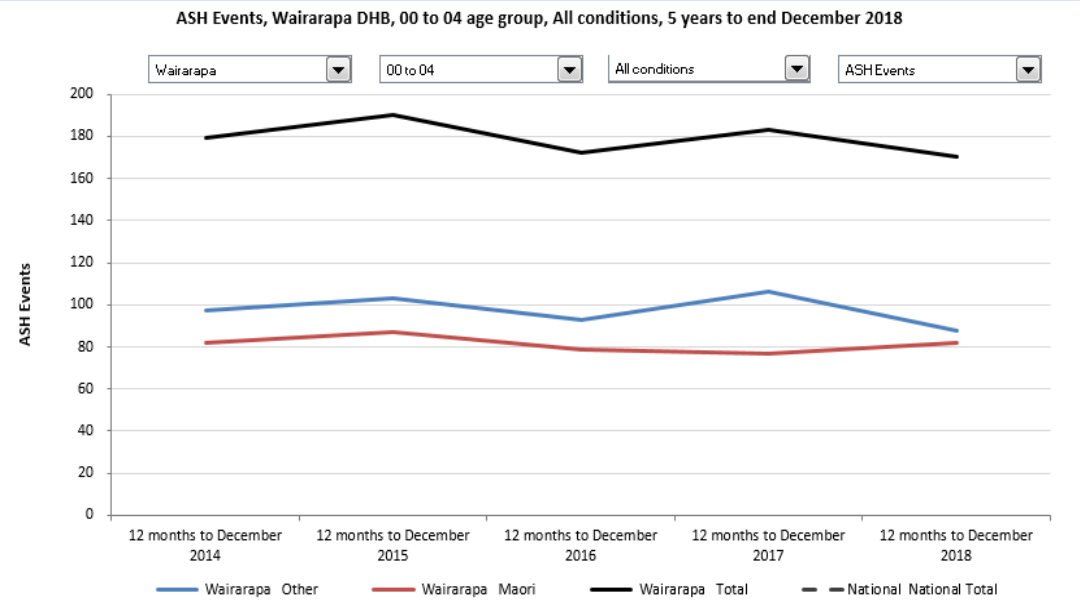
As a Wairarapa DHB system we want all our children to have a healthy start in life. One of the DHBs strategic goals is to improve child health and child health services in the Wairarapa Region. Our system will support all families to maximise their child's health and potential. In 2019/20 Wairarapa DHB our goal is to reduce the Māori ASH rates (non-standardised) for 0 – 4 year olds to under 9,000 per 100,000 of population, a reduction from the December 2018 rate of 9,318.

ASH Top 10 Conditions over last 5 years to 31 December 2018 (split by Maori and Other) - Actual admissions

Condition	12 months to December 2014		12 months to December 2015		12 months to December 2016		12 months to December 2017		12 months to December 2018	
	Maori	Other	Maori	Other	Maori	Other	Maori	Other	Maori	Other
Upper and ENT respiratory infections	16	19	18	40	21	31	15	36	25	25
Gastroenteritis/dehydration	16	22	3	16	10	14	7	26	15	14
Asthma	17	16	24	20	17	15	16	9	12	16
Dental conditions	11	19	16	13	13	12	13	10	8	8
Lower respiratory infections	3	2	3	2	3	6	3	6	8	5
Pneumonia	5	6	6	4	3	6	12	9	4	6
Cellulitis	7	5	12	5	2	4	6	5	4	3
GORD	1	1	0	0	0	2	1	0	1	6
Dermatitis and eczema	6	4	4	1	7	1	1	2	4	1
Constipation	0	3	1	2	3	2	3	3	1	2
TOTAL	**82**	**97**	**87**	**103**	**79**	**93**	**77**	**106**	**82**	**86**
TOTAL POPULATION 0-4 Year Olds	**810**	**1930**	**840**	**1860**	**840**	**1830**	**860**	**1775**	**880**	**1755**
% of Total Population 0-4 Year Olds	**10%**	**5%**	**10%**	**6%**	**9%**	**5%**	**9%**	**6%**	**9%**	**5%**

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.

Upper and ENT respiratory infections, gastroenteritis/dehydration and asthma are the three largest drivers of admissions, especially for Māori children.



