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Wairarapa DHB 2020/21 Annual Plan

incorporating the 2020/21 Statement of Performance Expectations

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

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Hon Chris Hipkins

MP for Remutaka
Minister of Education
Minister of Health
Minister of State Services
Leader of the House
Minister Responsible for Ministerial Services

25 September 2020

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

Dear Sir Paul

Wairarapa District Health Board 2020/21 Annual Plan

This letter is to advise you that I have approved and signed Wairarapa District Health Board's (DHB's) 2020/21 Annual Plan (Plan) for one year.

I am pleased that your plan provides a strong platform to deliver on the priorities identified in the 2020/21 letter of expectation and focuses on equity, sustainability and addressing the population groups with the highest needs.

I encourage you to continue discussions with your fellow Chairs about how you can share skills and expertise in order to ensure that your financial performance is consistent with the agreed plan. I particularly encourage you to ensure that your senior executives maintain the tight fiscal controls that will be necessary to sustain improvements in the out years. Your focus on strengthening financial management and performance, including through collaboration with your fellow Chairs, remains critical to creating a sustainable financial path.

The Ministry will shortly engage with you on the $18.8 million of sustainability funding for DHB led improvement projects, that has been made available by the Government. I encourage you to accept offers from the Ministry to utilise this funding.

Please note that approval of your Plan does not constitute acceptance of proposals for service changes that have not undergone review and agreement by the Ministry of Health, including changes in FTE. I expect you to continue to engage with the Ministry of Health to ensure you have a strong rationale for any adjustment to planned FTE during the year. 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 does not constitute approval of any capital business cases or requests for equity support that have not been approved through the normal process.

I am aware that an extension was provided to the requirements for finalising DHB planning documents required by the Crown Entities Act 2004 due to the impacts of

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COVID-19. If required, please update your published Statement of Performance expectations and Statement of Intent (if applicable) to align with your approved Plan.

Please also ensure that a copy of this letter is attached to any copies of your signed Plan that are made available to the public.

Thank you for the work you and your team are doing to support equitable health outcomes for New Zealanders, during a time when our system has faced additional pressures from COVID-19.

I look forward to seeing further positive progress as you deliver your Plan.

Ngā mihi nui

Hon Chris Hipkins
Minister of Health

cc Dale Oliff
Chief Executive
Wairarapa District Health Board

SECTION 1: Overview of Strategic Priorities

1.1 Strategic Direction

The 2020/21 annual plan comes at a time of change and newness - we have new DHB Board members and an Iwi Kainga who are both dedicated to achieving our vision. We know we cannot do this alone; having good health and wellbeing is about everyone having a part to play. Wairarapa DHB's vision is 'Well Wairarapa: Better Health for All' and 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 underpinning what we do, will help us deliver on our vision, mission and direction.

To deliver on our vision, we are developing and implementing a health system that best meets the needs of our people and communities. This means applying our resources in the most effective manner to achieve equitable health outcomes and to advance improvements in health outcomes. To achieve this we are organising our system to ensure that service delivery occurs in the most appropriate setting for our people and communities.

Our clinical leaders are supporting the DHBs plan to meet local, regional and national health needs through engaging in planning processes and implementation of services at the three different levels. Long term planning is a priority for the DHB and we have been working on a new Strategic Plan to identify not only the priority areas to focus on but the enablers to ensure we can achieve our goals. Meeting the long term health needs of our community alongside system sustainability are our key drivers.

We recognise the role of many people in our success: our communities, our families, our workforce, our provider partners, our Ministry and our social service partners. Enabling people and their whānau to take the lead in their own health and wellbeing is at the heart of this approach.

1.1.1 Te Tiriti o Waitangi

Te Tiriti o Waitangi is the founding document of Aotearoa-New Zealand, it is historically significant and as we learn more we understand its significance as a living document. Disparities are wholly unacceptable and the consistently poor health outcomes experienced by Māori - cannot continue. Finding new ways of working and rejuvenating our approach are key themes for our treaty partnership moving into 2020/21. The Treaty of Waitangi is also the stage for historical redress and through recent inquiries we gain a better understanding of what the right solutions for Māori health improvement could be.

1.1.2 Our Values

WHAKAORANGA ***WELLNESS***
Finding ways to create a healthier community

EKE TAUMATUA ***EQUITY***
Acting to support equity across our community

MANAAKITANGA ***RESPECT***
Caring and empathy in all that we do

NGĀ RAUTAKI KI MUA ***INNOVATION***
Finding future-focused solutions

AROTAHITANGA ***RELATIONSHIPS***
Working together with people as partners

1.1.3 Strategic Objectives

There are eight broad areas of activity where change is needed in order to shift to a responsive, effective health system that achieves equitable outcomes for all people in our communities. We need to place the value of the service to the people front and centre of our thinking, design and delivery.

- **Integrating health and social services**
- **Strengthening primary care**
- **Excellence in older persons' services**
- **Improving access to health and disability services**
- **Close connections between primary and secondary care**
- **Creating a fit-for-purpose hospital**
- **Building a sustainable workforce**
- **Tamariki-Mokopuna, our children and young people are our future**

In some cases there are commonalities across areas, where a given action has an impact in several ways. For example, addressing issues of coordination with navigators for people with complex needs crops up in several different places; including integrated services, better primary and secondary care connections and improved services for older people, which all have some element of overlap in what they need to achieve.

Integrating health and social services

Persistent inequities in health outcomes tells us that we need to do things differently. We cannot address the wider determinants of health inequity on our own. We need to work with whānau, and not just individuals, and tap into the resilience that exists within whānau and communities. As well as this, we need a whole of system culture shift, to work as a wider, multi-disciplinary, multi-agency team. The players in our system need to be closely linked with each other, with iwi, with communities, and with other agencies.

Strengthening primary care

Primary care could do more if the right resources were available. But we need a renewed way of working—there is a view that general practice is not as cohesive as it once was and the alliance has lost momentum. We need more allied health support in primary care (e.g. social work, whānau ora navigators, and clinical pharmacists) as stretched general practitioners are not able to manage all problems.

Excellence in older persons' services

We need to rapidly evolve our system to respond to the ageing population, and think differently about how we deliver services to the growing population of older Māori. Wairarapa has a population of socially isolated older people and some people feel comfortable staying in hospital. Key care management should be based in primary care and supported by specialist services. Aged residential care needs better support out-of-hours to manage acute exacerbations and new problems.

Improving access to health and disability services

Fundamentally, the health system expects people to fit into the system we have designed for them. Services are often centralised around a 'base' to avoid the cost of moving practitioners around and/or the capital costs of maintaining multiple locations. But our communities should be able to access the services they need, when they need them. We need to get smarter.

Greater access to services outside traditional hours is an important part of the picture. In addition, people have expressed a need for improved transport links to hospital services, specifically those services outside our region in Wellington and Palmerston North.

Close connections between primary and secondary care

People's healthcare journey should be seamless, with services closer to home and practitioners working as "one team". The pathways through the health system need clarification—for people going into and coming out of hospital—and this needs to be done locally. Some services and/or clinicians should be reorganised into community settings (not everyone needs to come to hospital) and we need to make sure they're well-coordinated with primary care.

Creating a fit-for-purpose hospital
We need to determine what sort of hospital we need in Wairarapa and ask ourselves, 'are we trying to do too much?' Sub-specialism fragments the workforce and makes a hospital this size unsustainable. Essentially, we are trying to recruit senior doctors to an outdated hospital model. The hospital is designed for provision of acute services. We need to determine the future of acute surgery in Wairarapa Hospital. Our regional partners are unable to meet demand from Wairarapa patients as their capacity reduces (or demand increases). In addition, we have a range of facility issues, including a lack of appropriate spaces for clinicians and seismic issues.

Building a sustainable workforce
There has been a good focus on developing the nurse practitioner workforce in Wairarapa. However, the general practice workforce is ageing, practices have trouble recruiting GPs, and there is a need for a district-wide coordinated effort. There are nursing recruitment challenges in primary and community care. Aged care is not seen as a career of excellence and we rely on the least equipped workforce to care for some of the most vulnerable people. The hospital and mental health struggles to recruit senior doctors and has too much reliance on locums. Retention is an issue—clinicians are not staying in Wairarapa. The workforce in general should reflect the population it serves—we must redouble our efforts in Māori workforce development.

Tamariki-Mokopuna, our children and young people are our future
Children and young people in Wairarapa deserve better. We have a relatively small child and youth population which means we could do something transformational if we purposefully plan and resource child and youth health services to the right level. We all know from experience that the things we miss in the early years snowball and increase into the later years. Issues that are not picked up and attended too at an early age can become much larger issues later in life and usually have implications across the entire continuum of care.

1.1.4 Equity as a focus area

The disparities experienced by some parts of our community are unacceptable, Māori and Pacific peoples consistently suffer greater disadvantage yet have limited access to the services they need. Our fresh focus on equity seeks to address some of these barriers to health care, we are at the early stages of designing new ways of working with communities. The current bevy of projects includes:

Child Focused

Kura Pounamu – Marae based antenatal education
Working with pregnant women and their whānau, utilising traditional weaving as the vehicle for antenatal education.

Hapūtanga – Antenatal programme
Working with pregnant women and whānau through marae based teaching and learning focussed on antenatal education.

Tāringa Whakarongo – Ear Health
Providing sufficient, early care and treatment for those children requiring specialist micro suctioning of earwax.

Niho Taniwha – Oral Health
Providing sufficient, early care and treatment for those children requiring specialist oral surgery, utilising the mobile dental surgery.

Kāinga Ora – Home Assessments
Home assessments and mitigation that supports vulnerable whānau. Providing home assessments and remedial work to improve living conditions.

Youth Focused

Mate Patupaiarehe – Measles Campaign
Target M**ā**ori and Pacific age 15-29. Utilising the leagues knowledge of increasing immunisation among M**ā**ori community to target the approach.

Tapū Te Hā – Smoking Cessation
Smoking Cessation that targets youth specifically those engaged in alternate education. A targeted health promotion programme aimed at youth engaged in alternate education.

Building Resilience Focused

Kaumātuatanga – Whānau Advanced Care Planning
Looking at advanced care planning and promoting care plans that engage and involve the whānau as a whole unit alongside a conference in Masterton to promote Advanced Care Planning.

Te Whakauruora – Building Resilience
Suicide prevention and postvention that focusses on M**ā**ori, men and rural communities, designing a programme of work to build capacity in co-ordinating the focus on suicide prevention & postvention.

Pacific Focused

Tāngata Pasifika – "by Pacific for Pacific"
Purchasing resource to deliver co-ordination and engagement services with whānau Pacific to improve outcomes and access to health services.

Other

E Tūhono - Māori Health Analytics & Insights
Resourcing better ways to co-ordinate, analyse and understand Māori health data utilising Māori expertise to design health service provision into the future.

1.1.5 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, Whānau 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
Ola Manuia 2020-2025: Pacific Health and Well-being Action Plan	In partnership with our small Pacific community we work to ensure their appropriate utilisation of social and health services.

1.1.6 COVID-19 Recovery

COVID-19 had a significant impact on the delivery of health care services across the region. During the pandemic:

- a significant number of planned care procedures were deferred, and
- fewer people presented to primary care, accident & medical centres, and emergency departments.

This resulted in an influx of patients requiring care post COVID-19.

We have learnt many lessons from the COVID-19 response experience. Not least was the strength in collaboration gained from working closely with our community health providers (primary care, aged residential care, pharmacists, Wellington Free Ambulance, mental health providers etc.) and other local agencies such as Councils and the Police.

Our pandemic plans were well tested and proved effective. There was also a huge benefit in terms of building community understanding about the spread of infection and how important and effective are the basic measures like good hand hygiene, coughing into elbows and staying at home when you are unwell.

The use of different models of care such as tele-health and virtual consultations were rapidly implemented and enabled care to continue despite the lockdown restrictions – often proving very convenient for patients. These and other learnings, such as those derived from the Ministry's review of the response in aged residential care, will be recorded, evaluated and, where practical and sensible, carried on into the future.

Implementing our COVID-19 recovery plan is a focus for 2020/21. For RPH, which is the lead public health agency in a pandemic response, this includes implementing national system changes to improve our capacity for contact tracking. For DHBs, the recovering plan includes embedding new ways of working that developed during COVID-19, such as greater use of telehealth and increasing the availability of specialist support and advice to primary care; working across agencies to look after our most vulnerable populations, including homeless people; and supporting our Māori and Pacific communities and providers to work alongside whānau and achieve equitable outcomes for our priority populations.

New ways of integrated working are also being explored to mitigate the growth of demand on hospital services. While such changes will help address the backlog of patients whose treatment was deferred during COVID-19, additional capacity will also be needed to clear the backlog through the use of private providers.

The recovery plan also includes a programme of work to support infection control practices across our wider community network, and update and strengthen our pandemic and emergency preparedness plans. We are capturing the learnings from COVID-19 so that we are even better prepared for future pandemics and other emergencies. Finally, we are prioritising the psychosocial response for our workforce and our communities to help mitigate the economic fallout from COVID-19. This is reflected in many of the activities throughout this Annual Plan, particularly under the Improving Mental Wellbeing section.

1.2 Message from the Board Chair and Chief Executive

This has been a year like no other. The Covid-19 pandemic has highlighted the importance we place on our health. As individuals and as a nation it has both brought people together and been divisive. It has challenged us, uncovering our strengths and our weaknesses. It has also provided exciting opportunities.