DHB	Ethnic Group	12 months to December 2014	12 months to December 2015	12 months to December 2016	12 months to December 2017	12 months to December 2018
Wairarapa	Other	97	103	93	106	88
Wairarapa	Maori	82	87	79	77	82
Wairarapa	Pacific	0	0	0	0	0
Wairarapa	Total	179	190	172	183	170

The number of ASH events is reasonably consistent over time (per graph above). The small number of actual ASH events in the Wairarapa can cause significant swings in the ASH rate (non- standardised) figures (see table below).

Non-standardised ASH Rate, Wairarapa DHB 0-4 age group, all conditions, 5 years to Dec 2018

DHB	Ethnic Group	12 months to December 2014	12 months to December 2015	12 months to December 2016	12 months to December 2017	12 months to December 2018
Wairarapa	Other	5,026	5,538	5,082	5,972	5,014
Wairarapa	Maori	10,123	10,357	9,405	8,953	9,318
Wairarapa	Pacific					
Wairarapa	Total	6,533	7,037	6,442	6,945	6,452
National	Total	7,096	6,729	6,712	6,562	6,948

At the end of 2018, Wairarapa's Total ASH rate of 6,452 was 7.1% lower than the national average of 6,948. For Wairarapa Māori children, the ASH rate is 34% higher than the national average.

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 9,318 to <9,000 per 100,000 population	Embed enhanced whānau ora services for families of children identified through LMC/WCTO needs assessments, those booked for dental treatment on the surgical bus and those with repeat respiratory admissions	• % preschool children enrolled with oral health service • Hospital admissions for children under 5 years with dental as primary diagnosis • 50% of Māori and PI children on surgical bus waiting list enrolled in whānau ora services
	Scope opportunity for implementing a comprehensive child health coordination services for 0-4 year olds including resource requirements	• Increased performance in WCTO QI framework indicators (including Māori specific targets) - % babies enrolled with WCTO • Increased performance in WCTO QI framework indicators (including Māori specific targets) - % babies enrolled with primary care
	Implement a targeted fluvax and respiratory health campaign (including outreach) for children (0-4 years) admitted for respiratory conditions with a focus on Māori children	• Hospital admissions for children under five years with a primary diagnosis of respiratory disease (Māori and other) • Fluvax 6 months to 4 years (Māori and other)
	Develop a risk stratification process to identify 0-4 Māori children at greater risk of hospital admission for respiratory conditions who could benefit from year of care planning (this may also tie in with the RPH healthy homes assessment)	• 0-4 ASH Rate with a primary diagnosis of respiratory disease (Māori and other) • % of children hospitalised for respiratory conditions who have a year of care plan (Māori and other)
	Improve access for acute primary health care needs through rollout of GP triage	• Number of practices offering GP triage

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 (PES). 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.

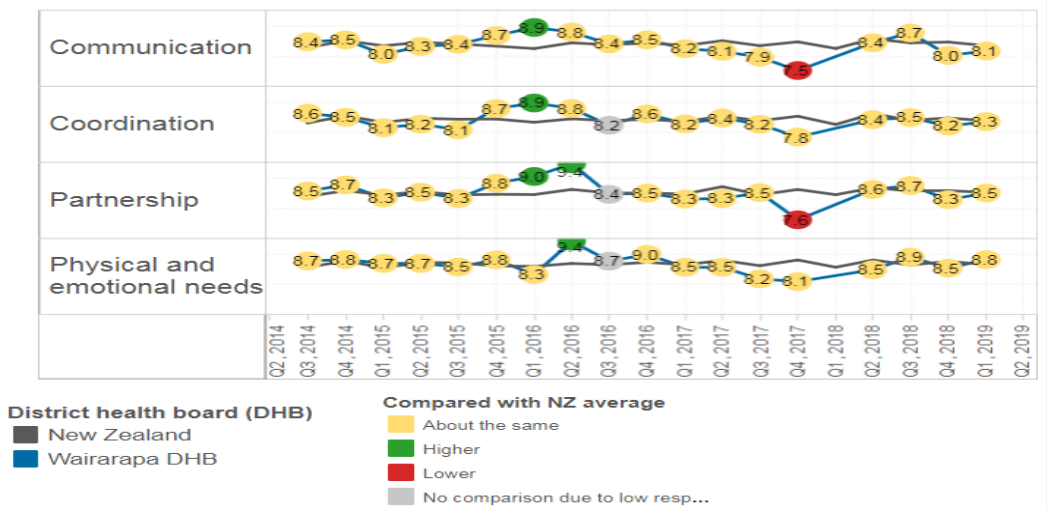
The Primary Care PES will provide improvement opportunities for practices implementing the Health Care Home model. We aim to have 100% of practices participating in the PES and will maintain or improve on current domain composite scores.