With a case of community transmission reported in Carterton in March, the first person in the country with a positive test not linked to overseas travel or a confirmed case, Wairarapa was under pressure. Immediately increasing our testing capability and criteria, the services responded quickly and effectively. With less than 1% of the population Wairarapa was reporting in excess of 2% of all national testing. The success of the Covid-19 response locally can be attributed to our excellent working relationships across the whole of the health board and community services, and the effective and open district-wide communication and commitment of all.

Covid-19 is a launchpad from which we can grow improved services and health outcomes, and our plan for 2020/2021 illustrates our appetite for change. We are investing in the development of our future services to ensure they are high quality, safe and efficient for our community. Taking into consideration the local challenges facing healthcare, we are designing new and improved models of care. The work is collaborative, with our clinical operational teams and our primary care and community partners being involved from the outset, and we have ambitious expectations. We will provide better, more efficient and sustainable healthcare services for our community.

We are committed to improving equity of health outcomes, actively influencing the demand for healthcare and providing effective, efficient and trusted healthcare services for the people of Wairarapa. This year, we prioritised five key areas of need where improved outcomes would positively impact our community, making a significant and meaningful difference to people's lives. These equity projects zero in on real need and find solutions to support our most vulnerable. Our problem solving approach is people-centric; in taking the time to understand the challenges real people face and identifying what is most important for them, we can solve problems in a way that really matters. The projects undertaken included improving diabetes management for Māori, implementing a hapu wanaga service offering a free kaupapa Māori birthing and parenting programme, reducing respiratory conditions for Māori children, establishing a kaupapa Māori youth mental health service, and addressing the acute dental needs of adult Māori.

Improved health outcomes for our people rely as much on health literacy and individual responsibility as they do on the provision and delivery of a robust and integrated healthcare system. To this end, it is pivotal that we know who our community is and how we can best engage with our population. Wairarapa is growing, aging and multi-cultural. The dependency ratio in Wairarapa is higher than in the national economy, with a large number of people outside of the working age. Generally speaking, median family income is depressed and health literacy is low. We have significant inequity in health and we must improve our Māori health status to narrow the ethnic divide in health outcomes. Developing and maintaining effective relationships and communication networks that reach all of our communities is fundamental if we are to effectively serve our region.

Improving health outcomes requires robust cross sector and community relationships and integrated primary, secondary and community care. Being a small region has its advantages. We know each other, we can network well and we can work together effectively to maximize outcomes. By working better collectively as a whole of health system we can develop supportive, networked healthcare that works for the consumer.

Our Healthcare Home and Hospital At Home programmes illustrate an invigorating change in care delivery, removing barriers and improving access to services by bringing services to the people. Our use of technology – the improved opportunities for digital consultation and triage that emerged from the pandemic response – will only improve, and the appetite for amplifying the advantages of connectivity is unanimous across the

sector. We are putting more services into the community, closer to the consumer, and supporting best practice delivery that really does provide best care in the best place at the best time.

We are moving away from traditional, practitioner-centric treatment at pace to embrace contemporary, effective and agile patient-focused supportive care.

We have fiscal constraints, and these will be addressed. Ending the financial year with a deficit of $8.4 million, which is $1.1 million ahead of our budget deficit of $9.5 million, our budget for the 2020/21 year demands a much reduced deficit of circa $3 million. Our long term sustainability plan expects to reach our break even target in three years. We are committed to savings plans and smart investment and are accountable to a finance and risk committee and board that expects us to meet budget targets.

We will be exacting and fastidious financial stewards. We will set and maintain high expectations of our staff and our service, and we will measure performance such that those expectations are met. We will continue to protect our public by ensuring clinical safety and quality care, and we will be agile and responsive, proactively mitigating risk and maximising opportunity as it arises. We will communicate well and often, to engage the people we serve with the service we provide.

Wellness and equity lead our organisational values, with relationships, innovation and respect as our key enablers. We will bring these values to the forefront of everything we do.

We thank our management and staff team, and all of our providers, volunteers, and agencies for their ongoing support. We also thank the people of Wairarapa, for continuing to share their patient experiences with us and helping guide us in ways to improve.

Thank you for taking the time to read our plan and share our enthusiasm for shaping the future of Wairarapa health and wellbeing services. We expect to be open and transparent with our progress, reporting achievements to our board and to the people we serve as the year advances.

Nga mihi

Agreement for the Wairarapa DHB 2020-21 Annual Plan between

23/9/2020

Hon. Chris Hipkins
Minister of Health

Date

Sir Paul Collins
Board Chair
Wairarapa District Health Board

Date 30th July 2020

Dale Oliff
Chief Executive
Wairarapa District Health Board

Date 30th July 2020

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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 The Government Health 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 2020/21 Planning Priorities for the health system:

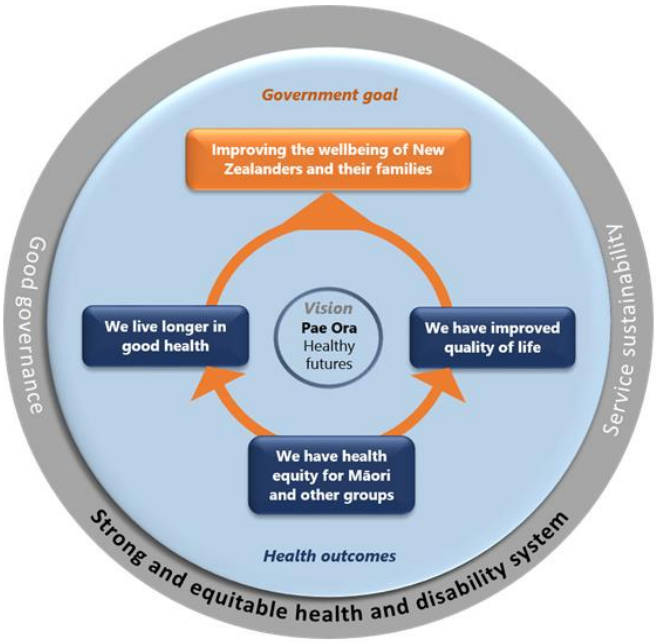
- Improving child wellbeing
- Improving mental wellbeing
- Improving wellbeing through prevention
- Better population health outcomes supported by a strong and equitable public health and disability system
- Better population health outcomes supported by primary health care
- Strong fiscal management.

Section 2 outlines the key activities Wairarapa DHB has planned for 2020/21 under each Planning Priority.

2.2 Health and disability system outcomes framework

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 Māori health improvement in DHB Annual Plans

2020-2021 will be an important year for Māori Health in many ways. Wairarapa iwi have recently appointed a new relationship board – Te Oranga o Te Iwi Kainga (Iwi Kainga), which will work alongside the newly elected Wairarapa District Health Board to ensure Māori health remains a focus of the District Health Board and that we are meeting the health needs of the iwi/ Māori community. There are nine members of Iwi Kainga who come from all parts of the Wairarapa and who bring a wide range of skills, networks, age and reach.

Wairarapa DHB will work with iwi to review their relationship agreement (last reviewed in 2008) and it is timely that a new agreement reflects where both iwi and the District Health Board are at. Rangitāne are well into their post-settlement phase whilst Kahungunu edge towards ratification for their settlement. The Health Sector has faced or is facing major reviews such as the Health and Disability Review, the Mental Health review and the impact of the WAI2575 Waitangi Tribunal Claim which questions the performance of our Primary Care sectors' delivery to Māori communities. This will require dedicated attention and intent from the District Health Board and Iwi Kainga in the coming term to review our investment into Māori Health and improve our performance.

Wairarapa District Health Board has a suite of plans in development including a new Strategic Direction that sets out our priority and focus for the next ten years. Of significance for Māori will be the development of a new five-year Māori Health Plan for Wairarapa. The last such Plan was for the 2010-2015 period. This will give us a great opportunity to canvass our Māori communities to better understand the health priorities and expectations from their perspective whilst maintaining the original intent of He Korowai Oranga – the New Zealand Māori Health Strategy.

The Māori Health Directorate continues to contribute to and lead a number of the key initiatives for Wairarapa District Health Board including the equity approach for the Bowel Screening Programme, Māori Mental Health, Influenza Vaccinations for Māori, Health Workforce New Zealand funding for Māori, and Kia Ora Hauora – our regional programme to promote and retain Māori across the health workforce.

Wairarapa District Health Board were to host Tū Kaha the Central Region Māori Health and Development Biennial Conference –in 2020, but as a consequence of Covid-19, this will likely be deferred to mid-2021.

2.4 Achieving Health Equity in DHB Annual Plans

The concept of equity in health is an ethical principle, closely related to human rights --in particular, the right to good health. Equity is also a fundamental arm of the Triple Aim for quality improvement and a priority in our refreshed strategic direction. The Ministry of Health defines equity below:

"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." MOH 2019

The Wairarapa DHB is committed to achieving equity as defined here, in the first instance for Māori, as tangata whenua and partners with the Crown under Te Tiriti o Waitangi, but also for the many populations and diverse groups that make up our place. Equality is 'sameness', while equity is an ethical construct that recognises that different groups may require different approaches and resources to achieve the same outcomes.

Inequities in health exist between ethnic and socioeconomic groups, people living closer to town and those further from town, people belonging to different age groups, and between males and females. These inequities are not random, socially disadvantaged and marginalised groups, across the board, have poorer

health outcomes, greater health risks, and counterintuitively - less access to health services. In addition to this Māori and Pacific peoples tend to have poorer health outcomes than all other groups in New Zealand.

A one size fits all approach does not work and uniformity fails to account for the contextual differences between people. We expect that the initiatives within this plan and our work programme across the district, will help improve health equity within our district.

2.5 Government Planning Priorities

The tables below set out the annual plan activity.

2.5.1 Give practical effect to He Korowai Oranga – the Māori Health Strategy

He Korowai Oranga, the Māori Health Strategy sets a vision of pae ora – healthy futures – comprising three key elements:

- mauri ora – healthy individuals
- whānau ora – healthy families
- wai ora – healthy environments.

He Korowai Oranga continues to set a strong direction for Māori health. Importantly, the health and disability system is being challenged to do better and to go further. That includes continuing to meet our responsibilities under Te Tiriti o Waitangi (the Treaty of Waitangi), to address and improve substantial health inequities, and to ensure all services for Māori are appropriate and safe.

These challenges are substantial and require a strong plan to implement actions and meet expectations. As such, the development of a new Māori Health Action Plan is underway.

The first part of this section, Engagement and obligations as a Treaty partner, is based on your current legislative responsibilities. The other sections are based on the Māori Health Action Plan discussions to date. The guidance will be updated when the interim plan is released, and the final plan is completed.

Ki te kōtahi te kākaho ka whati, ki te kāpuia e kore e whati
A reed that stands alone is easily broken, bound together – unbreakable

Engagement and obligations as a Treaty partner

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

Activity	Milestone	Measure
1. Work in partnership with Māori to define and co-design the best mechanisms for Māori to participate and contribute to decision making in the WrDHB. 2. Review our policy platform and resolve any gaps related to the Treaty of Waitangi, and the Principles of the Treaty. 3. Outline and execute a plan for the development of a comprehensive strategy to address Māori health needs within WrDHB. *4.* Provide specific training and upskilling for Board members and Senior Management on operationalising the Treaty in their collective work programmes.	Q1-Q4: Refresh our current relationship documentation i.e. MOU's. Q1: Complete review and fill any gaps in policy platform. Q1-Q3: Outline a staged approach for delivery of a Māori Health Plan. Approve a Māori Health Plan acceptable to Māori. Q1-Q4: Invest in specified training for Board members and Senior Management.	1. Survey Māori. 2. The proliferation of the Treaty of Waitangi in WrDHB policy. 3. Survey Māori. 4. Survey Board & Senior management.

Māori Health Action Plan – Accelerate the spread and delivery of Kaupapa Māori services

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

Activity	Milestone	Measure
1. Facilitate Māori health providers seeking to expand capacity and strengthen capability by: a. supporting Māori Provider Development Scheme (MPDS) applications b. supporting HWNZ Hauora Māori applications c. connecting to Hauora Māori scholarships d. promoting other development opportunities. 2. In partnership with Māori, define what Kaupapa Māori services are within the WrDHB 3. Commission Iwi to design a Kaupapa Māori Framework for implementation across the WrDHB.	Q3-Q4: Wānanga with Māori Health Providers. Q1: Wānanga with Iwi Māori to define Kaupapa Māori. Q2-Q3: Draw up and implement a Kaupapa Māori Framework prescribed by local Iwi. Q3-Q4: Wānanga with Māori Health Providers.	1. Status Report. 2. The definition is fit for purpose ad acceptable to Māori. 3. The Kaupapa Māori Framework is implemented as prescribed by Iwi Māori. 4. A Māori model of service commissioning is designed and implemented.