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 experience. Māori participation in the primary care survey in May 2018 was 8%.

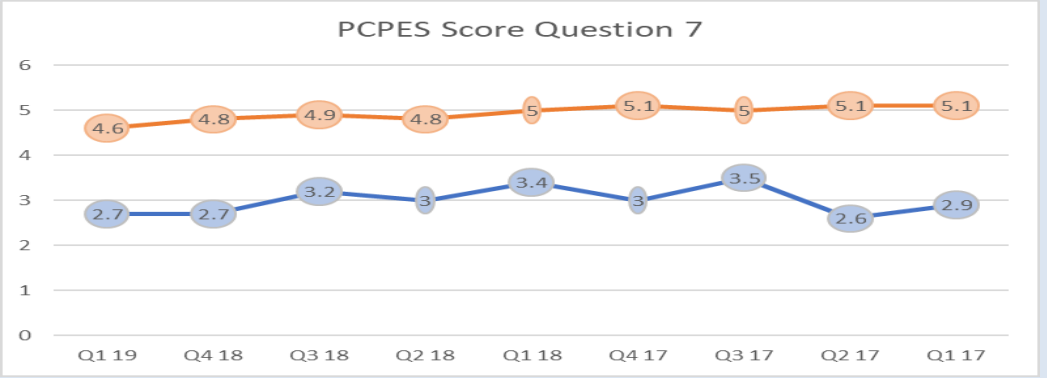
The Wairarapa DHB inpatient survey is around the NZ average for all domains. As at q1 2019, the participation rate in the Wairarapa DHB inpatient survey was 28%, which is above the national average of 24%.

Māori consumers' experience of hospital health services appears to be more satisfactory than for non- Māori. Scores from Māori respondents are higher than non-Māori in all domains.

Hospital Patient Experience Survey Score (score out of 10), Wairarapa DHB (2014-2019)



Primary Care Patient Experience Survey average score out of 10 of practices for Question 7 "In the last 12 months, when you ring to make an appointment how quickly do you usually get to see your own GP?" Wairarapa DHB (2017-2019) (Blue = Wairarapa, Orange = NZ Average)



Milestone	Actions	Contributory Measures All contributory measures will be monitored by Māori, Pacific & Total Population where data allows
Primary Care Milestone: 10% improvement in average score of practices for Question 7 "In the last 12 months, when you ring to make an appointment how quickly	Embed the Health Care Home model across Wairarapa practices with expectations for year of care planning and appointment availability	• Number of people activated in the healthcare portal • The time to third next available appointment (TNAA)
	Improve % of potential primary care survey respondents with email addresses by confirming patient email addresses at each contact	• % patients with email addresses recorded in the Patient Management System

do you usually get to see your own GP?"	Continue quarterly review of combined inpatient and primary care survey results to identify focus for continuous quality improvement	• Four quarterly reviews completed
Adult Inpatient Milestone: Increase participation rates in the inpatient PES to the national average (currently 24%) to ensure validity of results.	Identify interventions that best impact participation and completion rates eg pre-survey reminders, increased collection of email addresses on admission	• PES Participation rates • Correlated data that indicates clear themes for improvement
	Concurrently consider other methods to collect good patient experience data from inpatients as well as other service areas such as outpatients and community services	
Increase inpatient PES communications domain score to the national average (currently 8.3), which also reflects the category for which we receive the most complaints.	Increase sharing of results across the organisation to ensure visibility of results to patient-facing staff	• Communication domain score
	Continue "Voice, Vision, Values" project which focuses on impact of communication on patient experience	
	Investigate the use of "relationship centred care" learning modules to form part of mandatory training programme for DHB staff	

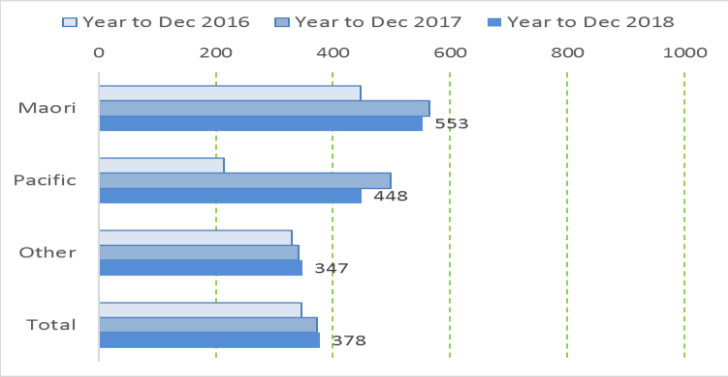
Acute Bed Days

Better health for all is the Wairarapa DHB 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 (standardised by DHB of Domicile) to 370 per 1,000, in 2019/20. A short-term goal for 19/20 is to better manage respiratory conditions in primary care, and for general practices to use stratification tools to identify populations at risk of admission.