4. Formulate a model of service commissioning that draws on the strengths of Māori Health Providers in the WrDHB region.		
Māori Health Action Plan – Shifting cultural and social norms **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		
Activity 1. Continue the delivery of Treaty of Waitangi [TOW] training to all staff and investigate the opportunities to grow the training package 2. Provide a training package that is tailored to the Board and Senior Managers. 3. Investigate the opportunity to build the Māori health workforce with an emphasis on cultural advice. 4. Modify the WrDHB physical environment to be conducive to tikanga Māori. 5. Incorporate aspect of tikanga Māori into the operating environment of the WrDHB. 6. Choose and install cultural signs and symbols to reinforce culture change. 7. Identify gaps in the fitness of the WrDHB workforce to deliver on culture change and partner with Māori.	**Milestone** Q1-Q4: Continue TOW training. Q1: Provide options paper for a more comprehensive training package to CE & Board. Q4: Deliver new training package Survey staff & Board members. Q1-Q2: Produce a description of the quality of input to the CE, Iwi Kainga and Board. Q2-Q4: Make necessary changes to agreements, mandates and positions. Q1-Q3: Conduct a cultural audit. Q4: Report back on the outcome of a cultural audit to the CE, Iwi Kainga and Board. Q1-Q3: Conduct a cultural audit with a focus on workforce. Q4: Report back on the outcome of a cultural audit to the CE, Iwi Kainga and Board.	**Measure** 1. Attendance and survey staff experience. 2. Options paper is supported and resourced. 3. Attendance and survey experience. 4. Māori are at all levels and expectations are clear. 5-7. An audit is conducted and reviewed. Culture change can be seen in the WrDHB.

Māori Health Action Plan – Reducing health inequities- the burden of disease for Māori

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

Activity	Milestone	Measure
1. Implement a kaupapa Māori programme of work focussed on whānau during pregnancy out to the first thousand days of a child's life. 2. Investigate options for providing micro-suctioning to vulnerable children, Māori, Pacific and Low-Socioeconomic. 3. Survey South Wairarapa Māori leaders to better understand local solutions to hauora Māori. 4. Continue to invest in the Tapu Te Ha programme of work focussed on increasing Māori quit rates and smokefree kainga. 5. Design an improved dental service for the delivery of high needs surgical care to address long wait times for Māori, Pacific and Low-Socioeconomic children.	Q1-4: Contract for service. Q1-4: Increase funding to programme. Q1-2: Secure theatre space and dental support.	Status report Increased numbers accessing service

Māori Health Action Plan – Strengthening system settings

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

Activity	Milestone	Measure
1. Continue to provide support and engage with the Tihei Wairarapa Alliance. 2. Investigate the opportunity to resource a multidisciplinary analytical and insights team focussed on Māori health and Equity. 3. Increase support to the Wairarapa DHB Whānau Ora Collective to deliver Whānau Ora on the ground in WrDHB.	Q1-Q4: Business as usual status report. Q1: Draw up draft terms of reference. Q2-Q4: Align with CE and implement. Q1: Meet with the Whānau Ora Collective. Q2-Q4: Partner with the Whānau Ora Collective. Q1-Q4: Refresh our current relationship documentation i.e. MOU's. Q1-Q2: Wānanga with Māori Health Providers.	1. Survey Participants. 2. Test with CE and Te Iwi Kainga. 3. Survey Whānau Ora Collective members. 4. Survey Māori. 5. A Māori model of service commissioning is designed.

4. Work in partnership with Māori to define and co-design the best mechanisms for Māori to participate and contribute to decision making in the WrDHB. 5. Formulate a model of service commissioning that draws on the strengths of Māori Health Providers in the WrDHB region.		

2.5.2 Improving sustainability

As New Zealand's population has continued to grow and age, with more complex health needs, the system has worked hard to keep up with demand, however the financial performance of DHBs is variable and has deteriorated in recent years. An enhanced focus on improving sustainability is required.

DHBs are expected to clearly demonstrate how strategic and service planning, both immediate and medium term supports improvements in system sustainability including significant consideration of models of care and the scope of practice of the workforce.

Consideration of sustainability objectives and actions should include how your DHB will work collectively with your sector partners to deliver the Government's priorities and outcomes for the health and disability system while also contributing to a reduction in cost growth paths and deficit levels.

Ki te kōtahi te kākaho ka whati, ki te kāpuia e kore e whati
A reed that stands alone is easily broken, bound together – unbreakable

Improved out year planning processes

Government theme: Improving the well-being of New Zealanders and their families

System outcome: We live longer in good health

Government priority outcome: Support healthier, safer and more connected communities

Activity	Milestone	Measure
Financial		Status Update Reports
1. Embedding a quarterly out years perspective as part of a continuous planning cycle (rather than once a year as part of the AP).	1. Q2	
2. Completing the strategic planning process with a Long Term Investment Plan (assets) driven by both a current state perspective as well as a future state perspective.	2. Q2	
Workforce		
1. Identify effective people management systems to support increased data analytics and planning, including: a) Exit interview reporting. b) Increased access to and utilisation of people data by Managers.	1a. Q4 1b. Q2	
2. Continue work on DHB Values specifically in relation to recruitment & on boarding of new staff.	2. Q2	
3. Work with Managers to understand evolving new models of care in order to Support the business with future workforce needs.	3. Q1-Q4	
Formally establish Tūhono (specialist Māori advice capability) inside the office of the Chief Executive to provide robust planning support from a kaupapa Māori perspective to inform decision making across the WrDHB work programme.	Q1: Finalise Terms of Reference Q1: Confirm investment Q1: Formalise membership	Terms of Reference are signed by the Board & Iwi Kainga by September 2020

Savings plans – in-year gains

Government theme: Improving the well-being of New Zealanders and their families

System outcome: We have improved quality of life

Government priority outcome: Support healthier, safer and more connected communities

Activity	Milestone	Measure
1. Establishment of a Long Term Sustainability Action Group (LTSAG) to provide direction, oversight and decision making for continuous improvements of our financial sustainability aimed at achieving budget break even by financial year 2022/23.	1. Q1 LTSAG work plan in place. 1. Q1-4: 2/3 Weekly action group meetings.	1. 3 years savings plan achieving budget break even by FY 2022/23.
2. Labour cost analysis and savings initiatives for increased efficiency, optimised sourcing and allocation and overall reduction of waste in using our workforce, through better planning, workflow and process management, use of (smart) technology and aligned roles and responsibilities.	2. Q1 Cost analysis done and savings initiatives included in LTSAG work plan. 2. Q1-4: ongoing improvement per work plan.	2. Savings target set at $1.8m to be achieved in 3 years: Y1 - $0.7m Y2 - $0.5m Y3 - $0.6m
3. Care protocol analysis and savings initiatives for improved efficiency in patient flow, workforce planning and reduction of avoidable intervention rates / IDF outflows etc. and collaboration with our primary care partners to lower unnecessary hospitalisation.	3. Q1 Cost analysis done and savings initiatives included in LTSAG work plan. 3. Q1-4: ongoing improvement per work plan.	3. Savings target set at $3.2m to be achieved in 3 years: Y1 - $ 1.0m Y2 - $ 1.0m Y3 - $ 1.2m
4. Clinical supply chain analysis and savings initiatives for reduction of waste through leveraging product change opportunities from PHARMAC hospital devices, implementation of Choosing Wisely program, trading disposables for reusable supplies, improving team/staff 'waste awareness'.	4. Q1 Cost analysis done and savings initiatives included in LTSAG work plan. 5. Q1-4: ongoing improvement per work plan.	4. Savings target set at $1.9m to be achieved in 3 years: Y1 - $ 0.6m Y2 - $ 0.6m Y3 - $ 0.7m
5. Unfavourable contracts analysis and savings initiatives to improve performance by exiting contracts that no longer meet the strategic direction and/or meet the service customer requirements, better managing all contacts to agreed volumes and service levels, pursuing opportunities for smart local contract negotiations, partnering with other DHB's and blocking preferential physician supplies.	6. Q1 Cost analysis done and savings initiatives included in LTSAG work plan. 6. Q1-4:ongoing improvement per work plan.	5. Savings target set at $3.3m to be achieved in 3 years: Y1 - $ 1.0m Y2 - $1.0m Y3 - $1.0m
The above and numbers included to the right are included in the 20/21 budget and out years.		

Savings plans – out-year gains **Government theme:** Improving the well-being of New Zealanders and their families **System outcome:** We have improved quality of life **Government priority outcome:** Support healthier, safer and more connected communities		
Activity	**Milestone**	**Measure**
Please refer to out-year savings initiatives as presented in previous schedule ('in year savings') - Labour - Care protocols - Supply / waste - Unfavourable contracts	As per above	As per above.
Workforce activities to support system sustainability 1. All vacancies reviewed for appropriate skill mix/profession to ensure position is configured for top of scope practice. Activities include: a) Analyse recruitment and selection practices (Q2) b) Enhanced recruitment reporting established (Q3) c) Refine recruitment processes to improve quality of hiring decisions and skill match to role requirements (Q3-4)	1. Q1-Q4	1. Quarterly Status Report.
2. Development and implementation of Allied Health career frameworks (CSSD, Pharmacy and Oral Health) working with central region Directors of Allied Health Scientific and Technical.	2. Q2-Q3	2. Quarterly Status Report.
3. Continue to support Wairarapa Māori Health Directorate with implementation of Kia Ora Hauora, including identifying graduates who have completed the program as potential employees of the DHB.	3. Q1-Q4	3. Quarterly Status Report.

Working with sector partners to support sustainable system improvements

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

Activity	Milestone	Measure
1. Working in partnership with our health sector colleagues and refining practices and processes to provide seamless support for whānau. 2. Co-design and contract our Māori providers to deliver a programme focussed on whānau ora centred on creating the best start in life for tamariki mokopuna. 3. Working in partnership with Māori health providers extend the healthy homes project to include a greater number of vulnerable whānau. 4. Investigate opportunities to build a closer relationship with the Pacific community representatives in order to improve service delivery to whānau Pacifica.	1. Q1-4: Documented practice/ process changes. 2. Q1-2: Contract for services with Māori health provider as defined by Māori. 3. Q1-2 Contract Whaiora Whanui to increase volume and quality of delivery of the Kainga Ora project to vulnerable whānau. 4. Q1-2: With the guidance of the Pacific leaders invest in an FTE to provide engagement with whānau Pacifica.	1. Status report. 2. Prototype project implemented over 2 years. 3. Prototype project implemented over 2 years. 4. Meetings held.

2.5.3 Improving Child Wellbeing - improving maternal, child and youth wellbeing

The Child and Youth Wellbeing Strategy (the Strategy) provides a framework to align the work of government and others to achieve the vision of 'Making New Zealand the best place in the world for children and young people'.

The nine principles promoting wellbeing and equity for all children and young people, operationalised for the Health and Disability system, are:

- Children and young people are taonga
- Māori are tangata whenua and the Māori-Crown relationship is foundational
- Children and young people's rights need to be respected and upheld
- All children and young people deserve to live a good life
- Wellbeing needs holistic and comprehensive approaches
- Children and young people's wellbeing are interwoven with family and whānau wellbeing
- Change requires action by all of us
- Actions must deliver better life outcomes
- Early support is needed - maintain contact across the early years and beyond and be alert and responsive to developing issues and opportunities.

There is an expectation that DHBs will actively work to improve the health and wellbeing of infants, children, young people and their whānau and carers with a particular focus on improving equity of outcomes.

DHB annual plans will consider the above principles in all their activities, as part of their contribution to delivering the Strategy, and preparing the health and disability sector for system transformation over time.

Maternity and Midwifery workforce

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

Activity	Milestone	Measure
1. Implement the National Hauora Coalition Generation 2040 initiative across primary care.	1. Q1–Q4 Practice and Midwifery Engagement; practices implementing initiative.	Number of Early Pregnancy Assessments completed for Hapū Mama of Māori pēpi.
2. Provide a kaupapa Māori training opportunity for local midwives to engage with whānau Māori on local marae using traditional art forms (weaving) as a vehicle of antenatal teaching and learning. **(EOA)**	2. Q1-Q4 Provide at least 3 opportunities for midwives to engage directly with whānau Māori on local marae.	Closer relationships with whānau Māori and marae communities.
3. Undertake a review of Māori Health Services within the Wairarapa DHB region and include Maternity Services and Midwives. **(EOA)**	3. Q1-Q2 Design of a Māori Health Services Review including maternity services.	Numbers of whānau attending the programme.
4. Co-design and deliver a marae based kaupapa Māori antenatal programme to deliver to Māori women and their whānau.	4. Q1-Q2 Co-design of a kaupapa Māori antenatal programme. 4 Q3-Q4 Delivery of a kaupapa Māori antenatal programme.	Numbers of midwives engaging with the hapūtanga programme.
5. Participate in the joint sub-regional Maternity Quality Safety programme (MQSP), which will develop an action to reduce pre-term births. The action will be informed by retrospective data collection and research undertaken in 2019/20 on reducing the preterm birth rate for Māori women over a 5-year period. **(EOA)**	5. Q2-Q4	Increase in the understanding of local midwives of the needs of Māori women and their whānau.
6. WrDHB is committed to producing a Midwifery Workforce Strategy document that will: • ensure engagement with education providers to ensure undergraduates have support for clinical placements in the rural setting • provide the opportunity for a new-graduate position annually and foster relationships with new-graduates at CCDHB and HVDHB and the option of a period of time in these facilities in a supported role for exposure to complex care.	6. Q2-Q4	Co-design (Māori & Midwifery) of a programme for delivery whānau Māori. A Māori Health Service Review includes maternity services.