The historically low standardised rate of acute bed days in Wairarapa DHB increased in 2017 (from 347 to 372 per 1,000 population), and again marginally in 2018 (from 372 to 378). Our rate has consistently been below the national average for the past three years.

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.

Maori continue to have much higher rates when age standardised (553 per 1,000 cf 347 for "other" ethnicities) as shown in the graph below.



Acute Standardised Bed Days per 1,000 population by DHB of Domicile by age group for the year to December 2016 to 2018

	Estimated Popn	Acute Stays	Acute Bed Days	Standardised Acute Bed Days per 1,000 Popn		
DHB of Domicile	Year to Dec 2018	Year to Dec 2018	Year to Dec 2018	Year to Dec 2016	Year to Dec 2017	Year to Dec 2018
Auckland	524,740	60,178	186,769	449.6	406.7	395.6
Bay of Plenty	229,800	32,932	109,580	427.7	397.3	390.1
Canterbury	555,880	58,436	210,281	412.1	383.7	347.2
Capital and Coast	311,340	33,987	98,639	372.0	326.5	318.9
Counties Manukau	556,280	65,598	226,712	466.6	484.5	450.7
Hawke's Bay	162,900	24,576	76,637	398.4	400.1	409.9
Hutt	146,290	17,985	47,985	391.5	367.1	312.1
Lakes	105,330	15,200	47,169	440.3	432.6	419.1
Midcentral	175,860	23,530	75,514	443.6	427.8	373.1
Nelson Marlborough	148,880	15,671	43,276	254.6	263.9	231.9
Northland	172,080	25,118	82,923	403.9	418.0	415.0
South Canterbury	59,775	7,875	30,588	448.9	390.9	400.2
Southern	322,010	35,563	120,312	399.3	349.5	332.6
Tairawhiti	47,840	6,162	24,309	468.0	471.2	497.3
Taranaki	119,600	18,605	58,319	422.9	402.6	431.8
Waikato	406,760	59,694	210,623	477.3	471.1	478.3
Wairarapa	44,335	6,239	20,420	347.0	372.2	378.3
Waitemata	614,250	78,338	251,269	455.4	416.0	400.8
West Coast	33,615	4,069	16,706	404.8	396.2	428.1
Whanganui	62,235	11,395	28,897	468.5	427.5	387.6
National	4,799,800	601,151	1,966,929	422.9	401.6	385.0

Milestone	Actions	Contributory Measures All contributory measures will be monitored by Māori, Pacific & Total Population where data allows
Reduce standardised Māori acute bed days for DHB of Domicile from 553 to 500 per 1,000 population	Continue the falls programme and specifically embed the Fragility Fracture Protocol for targeted management of bone health	• Number of people 55+ years with low impact fragility fractures who have been referred to their GP service for bone health and falls risk assessment
	Re-establish and widen hospital high user focus group to improve services for people with frequent admissions/ED presentations	• High user focus group re-established • Reduce the acute bed days of those patients studied in the high user focus group by 20% in the second 6 months of 2019/20 compared with 2017/18
	Continue implementation of Health Care Home model focused on providing proactive, preventative and acute care to keep people well and minimise the requirement for them to attend hospital	• % of Māori in very high risk stratification with a Year of Care Plan
	Extend multidisciplinary meetings in primary care for patients identified through risk stratification as being at risk of hospital admission	• Number of practices providing MDT meetings

Amenable Mortality

We want to have an effective Wairarapa DHB health system, for individuals and the population as a whole. Wairarapa DHB aims to maintain its 5 year average amenable mortality rate at less than 105 per 100,000. Our focus in 2019/20 and beyond continues to be on reducing the Māori amenable mortality rate. Suicide continues to have a large relative impact on the rate at Wairarapa DHB. 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.