• Ensure midwifery workforce have capacity and capability to be responsive to Māori and continue to recruit Māori midwives with a process that values their cultural and clinical expertise and thus enhancing kaupapa Māori 7. Continue to manage fluctuation in service demands with the ability to explore options for addressing the seasonal impacts such as over the November – February period. Flexibility to expand Antenatal care is provided by the newly appointed Antenatal clinic FTE, with labour/birth covered by identified LMC's/Core midwives with scope to claim under section 88 or additional staffing on maternity will ensure service coverage.	7. Q2-Q4	
Maternity and early years **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		
Activity 1. Design and implement a tailored and targeted two [2] year prototype of a Hapūtanga - *first thousand days programme,* by, with and for whānau Māori, focussed on the journey through pregnancy and the first few crucial years of life for a child. 2. Design and implement a child health coordination service within primary care that tracks children from birth through to aged 5. The service will ensure all Wairarapa children are connected to and accessing the health services and screening required to live a happy health life. Māori, Pacific and those living in the most deprived areas will be priority. 3. Co-design and write a tailored and targeted plan for SUDI, by, with and for whānau Māori in the Wairarapa based around the wahakura, mareikura and whatukura. The plan titled Kura Pounamu will use kaupapa Māori pedagogy to provide SUDI education and support to whānau.	**Milestone** 1. Q1-4: Contract Māori provider to deliver and evaluate. 2. Q1-4: Establishment of the service 2. Q2-4: Implement Child Health Coordination Service. 3. Q1 Set up a Wairarapa provider 3. Q2 Contract a Wairarapa provider to deliver a plan for SUDI 3. Q3-4 Start the implementation of the plan	**Measure** Feedback from Māori. Numbers of whānau attending the programme. Numbers of midwives engaging with the hapūtanga programme. Increase in the understanding of local midwives of the needs of Māori women and their whānau. Co-design (Māori & Midwifery) of a programme for delivery whānau Māori.

		Immunisation rates. B4SC rates. Number of families engaged with TOWC services. A Wairarapa provider completes and implements a plan for SUDI in Wairarapa
Immunisation **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		
Activity 1. Continue implementation of the Wairarapa Childhood Immunisation plan which includes proactive automatic referral to outreach services for babies where the family is not engaged in immunisation via their primary care practice. 2. Integrated Childhood Immunisation Services (both NIR and outreach services) with the new Child Health Coordination Service. 3. Purchase an FTE over the next 24 months to provide engagement with Pacific communities in order to increase the uptake and likelihood of accessing Pacific whānau especially hard to reach whānau. 4. Engage with the Wairarapa Māori Womens Welfare League to understand the lessons that have been learnt in increasing immunisation rates amongst Māori communities and seek advice about future immunisation programmes targeting Māori.	**Milestone** 1. Q1-4 2. Q1-4 3. Q1 Engage with the Pacific leaders to design an role that is suitable for the Pacific community 3. Q2 Fund a role alongside the PHO to focus on Pacific communities and access to screening and early treatment services 3. Q2-Q4 Support the new Pacific role to engage whānau Pacific.	**Measure** 8 month immunisation rates. 24 month immunisation rates. 5 year old immunisation rates. Pacific Leaders endorse the WrDHB to fund Pacific role. Pacific Leaders confirm the successes in accessing whānau Pacific. We understand what has worked in the past for whānau Māori.

	4. Q1-Q4 Discuss immunisation with the Wairarapa Māori Womens Welfare League.	

School-Based Health Services

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: Make New Zealand the best place in the world to be a child.

Activity	Milestone	Measure
1. WrDHB will provide quantitative reports in Q2 and Q4 on the implementation of **school based health services (SBHS)** in decile 1-5 secondary schools, including Chanel College (decile 5), the teen parent unit and alternative education facilities as well as additional schools with DHB funded SBHS. **(EOA)**	1. Q2 & Q4	CW12
2. WrDHB will continue to implement **Youth Health Care in Secondary Schools**, including developing an integrated Wairarapa-wide Youth Health Service which will work across a variety of settings, including supporting decile 6 and 7 colleges.	2. Q3	New Youth Health Service contract in place. Group established
3. WrDHB will provide quarterly narrative reports on the actions of the **Youth SLA** to improve the health of the DHB's youth population. Headline actions for 2020/21 include: a) Re-form the existing Child and Youth SLA to a Youth Health Advisory Group b) Refresh the DHB Youth Health Strategy c) Relocate the Youth Kinnex Clinic d) Commence establishment of the integrated Youth Health Service	3. Q1 – Q4 a)Q1 b)Q2 c)Q3 d)Q4	Strategy approved Clinic opened Contract in place
4. Subject to new MOH funding, WrDHB will contact for **additional mental health support** to work in SBHS, including Wairarapa College. **(EOA)**	4. Q4	New service in place.

Family violence and sexual violence

Government theme: Improving the well-being of New Zealanders and their families

System outcome: We have improved quality of life

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

Activity	Milestone	Measure
1. Increase awareness and implementation of the Violence Intervention Programme (VIP) across the DHB by; a) Developing a policy to support DHB Staff impacted by family violence b) Implement a Peer support group for DHB staff, impacted by violence, professionally or personally on a monthly basis c) For senior leaders within the WrDHB to complete the VIP training programme within the year.	1a. Q2-3 1b. Q2-3 to develop pilot framework. 1b. Q3 – to hold first meeting. 1c. Q4 – For 50% of ELT to have completed VIP training.	CW: Child wellbeing measures
2. Provide a culturally appropriate, effective and timely response to those affected by family violence by strengthening relationships and creating clear pathways for clinicians to effectively utilise services available for Māori. This will be achieved by; • Hui with kaumātua to explore how we can better support/ work alongside whānau members when they present to ED after a family harm incident. • Explore the possibility of partnering with iwi services in providing support when whānau present at hospital due to family violence.	2. Q1-4 (ongoing) Hui being held with kaumātua	Whānau violence is discussed on marae in an antenatal programme setting.
3. Incorporate whānau violence into a comprehensive antenatal programme that is kaupapa Māori and marae based.	3. Q1-Q4 understanding whānau violence is a feature of a kaupapa Māori antenatal programme	Whānau violence is a key feature of the suicide prevention and postvention plan.
4. Incorporate whānau violence into a comprehensive suicide prevention and postvention plan across the Wairarapa with an initial focus on Wairarapa Rugby Union Clubs.	4. Q1-Q4 Plan for suicide prevention and postvention includes a focus on whānau violence and trauma.	

2.5.4 Improving mental wellbeing

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

People with lived experience of accessing mental health or addiction services and their families must be central to this.

There is an expectation that annual plans reflect how DHBs will embed a focus on wellbeing and equity at all points of the system, while continuing to increase 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 and addiction 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.

Ki te kōtahi te kākaho ka whati, ki te kāpuia e kore e whati
A reed that stands alone is easily broken, bound together – unbreakable

Mental Health and Addiction System Transformation

Placing people at the centre of all service planning, implementation and monitoring programmes

Embedding a wellbeing and equity focus

Increasing access and choice of sustainable, quality, integrated services across the continuum

Suicide prevention

Workforce

Forensics

Commitment to demonstrating quality services and positive outcomes

Government theme: Improving the well-being of New Zealanders and their families

System outcome: We have improved quality of life.

Government priority outcome: Ensure everyone who is able to, is earning learning, caring or volunteering

Activity	Milestone	Measures
1) Placing people at the centre of all service planning, implementation and monitoring programmes: Work with co-design principles to ensure lived experience from service users and family / whānau is incorporated into planning and development, and seek regular input into key strategic and transformational projects from the **3DHB Lived Experience Advisory Group** (LEAG). The LEAG membership is diverse and includes members who represent Māori, Pacific, youth and rainbow communities. In addition to providing feedback into key pieces of work the Co- chairs have agreed to add a recruitment function (for key roles) to their work programme for 20/21. (3DHB). Strengthen the link between LEAG and provider arm clinical services consumer advisor roles with a specific goal of supporting greater service user leadership in monitoring consumer rights in clinical services. Continue to work closely with the Māori, Pacific and Disability directorates, and with groups that support service development for priority populations to support the delivery of their respective strategic priorities in relation to MH& Addictions. This includes: • The Wairarapa Youth Health Advisory Group • Te Iwi Kainga (Māori relationship Board) • Sex and Gender Diverse Working Group (3DHB)	1. Q1 – Q4	MH01 MH02 MH03 MH05 MH06 Status update report
2) Embedding a wellbeing and equity focus (EOA):		

a) WrDHB will provide support to Māori providers responding to the Ministry of Health Primary mental Health and Addictions RFP. The DHB will also support implementation of any new initiatives. These actions are subject to MoH funding. **(EOA)**	2a. Q1 - 4	
b) Subject to Ministry of Health funding, WrDHB will support the development of a kaupapa Māori youth primary mental health team which will work across a range of youth specific settings ,including school based services and the youth health clinic. **(EOA)**	2b.Q1 – Q4	
c) WrDHB will work with providers working with young people to develop of an integrated youth health team, which is able to provide services in a range of settings appropriate to young people **(EOA).**	2c. Q2	
d) We will partner with our intersectoral and education partners to develop an integrated community approach to developing resilience and wellbeing in families and schools.	2d. Q1 – Q4	
e) We will build on the DHB's Strategic Plan to develop a Wellbeing Plan, including addressing mental health needs across our system.	2e. Q1 – Q4	
3) Increasing access and choice of sustainable, quality, integrated services across the continuum:		
a) Refresh the terms of reference and work programme of the Wairarapa Mental Health and Addictions Leadership Group, to provide oversight of initiatives to better integrate mental health and addictions services across the continuum.	3a. Q1	
b) Along with CCDHB and HVDHB, WrDHB is a member of the recently established Greater Wellington Regional Collaborative (GWRC) which has been established to support the implementation of the integrated primary mental health and addictions service (Te Tumu Waiora model) which will improve access into primary care/GP services for those presenting in distress. GP practices with high Māori, Pacific, Youth and rural populations will be prioritised in the first tranche. (3DHB)	3b. Q4	
c) Implement additional psychiatrist position to the MHAIDS GP Liaison service to support, and provide advice to GPS in the Wellington, Hutt Valley and Wairarapa areas.	3c. Q4	
d) WrDHB will work with local and sub-regional providers to align and streamline psychological therapies services in primary care (Piki, Te Tumu Waiora, To Be Heard).	3d. Q4	
e) Implement the '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 both locally and across 3DHBs. This will include supporting prioritised pathways for responding to Māori mental health needs. (3DHB)	3e. Q4	
f) Collaborate with CCDHB and HVDHB to consider options for an integrated community mental health and wellbeing hub model that will provide a timely response at a local community level to those who present in distress (3DHB).		
4) Suicide prevention:	3f. Q2 – 4	

a) Develop and begin implementation of a 3DHB suicide prevention and postvention plan. This plan and subsequent actions will incorporate goals from the national suicide prevention strategic plan 'Every Life Matters', and will focus on population groups at higher risk of suicide. **(EOA)** (3DHB) b) Streamline and improve data collection and reporting on suicide numbers/self-harm presentations across the 3DHBs. This will include standardising documentation and electronic data capture to reflect sector standards. (3DHB) c) Design a programme of work alongside the UCOL STAR team to target vulnerable youth and young adults, specifically LGBTQ and the rainbow community d) Co-ordinate and build a strong network of peer supporters by offering free local training (e.g. Custodians of Hope, Life Keepers, LEVA, Blueprint for Mental Health and Addictions 101, Suicide First Aid Training) e) Investigate opportunities to have promotional speakers come to Wairarapa and provide keynote address such as: Dr Rose Pere, Sir Mason Durie f) Design a plan of work alongside the business community to address suicide and suicide awareness within the local business community. Starting with education for Health and Safety co-ordinators and Management (e.g. JNL, Loaders Engineering, Fulton Hogan, Farming, Forestry) g) Work alongside the Wairarapa Bush Rugby Union Chief Executive to design a suicide prevention programme for Clubs, Captains, Management and Staff. h) Liaise with local Schools, Alternate Education, & Kura to support policy writing and implementation i) Bolster the WAVES programme locally through the current provider Supporting Families j) Work alongside and fund the rural trust to target and tailor psychosocial services to the farming community k) Train more peer support advocates in order to offer more support to those in need within the community l) Investigate the formation of a more comprehensive and co-ordinated approach to Suicide Prevention and Postvention within the region m) Implement a fundraising event promoting Mens Mental health alongside Brett Kenny and the RapaNats. A drifting event to be held at the Drag Park Motorplex in Masterton	4. Q1 – 4	
5) Workforce: a) Undertake workforce planning in partnership with NGO providers, including the development of a collective workforce development plan that will consider opportunities for investment. The plan will also include support for NZQA recognised peer support training, and links with training institutions.	5a. Q1 – 4	

6) Forensics: a) Work with the Ministry to improve and expand the capacity of forensic responses from Budget 2020. b) Contribute, where appropriate, to the Forensic Framework project. **7) Commitment to demonstrating quality services and positive outcomes:** a) Support and contribute to the National KPI Programme, established to focus on improvements in specific Key performance indicators. Whānau Engagement- Adult services are focusing on improving Whānau engagement across the services by establishing practise standards, auditing against those standards, and using data to inform improvement work. b) Undertake a Connecting Care project, which focuses on service transitions and the coordinated transfer of care between one health care or social service provider and another. The project aims to ensure that mental health and addiction service consumers receive continuous quality care between providers. **c)** Implement a Creating Safety Through Practice project to improve the way we learn from adverse events. This project will engage all stakeholders and improve the experience of consumers, family and whānau and staff involved in an adverse event, as well as supporting DHBs to define a consistent approach to responding to events which result in harm or have the potential to. The focus is on improving the review process to ensure we review events appropriately and in a timely way. We will also be looking at how we action any resulting recommendations.	6a. Q1 – 4 6b. Q1 - 4 7a. Q2 – 4 7b. Q2 – 4 7c. Q2 - 4	
Mental health and addictions improvement activities • In order to support an independent/high quality of life please outline your commitment to mental health and addictions improvement activities with a continued focus on minimising restrictive care and improving transitions. *Please note the percentage and quality of transition plans forms part of the MH02 (formally PP7) performance measure.*		
Activity 1. **Toward Zero Seclusion (TZS)** Complete TZS the National collaborative between District Health Board (DHB) teams, mental health and addiction service consumers, the Health Quality & Safety Commission and Te Pou o te Whakaaro Nui (Te Pou), towards the elimination of seclusion by 2020 (3DHB – MHAIDS). **Note:** There is no inpatient service in the Wairarapa. Wairarapa domiciled patients are treated at either HVDHB or CCDHB and if a Wairarapa patient is secluded they are counted in the HV or CC DHB figures. 2. **Improving Māori and Pacific Health Workforce** Grow the Māori and Pacific workforce by increasing the number of scholarships offered to support workers and administrators to engage in the Bachelor of Nursing Programme. Increase	**Milestone** 1. Q1-Q4 2. Q2 and Q4	**Measure** MH02 MH05 Status update report

the number of New Entrant to Specialist MH positions in Mental Health and Addictions and target Māori and Pacific graduates. **(EOA)**	3. Q2	
3. **Marama RTF** Complete implementation of the Marama Real Time Feedback project to collect client and Whānau experience of the service in real time. Data collected will inform service performance and improvements.		
4. **Client Pathway** Continue to develop and implement quality improvements for the He Ara Oranga (client pathway), ensuring best practise standards and high quality care for clients while providing visibility of digital client records that are accessible to GPs	4. Q3	
5. **ICT** Implementation of the MH digital and data Intelligence projects, advancing and enabling an integrated system across the 3 DHBs, improved visibility, monitoring, and reporting through technology.	5. Q2	
6. **Learning from Adverse Events** Creating safety through practice – improving the way we learn from adverse events. This project is engage all stakeholders and improve the experience of consumers, family and whānau and staff involved in an adverse event, as well as supporting district health boards (DHBs) to define a consistent approach to responding to events which result in harm or have the potential to. Focus is on improving the review process to ensure we review events appropriately and in a timely way. We will also be looking at how we action any resulting recommendations.	6. Q4	
7. **Talking Therapies** A project to increase the skills of current staff to deliver strong evidence based talking therapies and to improve access for clients to those therapies	7. Q2 & Q4	
8. **Supporting Parents Healthy Children** A project that aims to support MHAIDS to develop a workforce that is confident and competent to have conversations with people about their parenting and their children; knows about the SPHC resources and links to local parenting and community supports and services; is able to recognise and respond to the needs of children and their family and Whānau	8. Q2 & Q4	
9. **DNAs** Younger persons services are focusing on reducing the number of non-attendances (DNA)	9. Q2 & Q4	

Addiction

Government theme: Improving the well-being of New Zealanders and their families

System outcome: We have improved quality of life.

Government priority outcome: Support healthier, safer and more connected communities

Activity	Milestone	Measure
1. Complete the 3DHB AOD Model of care and priority pathways for Māori, Pacific, Youth, Rural and Remote areas, and Severe AOD. **(EOA)** (3DHB)	1. Q3	MH03
2. Investigate Māori provider reporting options that ensure accurate reporting of waiting times and facilitate alignment with Whānau ora activities.	2. Q1	

Maternal mental health services

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: Make New Zealand the best place in the world to be a child

Activity	Milestone	Measure
In 2020/21, we will develop and expand existing maternal mental health services through the following activities:		
1 Implement Hapu Wananga service, including parenting support that engages the mother and her whānau from conception through to the first thousand days of a child's life. **(EOA)**	1.Q1 – Q4	Status Update Report
2 Consider options to improve effective access to services according to presenting need, and enhance service integration to ensure the seamless transition of women between primary, secondary and tertiary mental health services.	2. Q1 – Q4	

2.5.5 Improving wellbeing through prevention

Preventing and reducing risk of ill health and promoting wellness is vital to improving the wellbeing of New Zealanders. As the population grows and ages, it is important to orient the health and disability system towards a public health and prevention focus. This focus, includes working with other agencies to address key determinants of health, creating supportive health enhancing environments, identifying and treating health concerns early and ensuring all people have the opportunity and support to live active and healthy lives.

PHUs have an important role to play to address key determinants of health, improve Māori health and achieve health equity and wellbeing by supporting greater integration of public health action and effort. DHBs and their PHU both have a role in contributing to improving the health and wellbeing of the population through prevention.

Please also refer to section 2.5 – responding to the Guidance.

Ki te kōtahi te kākaho ka whati, ki te kāpuia e kore e whati
A reed that stands alone is easily broken, bound together – unbreakable

Environmental sustainability

Government theme: Improving the well-being of New Zealanders and their families. Build a productive, sustainable and inclusive economy.

System outcome: We have improved quality of life

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

Activity	Milestone	Measure
1. Reviewing our car fleet (57 vehicles) to reduce average fleet CO2 emissions by 20% by migrating to hybrid or electronic vehicles and having fewer vehicle	Q1: analysis done Q2-4:Fleet reduction Q2-4: car fleet replaced with hybrid or EV	10 cars less 20% lower car fleet emission
2. Employer e-bike purchase support scheme for our employees to help lower our carbon footprint and our staff to stay healthy.	Q1 E-bike program completed	65 e-bike purchases (10% of staff)

Antimicrobial Resistance (AMR)

Government theme: Improving the well-being of New Zealanders and their families

System outcome: We live longer in good health

Government priority outcome: Support healthier, safer and more connected communities

Activity	Milestone	Measure
1. Update 3DHB antimicrobial empiric therapy guidelines	1. Q2	Status Update report
2. Surveillance of antimicrobial usage, including annual inpatient consumption report and point prevalence survey.	2. Q3	
3. Continue surveillance of multidrug resistant organisms and Clostridium difficile.	3. Q1-4	
4. Maintain hand hygiene compliance above 80 percent across Wairarapa Hospital.	4. Q1-4	
Equitable Outcomes Actions Our regional data shows that Gram-negative resistance does not currently disproportionately affect Māori and Pacific groups, however we are concerned about the impact on these groups if this changed. The most effective way to protect Māori and Pacific population groups is to have a strong and broad community infection prevention and control (IPC) and antimicrobial resistance (AMR) programme to reduce the rate of transmission of Gram-negative resistance in the community. To support a strong and broad community IPC AMR programme, WrDHB will:		
5. Provide education on AMR and IPC to primary care and residential care services through a study day and continuing medical education sessions.	5. Q2	

Drinking water

Core function – Health Protection.

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

Activity	Milestone	Measure
1. Provide a drinking water programme as per the Environmental and Border Health Exemplar for Public Health Units. (RPH) (Core function -health protection)	Q1-4	Status update report Q2 and Q4 (and as per environmental and border health exemplar).
2. Use a Drinking Water Plan to identify and target vulnerable populations (including communities with high Māori and Pacific peoples populations. (RPH) (Core function -health protection) **(EOA).**	Q1-4	Number, quality and usability of Public Health Risk Management Plans (PHRMP's)
3. Visit all marae throughout the region to discuss their Drinking Water Plans (RPH) (Core function -health protection) **(EOA).**	Q1-4	Public Health Risk Assessments endorsed by local iwi.
4. Undertake a Drinking Water Plan alongside Ngāti Kahungunu and Rangitāne to understand iwi perspective on water values and cultural impacts (RPH) (Core function -health protection) **(EOA).**	Q1-4	

Environmental and Border Health (note that the drinking water section is separate)

Core function – Health Protection.

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

Activity	Milestone	Measure
1. Undertake activities as per the Environmental and Border Health Exemplar for Public Health Units including hazardous substances; border health; emergency planning and response;	Q1-4	

resource management, regulatory environments and sanitary works; and other regulatory issues (also refer to the drinking water section). (RPH) (Core function -health protection) 2. Use public health risk assessment to identify and target vulnerable populations (including communities with high Māori and Pacific people's populations. (RPH) (Core function -health protection) **(EOA)** 3. Visit all marae throughout the region to discuss their Public Health Risk Management Plans [PHRMP] (RPH) (Core function -health protection) **(EOA)**	Q1-4 Q1-4	Status update report Q2 and Q4 (and as per environmental and border health exemplar). Number, quality and usability of PHRMP's.
Healthy food and drink **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		
Activity	**Milestone**	**Measure**
1. Update DHB Food and Beverage Guidelines to align with National Healthy Food and Drink Policy (drinks will remain stricter than the national policy). (Including RPH). 2. Develop a standard clause stipulating an expectation that service providers have a Healthy Food and Drink Policy covering all food and drinks sold on site/s and provided by their organisation to clients/service users/patients, staff and visitors. 3. Include the standard clause in all contracts and licences to occupy, as and when these contracts are agreed or renewed. The clause will becomes a standard inclusion in procurement and property related templates. 4. Work with food service providers operating on site at Wairarapa DHB to ensure that they are 100% compliant with the updated Food and Beverage Guidelines by Q4. 5. Work in partnership with Sport Wellington and the Ministry of Education to provide the Healthy Active Learning programme to schools and early learning services, with a continued emphasis on (a) water-only and (b) low decile schools with higher numbers of Māori and Pacific students. Report on the number of Early Learning Services, primary, intermediate and secondary schools that have current water-only (including plain milk) policies and healthy food policies (that are consistent with the Ministry of Health's Eating and Activity Guidelines**. (EOA)** (RPH) (core function - health promotion).	Q2 Q2 Q2-4 Q4 Q1-4	Status update: Q2 and Q4. Water-only polices and food policies consistent with guidelines. Q4: Ability to deliver messaging in Te Reo Māori to Kohanga Reo and Kura Kaupapa Māori.

6. Provide healthy food and drink promotion to all local kohanga reo and kura kaupapa Māori in te reo Māori. (EOA) (RPH) (core function - health promotion)	Q1-4	

Smokefree 2025

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

Activity	Milestone	Measure
1. Undertake compliance and enforcement activities relating to the Smokefree Environments Act 1990. (RPH) (core function – health protection)	1. Report in Q2 and Q4.	1. Number of compliance and enforcement activities.
2. Promote access to stop smoking services, particularly for priority populations (including RPH) (core function- health promotion) **(EOA)**	2. Report in Q2 and Q4.	2. Survey Māori
3. Provide administrative support and resource to the *hapūtanga first thousand days* project alongside a Māori Health Provider and Tū Ora Compass Health.	3. Q1-4.	
4. Continue to support the implementation of Tapu te Hā the WrDHB Tobacco Control Plan.	4. Q1-4.	
5. Work with hapū wāhine and Māori to co-design wrap-around stop smoking services that will work for them.	5. Q1	
6. Continue Hapu Mama stop smoking incentive programme.	6. Q1-Q4	
7. Review the Kohanga Reo initiative co-designed to support Kaiako to quit smoking using the concept of shared medical appointments/group work integrated with the local stop smoking service.	7. Q1	
8. Implement place based solutions to support Māori to quit smoking i.e. kura, sports clubs and kapa haka.	8. Q2-Q4	
9. Review the smoke free outdoor dining café initiative led by the Cancer Society in terms of resourcing.	9. Q1	
10. Continue to support smoking brief advice and cessation support delivered by community pharmacy.	10. Q1-Q4	
11. Continue to report on the Vital Few.	11. Q1-Q4	

Breast Screening

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

Activity	Milestone	Measure
1. Regional Screening Services will continue to provide six **weekend breast-screening** clinics at each of the DHBs and aim to screen a target of 40 women at each clinic (dependent on medical imaging technologist resource). (Also a Cancer Services activity) (2DHB). 2. Regional Screening Service will implement more regular monthly **evening breast-screening** clinics during the working week and aim to screen a target of 15-20 women at each clinic (dependent on medical imaging technologist resource). (2DHB). 3. To support the national (BreastScreen Aotearoa) two-year pathway to achieve the 70% **screening target for Māori and Pacific women**, Regional Screening Services' recruitment and retention team will aim to support as many additional Māori and Pacific women as possible who are overdue or unscreened to attend a breast screening clinic. **(EOA)** (2DHB) Across the 3 DHBs R&R home visit hard to reach overdue and unscreened priority women. Transport to screening appointments and assessment is also provided if needed. We will continue to invite and **support overdue and unscreened women** to breast screening sessions and work in partnership with clients to find appointment days and times that best suit them. R&R refer priority women to ISP's who have contracts with the NSU or the RSS. There is no ISP for the Wairarapa DHB to refer to which is a gap for equity. However we are in the process of supporting the PHO with funding for FTE to address this in order to provide a Wairarapa based support to screening service 4. Regional Screening Services will use the results of the BreastScreen Central Mammography Project to inform changes enabling provision of the most effective and efficient way of **increasing access to breast screening services,** with a particular focus on improving access for Māori and Pacific women. The project will look at additional fixed sites and/or a replacement mobile unit. **(EOA)** (2DHB). 5. Regional Screening Services will continue to trial same day biopsies and first specialist appointments at the breast symptomatic clinic to facilitate access and faster cancer treatments depending on surgeon and radiologist resource. (Also a Cancer Services activity) (2DHB).	1. Q2: 2 weekend breast screening clinics will occur by December 2020. 2.Q1-Q4: Regular late clinics on the mobile at Wairarapa 3.Q4: Support PHO to employ a support to screening role to engage Māori and Pacific in Wairarapa 4. Q2: RSS has agreement to establish a fixed screening site in Wairarapa by December 2020 5. Q1: Hutt base will support one stop shop clinic for Wairarapa clients by September 2020.	A qualitative status update report will be provided on the progress of all activities in Q2 and Q4 which will include Breast screening and DNA rates by ethnicity with an aim to achieve 70% coverage.