AM deaths & age standardised rates per 1,000 popn, 0-74 year olds, 2015

Calculated using estimated resident population as at June 30

	2015		2011-2015
	Number of deaths (actual)	Age standardised rate (ASR)	Avg (ASR) of 4 highest years
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
Reduce 0-74 years age standardised AM rate to at or below 105 per 100,000 (5 year average)	Continue to influence policy to improve healthy lifestyles through submissions to local councils and relevant national bodies eg supporting RPH submissions by co-signing or co-presenting	• Numbers of submissions
	Review current processes and develop a plan for increasing CVRA and CVD management plans for Māori	• CVRA within guidelines, specifically 30-44 Māori men • Percentage of patients with diabetes meeting the diabetes clinical guidelines • Percentage of HbA1c within target bands • Percentage of people with diabetes having annual HbA1c
	Work with GP practices and other health providers to identify if debt is a barrier to accessing health services for high needs consumers	• Number of GP practices with a debt management programme • Primary Care PES survey respondents reporting cost as a barrier
	Increase Māori participation in the Stanford health management programme	• Numbers of Māori completing the Stanford health management programme
	Facilitate smoking referrals from dentists to Stop Smoking Services; in particular emergency dental providers	• Referrals from dentists to Stop Smoking Services
	Evening and weekend sessions for breast screening with a focus on improving access to Māori and Pacific women Invite and encourage Māori and Pacific women who are underscreened or unscreened to combined breast and cervical screening sessions	• Māori and PI breast screening rates (SS07) • Māori and PI cervical screening rates (SS08)

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 2019/20 year. This will inform priority areas for future years' activities.

Self-Harm

In the past three years there has been considerable variation in the rate of hospitalisation for intentional self-harm among 15 – 19 year olds, however the numbers were small (25, 17 and 28 admissions over the last three years). In the year to December 2018, the rate was 106.9 per 10,000 compared to the national rate of 76.9 per 10,000.

Youth Oral Health

Between 2010 and 2017 adolescent oral health utilisation dropped from 82% to 64%. While there was a slight increase overall in 2018, to 67%, the equity gap has grown larger. In 2018, coverage was 45% for Māori, 40% for Pacific and 77% for other ethnic groups.

Milestone	Actions	Contributory Measures All contributory measures will be monitored by Māori, Pacific & Total Population where data allows
Decrease intentional self-harm ED presentations / hospitalisations of 10-24 year olds to a rate of 50 per 10,000 population (standardised) Increase Māori and Pacific oral health utilisation to 55% by 30 June 2020	Trial HEADDSS assessments in Masterton Intermediate School	• Number of HEADDSS assessments in Masterton Intermediate School and numbers of resulting referrals
	Implement Piki programme for 18-25 year olds	• Intentional self-harm presentations 20-24 years (Māori /Other)
	Review the primary mental health provision for 10 – 17 year olds and identify options for aligning to the Piki service delivery model	• Intentional self-harm presentations 10-14 and 15-19 years (Māori /Other) • Practice utilisation of PMHI extended consultation and packages of care for young people 10–17 yrs
	Development of systems for oral health co-ordinator to monitor services at an NHI level and increase youth utilisation of oral health services	• Year 9 enrolments with dentists (Māori /Pacific /Other)
	Work with intersectoral partners to develop options for increasing access to youth specific health and social services	• Consult rates at youth clinics
	Widen membership of youth SLA to include youth representation	• Youth representation on SLA

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 the 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.

As at June 2018, 18.5% of Māori babies and 37.5% of all babies were recorded as living in smoke-free homes in the Wairarapa.

Milestone	Actions	Contributory Measures All contributory measures will be monitored by Māori, Pacific & Total Population where data allows
Increase the proportion of babies living in smoke free homes to 40% (total) and 25% (Māori).	First 1,000 Days Professional education day for clinicians with contact with Māori whānau with focus on motivational interviewing.	• Number of clinicians attending First 1,000 Days Professional education day
	Complete survey of Māori female smokers who have given birth in Wairarapa to identify opportunities to improve uptake and effectiveness of the Hapu Māmā programme.	• Hapu Māmā programme referrals, enrolments, and quit rates
	Implement the DHB's 2019/20 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 • Number of mothers smoke free at first core contact • PHO rate of babies in households with smokers
	Increase quit rates by using primary care data set to identify babies who have smokers in the household. Smokers to be given brief advice and cessation support, which may include referral to Stop Smoking Services.	• Primary care quit rates of people living in households with babies • Referrals from primary care to SSS