Cervical Screening

Government theme: Improving the well-being of New Zealanders and their families

System outcome: We live longer in good health

Government priority outcome: Support healthier, safer and more connected communities

Activity	Milestone	Measure
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. 1. Regional Screening Services will continue to **promote the key messages** around the importance and benefits of cervical screening by attending events where priority populations gather, and educating and supporting women into the screening pathway. 2. Regional Screening Services will **increase linkages with general practices** in the Wairarapa region and will work with them using data matching reports to identify and offer support to priority group Māori, Pacific, and Asian women who are unscreened and under screened**. (EOA)** (Also a Cancer Services activity) 3. Invite and support overdue and unscreened women to **combined breast and cervical screening** Saturdays. **(EOA)** (Also a Cervical Screening activity and a Cancer Services activity) 4. Provide Support to Services i.e. transport and support for women to Colposcopy Services, follow-up of overdue and not screened women identified via the PHO Data Match Reports.	1. Q-1-4 2. Q1-4 3. Q1-4 4. Q1-4	NCSP Coverage Reports. Status Update Report of events and outcomes in Q2 & Q4 Report on Practices Data-matched Align to Māori Health Plan Report on DNA's

Reducing alcohol related harm

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

Activity	Milestone	Measure
1. Provide analytical support to by developing trends and insights for decision making from using hospital and emergency department data. (RPH) (core function – health assessment and surveillance).	1. Q1-4	Status update: Q2 and Q4
2. Provide health protection activities relating to the Sale and Supply of Alcohol Act 2012. (RPH) (core function – health protection).	2. Q2 and 4 as per health protection reporting template	
3. Influence policies related to reducing alcohol related harm, e.g. Councils' local alcohol policies. (RPH) (core function – health promotion).	3. Q1-4	
4. Support communities to have a voice in local alcohol licensing decisions, alcohol and drug policy and legislation development. Communities with a high proportion of Māori, Pacific, or people on low incomes are prioritised**. (EOA)** (RPH) (core function – health promotion).	4. Q1-4	
5. Continue implementing the PHO led multi-agency what about you campaign focusing in on Rugby clubs.	5. Q1-Q4	

Sexual health

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

Activity	Milestone	Measure
1. Provide information and advice to communities and health providers for sexually transmitted infections (STIs) outbreaks. (RPH) (core function – health promotion)	Q1-4	Status update: Q2 and Q4
2. Lead collaboration with relevant sexual health services and stakeholders to support the sexual health workforce to be able to respond to the sexual health issues identified by Māori and Pacific populations. **(EOA)** (RPH) (core function – health promotion)	Q1-4	

3. Support stakeholders to respond to sexual health issues identified by Māori and Pacific populations by providing advice, information and linking with relevant agencies and experts. **(EOA)** (RPH) (core function – health promotion) 4. Implement the National Syphilis Action Plan. (including RPH) (core function - health promotion) 5. Provide contact tracing/partner notification (RPH)	Q1-4 Q1-4 Q1-4	
Communicable Diseases **Government theme:** Improving the well-being of New Zealanders and their families **System outcome:** We have health equity for Māori and other groups **t priority outcome:** Support healthier, safer and more connected communities		
Activity	**Milestone**	**Measure**
1. Improve access to infectious disease related services for Māori and Pacific peoples (RPH) (core function – health promotion) **(EOA)** 2. Provide a notifiable communicable disease programme to prevent, identify and respond to exiting/emerging communicable diseases including prompt follow up of notifiable communicable diseases; detect and control of outbreaks; facilitate TB drug regimens completion; and promote infection prevention, control and immunisation in community and healthcare settings. (RPH) (core function – Health Promotion, Health Protection, Health Assessment & Surveillance, Public Health Capacity Development and Preventive Interventions)	Q1-4 Q1-4	Status update: Q2 and Q4

Cross Sectoral Collaboration including Health in All Policies

Core function – Health Promotion.

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

Activity	Milestone	Measure
1. Provide the Health in All Policies programme (HiAP) focusing on influencing Councils' spatial planning and district plan reviews. **(EOA)** (RPH) (core function – health promotion)	Q1-4	Status update: Q2 and Q4 – report on how the DHB is addressing the wider determinants of health that are outside actual health service provision and the impact this is having, or is intended to have, on improving health outcomes.
2. Continue to support and grow the Tihei Wairarapa Alliance, Te Iwi Kainga and Tūhono to design a (HiAP) process for WrDHB.	Q1-4	
3. Co-plan and implement activities as a member of the Wellington Regional Healthy Housing Group. (RPH) (core function – health promotion) (3DHB)	Q1-4	

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

New Zealanders are living longer, but also spending more time in poor health and living with more disability.
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; to improve system sustainability, to improve health and to reduce differences in health outcomes.

Ki te kōtahi te kākaho ka whati, ki te kāpuia e kore e whati
A reed that stands alone is easily broken, bound together – unbreakable

Delivery of Whānau Ora

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

Activity	Milestone	Measure
1. Review all Māori health services, programmes and people currently funded by the WrDHB to deliver targeted and tailored services to whānau Māori. 2. Review all other generic health services, programmes and people currently funded by the WrDHB to deliver targeted and tailored services to whānau Māori. 3. Complete a new Māori Health Plan that includes an analysis of Māori Health need, investments, workforce and configuration. 4. Implement the new Treaty of Waitangi policy through the changes in tier two accountabilities and Key Performance Indicators to include indicators and measures relating specifically to Equity and Māori health. 5. Implement Hapūtanga [marae based antenatal programme] target pregnant Māori women and whānau. Marae based teaching and learning that includes all generic and Māori specific facets of antenatal education. 6. Implement Kura Pounamu [marae based weaving for maternity] target pregnant Māori women and whānau. Utilising traditional weaving as the vehicle, for learning that includes all generic facets and Māori specific facets of SUDI protection and education. 7. Implement Kaumātuatanga [whānau advanced care planning] target older 55+ Māori, Pacific and whānau. Promoting and delivering on care plans that engage and involve the whānau as a whole unit and holding a conference in Masterton to promote Advanced Care Planning 8. Implement Kāinga Ora [Home Assessment and Remedies] target low socioeconomic, vulnerable whānau. Providing home assessments and remedial work to improve living conditions for vulnerable whānau 9. Implement Te Whakauruora [Suicide Prevention & Postvention] target Māori, Men & Youth. Designing a programme of work focussed on outcomes for Māori, Men & Youth. 10. Implement Niho Taniwha [Oral Health] target Māori, Pacific, LSE. Providing sufficient, early care and treatment for those children requiring specialist oral surgery.	1. Q1 Confirm scope for review 1. Q2-Q4 Contract review of services 2. Q1 Sign off on scope for planning 3. Q2-Q4 Complete planning 4. Q1 Undertake review of tier 2 KPI's include equity and Māori Health measures. 5-13. Q1 Contract providers for equity focussed programmes and services. 5-13. Q2-Q4 Monitor progress	Quarterly status reports

11. Implement Tāringa Whakarongo [Ear Health] target Māori, Pacific, LSE. Providing sufficient, early care and treatment for those children requiring specialist micro suctioning of earwax 12. Implement Tapū Te Hā [Smoking Cessation] target Youth at Risk, Alternate Education. A targeted health promotion programme aimed at youth engaged in alternate education using smoking as a vehicle for further work 13. Implement E Tūhono [Māori Health Analytics & Insights] target Māori health data, analytics and insights for decision makers. Utilising Māori expertise to understand and design Māori health service provision into the future. 14. Furnish a project plan to address adverse childhood experiences through a trauma informed health approach across two hospital services with a focus on Māori and Pacific children (maternity & paediatric services)	14: Q4 Project charter completed	

Pacific Health Action Plan

Government theme: Improving the well-being of New Zealanders and their families

System outcome: We have health equity for Māori and other groups (Pacific)

Government priority outcome: Support healthier, safer and more connected communities

Activity	Milestone	Measure
1. Co-design, support and develop services that best meet the needs of our Pacific population, especially services delivered locally in primary care.	Q1-4	Status Reports
2. Investigate opportunities to grow local leadership alongside support from the Director Pacific Health.	Q1-4	Increase in Pacific representation on decision making tables
3. Resource Pacific Health promotion opportunities in breast and cervical screening.	Q1-4	Increase in uptake of free screening for Pacific women
4. Wairarapa DHB commits to supporting delivery of the new Pacific Health Action Plan - Ola Manuia 2020-2025: Pacific Health and Wellbeing Action Plan. **(EOA)**	Q1-4	

Care Capacity Demand Management (CCDM)

Government theme: Improving the well-being of New Zealanders and their families

System outcome: We live longer in good health

Government priority outcome: Support healthier, safer and more connected communities

Activity	Milestone	Measure
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.	Q1	Achievement of Planned Activities
2. Complete TrendCare version 3.6 upgrade project for all inpatient areas.	Q1	
3. Complete FTE calculations, roster adjustments and business cases for any required additions to FTE.	Q2	
4. 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, and hospital at a glance technology).	Q2	
5. Expand TrendCare system engagement alongside and aligned to CCDM programme expansion.	Q2	
6. Complete governance framework with establishment of inpatient quality group BAU activities 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.	Q2	
7. Establish 'paper-based' variance response management processes and systems in preparation for the introduction of automated variance response management.	Q3	
8. Consolidate current CCDM Council approved Core Data Set across the inpatient area and expand to incorporate all 23 Core Data Set measures.	Q3	

Disability Action Plan

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: Ensure everyone who is able to, is earning, learning, caring or volunteering

Activity	Milestone	Measure
There is a 3DHB Strategy that is in place 2017-2022.		Status Update Report
1. Extend data governance working group.	Q1	
2. Source and secure Data points across the 3 DHBs and external partners.	Q2	
3. Redesign information requirements of referrals ensuring disability is detailed and appropriate to inform a data strategy for the purpose of improving health outcomes.	Q4	
4. Education processes to enhance data capture are developed and actioned across the DHBs.	Q4	

Disability

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: Ensure everyone who is able to, is earning, learning, caring or volunteering

Activity	Milestone	Measure
1. Provide a human rights based staff training framework, one that promotes equity and barrier free engagement with health services by disabled people. This will result in significant attitudinal change across the DHB's. Core disability responsive education will comprise of an initial e-learning programme of three modules that all staff must complete. This programme will ensure that all staff have foundational knowledge about disability, the rights based approach, the importance of attitude and how to make reasonable accommodations. Once this core learning has been completed additional modules can be provided that gradually build on knowledge and information as required - this can be taken to advanced levels.	Q2	Status Update Report
2. Deployment of effective disability alert system that is evident on all patient records. This will include a launch and education program for the workforce.	Q4	
3. Collaborate with the Ministry on targeted engagement by DHB's with disabled people in each region.	Q2	

4. Health information is to be accessible for disabled people in ways that promote their independence and dignity. The DHB is committed to working progressively to ensure all information intended for the public is accessible to everyone and that everyone can interact with services in a way that meets the individual need to promote their independence and dignity. NZSL will be used to convey public alerts across the DHB. 5. Finalise the revised hard copy Health Passport and launch, with education program for public and staff across the 3 DHBs: (a) Agree version of prototype e-version of Health Passport	Q4 Q3; (a) Q4	

Planned Care

Government theme: Improving the well-being of New Zealanders and their families

System outcome: We live longer in good health

Government priority outcome: Support healthier, safer and more connected communities

Activity	Milestone	Measure
In 2020/21, the DHB will be implementing the first year of its Three-Year Plan to improve Planned Care delivery.	Q1-Q4	SS07 Planned Care Measures
Maintain Compliance for Access to Planned Service Assessments against ESPI 2	**Q1-Q4**	
Maintain Increased uptake of Virtual Care/Telehealth options for non-contact clinic appointments	Q1-Q4	
Implement Txt and reminder systems for ambulatory care models	Q3	
Provide outreach ambulatory care clinics in Community/Primary Care facilities closer to patient neighbourhoods	Q1-Q4	
Transfer common Hospital Day Procedure Infusions to Primary Care	Q4	
Restore and maintain ESPI 5 access to Planned Care treatment compliance for all Services Achieved by • Improving Flow and efficiency o SAFER Inpatient care management project o Hospital at Home o Theatre Productivity Project • Agreeing revised sub regional and externally provided care agreements for vulnerable services (ENT, Urology, Gastro)	**Q2-Q4** Q1 Q1-Q2 Q3	
Achieve compliance with waiting time access to MRI scanning for Wairarapa Patients with 85% receiving scans within recommended time frames.	Q2	

• Access and negotiate with sub regional and extremal providers to increase and improve access to MRI scanning. • Realise additional capacity to improve performance by 15% per Quarter **Roll out of Non -Surgical Management for common orthopaedic conditions** **Address areas of inequity** Embedded monitoring of Equity access measures through Operational management (will increase and be informed by CSP development) **(EOA)** Address inequity on DNA rates Cause and Analysis Design and implementation	Q4 Q1 Q3 –Q4 Q2 Q1-Q4	

Acute Demand

Government theme: Improving the well-being of New Zealanders and their families

System outcome: We live longer in good health

Government priority outcome: Support healthier, safer and more connected communities

Activity	Milestone	Measure
1. Reduce inappropriate hospital readmissions by providing safe and supportive post discharge processes for those identified at risk of readmission.		SS04: Implementing the Healthy Ageing Strategy
a) Implement trial of post discharge navigation with people identified at risk of readmission and their whānau to increase health literacy, self-management and resilience. **(EOA)**	1.a. Q1 -Q4	
2. Continue to Support rehabilitation closer to home following an acute episode.		SS10: Shorter stays in emergency departments
a) Develop service for rehabilitation in the community and align with other community based developments – To encompass ACC non-Acute rehab (NAR), MAP and implementation of national community stroke rehabilitation guidelines.	2a. Q4	SS05: Ambulatory Sensitive Admissions (ASH adults)
3. Post COVID-19 review to minimise infection rates while delivering services during pandemic, maximise lessons learned on		
a) Implement Virtual care / telehealth (including acute management specialist review) Orthopaedics	3a.Q1 – Q4	
b) Streamlining patients into appropriate care streams rather than default to ED.		
i. Physical Reconfiguration of front door layout and waiting areas to;	3b1.Q1 – Q2	
ii. create areas for triage, assessment and redirection	3b2. Q1	
iii. Retain rapid capacity to physically separate streams for rapid Pandemic Response	3b3. Q1	
4. Monitor implementation and outcomes of Health Care Home model, including the measure of reduction of acute presentations (specifically with an equity lens).	4. Q1-Q4	
5. Roll out Hospital @ Home programme		
a) 2 nominated ARC Facilities	5a. Q1	
b) Wider ARC Sector	5b. Q2-Q3	
	5c. Q4	

c) Domiciliary Capacity d) Align to provide support and opportunity with Medical Community Based Training 6. Introduction of the SAFER care bundle for inpatient care, a) Review of Senior medical cover at the front door (ED), b) Systematic MDT review of patients with extended length of stay and implementing criteria for discharge (CCD) and c) nurse lead discharge to eliminate waiting and aid early discharge 7. Establish a single point of contact to provide advice to patients and clinicians on the most appropriate patient pathway co-ordinating primary secondary and community services. Begin with acute care for 24/7 access 8. Implement SNOMED in the Emergency Department, including both triage codes and discharge codes. We commit to the July 2021 reporting mandate for SNOMED coding in ED. WaiDHB Costpro data warehouse is not configured for coding SNOMED through NNPAC in the current environment. Completion of work to achieve compliance of SNOMED will be in 3 phases over the 202/21 year. Stage 1 Upgrade data warehouse and COSTPRO including installation of Intel Plus to enable SOMED reporting for NPF Stage 2 Analysis and Process flow mapping and testing for all systems including clinical Systems (Concerto). Development of reference and training guides Stage 3 Roll out of training programme for clinical staff transition from ICD10- to SNOMED for coding clinical activity. Commence and confirm reporting feed using SNOMED.	5d. Q1 6a.Q1-Q4 6b. Q1-Q2 6c. Q1-4 7. Q2 8. Q1-Q4 Stage 1: Q1; Stage 2: Q2-Q3 Stage 3: Q4	

Rural health

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

Activity	Milestone	Measure
1. Continue the South Wairarapa practices collaboration to provide extended hours to the South Wairarapa population.	1. Q1-Q4	Rural Health quarterly report.
2. Work with rural practices to implement annual rural alliance plan focusing on Workforce sustainability and facility development to ensure good access to primary care remains for rural communities.	2. Q1-Q4	SSO4: Implementing the Healthy Ageing Strategy.
3. Survey community leaders in South Wairarapa to understand the best approach to youth health service delivery.	3. Q2	SS05: Ambulatory Sensitive Admissions (ASH adults).
4. Extend reach of psycho-social support for people with life limiting conditions, especially family/whānau carers to South Wairarapa	4. Q1-Q2	CW09: Better Help for Smokers to Quit (Maternity).
5. Extend reach of Kaupapa Māori antenatal education programme to South Wairarapa targeting young Māori mothers to be.(EOA)	5. Q3	CW10: Raising Healthy kids.
6. Optimise local community connections to improve senior's wellness and social connectivity and to address the growing rates of senior loneliness and social isolation.	6. Q1-Q4	
7. Establishment of Day Activity Programme in the community for older people and those with long term conditions to support family carers in South Wairarapa.	7. Q2	
8. Optimise capacity of rural dental bus to provide treatments for targeted populations e.g. removal of ear wax for children of low-decile families.	8. Q1-Q4	
9. Increase the availability of clinical psychological support to the Wairarapa farming community.	9. Q1-Q2	
10. Provide joined-up suicide prevention support alongside the Ministry of Primary Industries to support rural whānau.	10. Q1-Q2	

Healthy Ageing

Government theme: Improving the well-being of New Zealanders and their families

System outcome: We live longer in good health

Government priority outcome: Support healthier, safer and more connected communities

Activity	Milestone	Measure
1. Continue working with ACC to implement the Wairarapa programme for reducing the incidence and impact of falls across Primary Care, Community and in home settings and hospital services.	1. Q1-Q4: Primary care quality indicator and patient dashboard is used to prompt for screening for falls risk, with priority focus for Māori and Pacific Island people. Data driven osteoporosis management is achieved in primary care through using our alliance to promote and facilitate attainment of the target for fragility fracture protocol.	**SSO4: Implementing the Healthy Ageing Strategy:** 1. Ageing well 2. Ageing well 3. Acute and Restorative Care 4. Living well with long term conditions 5. Living well with long term conditions 6. A Respectful end of Life
2. Support rehabilitation closer to home. Develop service for rehabilitation in the community and align with other community based developments – To encompass ACC non-Acute rehab (NAR), MAP and implementation of national community stroke rehabilitation guidelines.	2. Q4: Review current non-acute rehab pathways. Develop implementation plan for community based rehabilitation.	
3. Ensure HQSC Frailty Care Guides are referenced in the localised Health Pathway for "Frail but Stable Older People"	3. Q1	
4. Participate in a Regional Equity forum, using dementia as the area of focus.	4. Q2	
5. Identify future equity actions arising from the Regional Equity forum and the findings of the National Dementia Stock-take.	5. Q3	
6. Reduce inappropriate hospital admissions by: a. Continuing to support primary care to avoid admissions through the established Health Recovery Programme. b. Implement a trial for hospital at home (secondary HOP team supporting primary care in the community).	6. Q2 & Q4: a) Monitor outcomes 6 monthly b) Initiation of trial and formative evaluation process	

c. Implement trial of post discharge navigation with people identified at risk of readmission and their whānau to ensure their risks are addressed – working with primary care (Health Care Home), providing guidance related to increased health literacy, self-management and resilience.	c) Refinement of readmission risk screening tool. c) Implementation of trial and formative evaluation	
7. Align the Wairarapa model for integrated support of older people with the National framework for Home and Community Support services.	7. Q2: Develop transition plan for implementation of case mix resource allocation. 7. Q4: Scope impact for adopting the national service specification for home and community support.	
8. Support the Māori Women's Welfare league to design advance care planning for older Māori.	8. Q1: Hold Hui	
9. Establish a palliative care 'coach' role to support ARC providers to strengthen knowledge and skill of the workforce and endorse their role in the Wairarapa integrated palliative care model.	9. Q1: ARC staff are supported to participate in anticipatory care planning and included in the primary care multidisciplinary management of palliative patients.	
10. Resource the Wairarapa Māori Women's Welfare League to provide a conference and report on aged care for local kaumatua.	10. Q2 Commission and receive a report on Kaumatuatanga from the Wairarapa Māori Women's Welfare League.	
11. For the pandemic of Covid-19, finalise a local pandemic outbreak plan for ARC and participate in national development of a pandemic management workbook for ARC.	11. Q1-Q4	

Improving Quality

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

Activity	Milestone	Measure
Improving equity		
1. Use the current review of podiatry services to inform a wider discussion around the prioritisation of resources for diabetes management through general practice.	Q2 - review report on podiatry. Q3 - 4 use the review as the basis of further recommendations on project work in the area of Diabetes for Māori.	Status update report PH01
Improving Consumer engagement		
1. In collaboration and partnership with the Consumer Council, identify a governance group, existing or new to oversee the implementation of the Consumer Engagement Quality Safety Marker.	Q2 – upload QSM data by Dec 2020.	
2. Identify the most efficient methodology to gather and upload the data required to meet the Consumer Engagement QSM dashboard requirements and reporting framework, including evidence of engagement, responsiveness and experience.	Q2 – confirm TOR of governance group. Q4 – combined review of primary care and adult inpatient survey results using new survey tool.	

New Zealand Cancer Action Plan 2019 – 2029

Government theme: Improving the well-being of New Zealanders and their families

System outcome: We live longer in good health

Government priority outcome: Support healthier, safer and more connected communities

Activity	Milestone	Measure
1. Design a local plan of action focussed on the four outcomes of the NZ Cancer Plan 2019-2029 and the recommendations of Gurney et al. (2020) Disparities in Cancer-Specific Survival Between Māori and Non-Māori New Zealanders, 2007-2016.	1. Q2 – Q4 Wairarapa DHB Matepukupuku Plan of Action is underway.	1. The plan is completed including feedback from key stakeholders
2. Jointly fund a position alongside Tū Ora Compass Health in order to target Pacific whānau to support them to access prevention programmes and screening services. (immunisation, breast, cervical, bowel, diabetes, CVDRA)	2. Q1 – the resource is in place. Q2- Q4 an appropriate approach is formulated alongside the Pacific community and is starting to be implemented.	2. More Pacific whānau access screening and prevention services and programmes.
3. Support Whaiora Whānui to provide screening clinics to priority populations for breast and cervical	3. Q1 -Q4 Priority populations are being offered screening clinics in the 'most' appropriate way – for them. Q1- Q4 specific emphasis is placed on extra support for overdue or unscreened women.	3. Increased uptake for priority populations of breast and cervical screening.
4. Work in partnership with local Māori health providers, PHOs, primary care and community health services, including multidisciplinary meetings and teleconferences, use of local clinics, and organising education and health promotional events.	4. Q1 – Q4 the partnership between providers of health services is flourishing.	4. Evidence of working together on joined up programmes and projects.
5. Consider a Māori specific approach to Cancer co-ordination across the region with a view to improving prevention activities, early diagnosis and equitable care that is targeted and tailored to Māori settings	5. Q1-Q2 The outline of an approach is formulated in conjunction with regional Māori Cancer network groups	5. Consultation is completed.

6. Continue to support the local tobacco control plan "Tapu Te Hā".Refer. Smokefree 2025.	(MidCentral, Hutt Valley & Hawkes Bay). Q3-Q4 write a plan. 6. Refer. Smokefree 2025.	A plan is completed. 6. Refer. Smokefree 2025.
Bowel Screening and colonoscopy wait times **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		
Activity	**Milestone**	**Measure**
1. The DHB will finalise the Annual Production plan to ensure capacity and demand informs operational performance and effective monitoring is in place	Q1	Finalise production plan
2. Additional Endoscopist capacity will be obtained by recruitment selection to existing General Surgeon vacancy.	Q2	Appointment to be made by Q4
3. The DHB will use the EGG (Endoscopy Governance Group) oversight with the designated Maori Health representation roles to monitor and inform equity achievement and any remediation activity to address performance.	Q1, Q2,Q3 Q4	Reduce equity gap by 5% in agreed areas
4. The DHB will appoint (subject to funding from Regional Bowel Screening Innovation) a dedicated BSP Maori navigator role	Q1	Appointment to be made Q4

Workforce

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: Ensure everyone who is able to, is earning, learning, caring or volunteering

Activity	Milestone	Measure
DHB Workforce priority: Turning Values into Action (see also section 4.3 on Workforce)		SS19: Workforce out year planning.
Workforce Diversity The diversity of our workforce needs to reflect the communities we serve. Specific strategies to attract, recruit and retain our Māori, Pacific and disability workforce are key priorities.		Status Update Reports.
1. We will build our understanding of our workforce through better use of workforce data, and ongoing use of survey tools. We will develop our ability to integrate workforce intelligence and utilise forecasting tools. Milestones include: a) Include high quality diversity data in all our recruitment data collection and reporting b) Upgrade existing workforce diversity data to enable enhanced accuracy of diversity data reporting. c) Integrate the recruitment data into our payroll data base, involves upgrading payroll system	(a) Q1; (b) Q2; and (c) Q3	
2. We will implement values based recruitment practises across the DHB ensuring alignment with the organisational values. This will include a focus on equity **(EOA)**: - Collecting data relating to Māori applicants - Interviewing all eligible Māori applicants - Consideration of Tikanga Māori in selection processes - All interview processes to include Treaty and Cultural focused questions - Set targets in relation to workforce reflecting community	Q1/Q2	

Cultural safety 3. Focus this year will be to enact the intentions outlined in the Māori Health strategy (2019) and Central Region Equity Framework. This will include a focus on increasing the cultural intelligence and safety of our workforce, with a particular emphasis on understanding and challenging bias. Activities include: a) Investigate use of equity eLearning across workforce. b) Embed equity focus into on boarding for all new staff. c) Commence the education of our workforce about recognising and addressing unconscious bias using eLearning modules. 4. Ensuring that our attraction and recruitment processes are culturally safe. In the first instance, this means being able to provide accurate ethnicity data from our people systems. Other activities include: a) All job titles expressed in Te Reo and English. b) Project to revise attraction, recruitment and on boarding to ensure cultural safety and to attract Māori workers.	(a) Q2 & Q4; (b); Q3 & Q4; and (c) Q4 (a) Q1; and (b) Q2	
Health Literacy To achieve gains in equity of outcomes, a focus on health literacy will be important. This includes our workforce having effective understanding of responsibilities under Te Tiriti O Waitangi and ability to enact Te Tiriti. 5. Taking a planned approach to embedding and extending programmes already initiated will be important in the coming year. Activities include: a) Investigate health literacy eLearning opportunities for staff. b) Embed health literacy focus into on boarding for all new staff.	(a) and (b) Q2 & Q4	
Leadership – see also section 4.3.1 re Leadership Development. 6. Leadership activities in the coming year will focus on adapting our current approach of developing individual leaders to strengthening leadership as a core capability and an enabler for achieving organisational priorities. Milestones include: (a) Leadership framework designed;	(a) Q1; (b) Q3; and (c) Q4	

(b) Leadership framework piloted implementation; (c) Leadership framework implementation commences.		
7. We will put support mechanisms in place for our senior leaders to role model and to actively develop leadership capability in their leaders and across the DHBs. Milestone includes: (a) Design a leadership pipeline that includes an approach that will support us to identify future leaders and manage this talent.	(a) Q4	
Pandemic Preparedness 8. A 2DHB health system Workforce Office was set up across HV and CCDHBs to support coordinated workforce planning and deployment for COVID-19 during the response. Wairarapa DHB linked into this Office and also established it's own Workforce and Welfare Group. A 'virtual' workforce office continues to monitor requests and can be stood up if required. The virtual office continues to hold a database of staff who may be available for redeployment during any future response. Milestones include: (a) Database updated on and ongoing basis as part of on-boarding new staff (b) Systems and processes used by the Office are documented so they can be retrieved and used.	(a) Q1; (b) Q2	
9. We have developed an Aged Residential Care (ARC) Contingency Plan as part of the COVID-19 Response. The Plan sets out how the DHB will support the management of a COVID-19 outbreak in an Aged Residential Care (ARC) facility (including workforce considerations).	Q1 Plan finalised	
10. A 20DHBs Emergency Response Function was established to support coordinated workforce response for COVID-19. The structure and operating model were identified and stood up during the response. This function remains on standby, to enable rapid response for future pandemic events.	Q1: Function enabled for standby status.	

Other activities		
11. Review and change core organisational training and development requirements to align with new values and a focus on building constructive workforce relationships.	Q1-Q4	
12. Development of HRIS system to address Holidays Act Compliance issues and to developing better reporting on people data	Q1-Q4	
13. Review and develop performance and remuneration framework to attract and retain the right workforce delivering ensuring alignment with regional and national activity	Q3/4	
14. 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	
15. Progress the implementation of the Care Capacity Demand Management (CCDM) programme, with the goal of full implementation by 30 June 2021.	Q1-Q4	
16. 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	

Data and Digital

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

Activity	Milestone	Measure
Activity *(strategic intentions of the 3DHB ICT services outlined in Section 4: Stewardship)* **1. Achieving stability of critical systems - Concerto clinical portal consolidation:** This 3DHB initiative will bring Concerto back into support, provide consistent features and enable sharing of patient information across the three DHBs. This will reduce long run costs of the clinical portal, and enable migration to regional infrastructure. This will also ensure that there is consistent clinical service experience for Māori and other groups across the three DHBs. The software component of this project is an enabler for electronic referrals. CCDHB migrated onto the new Concerto instance 01 June 2021. **(EOA)** **2. Significant improvement to operational efficiency and patient care – Mobile Electronic Patient Observations:** This project is delivering the implementation of a platform for Patient Observations, Early Warning Score Management and Nursing Documentation across our three DHBs. First deployment into the CCDHB children's ward by Q4. 3. **Transforming services to be fully digital - Digital Workplace** The goal of this programme of work is to minimise digital boundaries so staff can securely connect to DHB information anywhere, anytime, anyway. This will transform how our people operate enabling more effective and efficient service delivery. The work is a multi-year change programme based on digital workplace tools such as Information Management, Microsoft Teams, increasing mobility of our workforce, and providing a single interface where a person can access everything they need to do their job. Activities include: first iteration of modern desktop Q2; First delivery of communication tools (i.e. exchange online) Q2; Implemented knowledge management framework Q3.	Q4 Q4 Q3	Status Update Report

4. **Mandated outcome - Fax end of life** The Ministry of Health have mandated phasing out the use of analogue fax by health sector agencies by December 2020. The MOH mandate is to support secure digital communication within the NZ health and disability sector. First use case made fax free September 2020. Many Q1-Q4 fax use cases have work arounds or is on new technology by Q4.	Q4	
5. ICT Investment Portfolio reporting The quarterly reports on the DHB ICT Investment Portfolio to be submitted to the Ministry of Health will include WrDHB ICT investment costs, along with CCDHB and HVDHB.	Q1-Q4	
Implementing the New Zealand Health Research Strategy **Government theme:** Improving the well-being of New Zealanders and their families **System outcome:** We live longer in good health **Government priority outcome:** Ensure everyone who is able to, is earning, learning, caring or volunteering		
Activity	**Milestone**	**Measure**
1. Implementation of NZ Health Research Strategy a) Wairarapa DHB commits to working with the Ministry of Health in a programme of work to support the implementation of the NZ Health Research Strategy.	1. Q1-4	Status Update Report
2. Work regionally to further develop research & analytics networks a) Attend regional research collaboration meetings b) Work with our regional DHB partners and other research partners to create research and analytic networks.	2. Q1-4	
3. Policy & procedure development a) Develop relevant research policies and procedures for the Wairarapa DHB as required.	3. Q1-4	
4. Produce an Annual Research Report and Summary Report	4. Q4	

Delivery of Regional Service Plan (RSP) priorities and relevant national service plans **Government theme:** Improving the well-being of New Zealanders and their families **System outcome:** We live longer in good health **Government priority outcome:** Support healthier, safer and more connected communities		
Activity	**Milestone**	**Measure**
Wairarapa DHB will support the region to deliver the RSP, including: 1. Work on our region's identified p**riority areas** (Cancer, Cardiac, Radiology, and Regional Care Arrangements) 2. Work in the region to encourage optimal Hepatitis C virus care in general practice, including encouraging primary health staff to request more Hepatitis C tests, and implementing and publicising the new regional pathways for Hepatitis C.	1. Q1-4 2. Q1-4	Status Update Report

2.5.7 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

Government theme: Improving the well-being of New Zealanders and their families

System outcome: We live longer in good health

Government priority outcome: Ensure everyone who is able to, is earning, learning, caring or volunteering

Activity	Milestone	Measure
1. Implement the local System Level Measure Improvement Plan developed by our Alliance Leadership Team, as outlined in the Appendix. 2. Embed telehealth models of care that began during COVID to enable patients to appropriately receive primary and secondary care services. 3. Co-design and establish at least one Community Health Network in the Wairarapa, guided by ethnicity and outcome based analysis. **(EOA)** 4. Standardise and strengthen our approach to integrated MDTs between primary care, allied health, community nursing and care coordination.	1. Q1-4 2. Q2 & Q4 3. Q4 4. Q2	PH01 PH03 Status Update Report

Emergency Ambulance Services

Government theme: Improving the well-being of New Zealanders and their families

System outcome: We live longer in good health

Government priority outcome: Support healthier, safer and more connected communities

Activity	Milestone	Measure
1. WrDHB remains committed to the 10 year plan to achieve a high functioning and integrated National Air Ambulance service and will participate through the National Ambulance Collaborative to achieve this. WrDHB will support the implementation of changed Governance arrangements to include DHBs to effect improved partnership with MOH and ACC in all elements of leadership of the NASO work programme, and supports the development of a robust national process to scope the requirements of a national tasking and coordination service.	1. Q4	Status Update Report

Pharmacy

Government theme: Improving the well-being of New Zealanders and their families

System outcome: We live longer in good health

Government priority outcome: Support healthier, safer and more connected communities

Activity	Milestone	Measure
Wairarapa DHB will: 1. Survey community pharmacies on the impact of Covid-19 to identify the opportunity for service development and DHB support in the post-Covid-19 period. Consider the survey findings, the needs of service users, and the needs of other stakeholders and undertake the highest priority actions. 2. In conjunction with HVDHB and CCDHB, complete a review and trial a replacement for the community pharmacist long term conditions service that is more effective at meeting the needs of all people with long term conditions by: **a.** including a clinical pharmacist service **b.** providing for a range of interventions, including a polypharmacy focus **c.** allocating resources on an equity basis d. reducing compliance costs. 3. Extend funded provision of ECP from under 25s to under 30s 4. Increase the provision of influenza vaccine through pharmacies in the 2020 flu season 5. Facilitate flu-vax clinics to eligible people through marae, Pacific churches and Asian places of worship.	1. Q1-2 2. Q2-4 3. Q1 4. Q1 5. Q1	1. Survey completed and priority actions agreed. 1. Surveys completed 2. LTC review completed by Dec 2020 2. Consultation by Feb 2021. 2. Contracts with pilot pharmacies by May 2021. 3. Pharmacies contracted to provided ECP services to under 30s by 30 September 2020. 4 & 5.Vaccine provided to Maori and Pacific in 2021. 4 & 5.Increase annual influenza vaccine provided by pharmacies to Māori and Pacific in 2020 by 10%.

Long-term conditions including diabetes

Government theme: Improving the well-being of New Zealanders and their families

System outcome: We live longer in good health

Government priority outcome: Support healthier, safer and more connected communities

Activity	Milestone	Measure
1. Support Whaiora to develop an integrated diabetes care model between the General Practice and Pae Ora Service that can be replicated in other practice during 2020/2021.	1. Q4: Model developed.	% Māori meeting clinical guidelines
2. Review diabetes data collection and reporting systems.	2. Q2	
3. Work with the 7 practices to identify options for engaging with Māori who have not had HbA1c in last 12 months.	3. Q2: Options identified.	% Māori with HbA1c result in last 12 months
4. Work with Māori tane to co-design new ways to support heart health knowledge.	4. Q4	
5. Undertake detailed, anonymised demographic analysis of Māori newly diagnosed with diabetes to identify trends and opportunities for improved care.	5. Q1	% Māori men 30-44 years with CVRA recorded
6. Develop and evaluate Te Ao Māori Stanford self-management courses for Māori.	6. Q4 (evaluation completed)	
7. Undertake consultation/co-design hui to identify service gaps and options for service development.	7. Q2:Hui held.	

2.6 Financial performance summary

This version of the 2020/21 budget and out-years planning represents WrDHB's assumptions and expectations in light of currently available information only. These projections involve significant, industry-wide, risks, variables and uncertainties that may cause WrDHB's actual performance to differ significantly from those projected. Key areas of risk and uncertainty, both in timing and value, involve PBF funding, Holidays Act remediation, MECA bargaining, pay equity flow on effects, CCDM recommendations, nationally managed contracts, impairment of (in)tangible fixed assets etc. On a local level the scale and size of our Board is sensitive in (clinical) workforce, seismic remediation works and the state of our key (non) clinical assets. Consequently, no guarantee is presented or implied as to the accuracy and achievability of specific forecasts, projections or predictive statements contained herein. Further, the 2019/20 forecast numbers are subject to above uncertainties as well as further year-end analysis, closing procedures and possible audit adjustments. The target 21/20 financial position excludes Holiday Act costs and COVID-19 (resurgence) costs.

PROSPECTIVE FINANCIAL PERFORMACE FOR THE FOUR YEARS ENDED 30 JUNE 2021, 2022, 2023 AND 2024.

Statement of Comprehensive Income	2018/19 Audited Actual	2019/20 Forecast	2020/21 Plan	2021/22 Plan	2022/23 Plan	2023/24 Plan
	$000	$000	$000	$000	$000	$000
Revenue						
Ministry of Health Revenue	153,738	165,867	178,556	183,005	187,563	192,236
Other Government Revenue	2,491	2,439	2,468	2,505	2,543	2,581
Other Revenue	9,499	9,793	11,369	11,324	11,328	11,508
Interest Revenue	47	61	24	24	24	25
Total Revenue	**165,775**	**178,160**	**192,417**	**196,858**	**201,458**	**206,350**
Expenditure						
Personnel	53,093	51,280	56,011	56,290	57,316	58,995
Outsourced Services	8,633	10,362	8,266	8,124	8,110	8,225
Clinical Supplies	11,621	12,434	12,840	12,080	11,706	11,719
Infrastructure and Non Clinical	9,043	9,418	10,056	9,754	9,463	9,179
Payments to Non-DHB Providers	52,989	57,072	59,670	61,674	63,216	64,797
Inter District Flows	39,724	41,101	43,994	45,107	46,247	47,915
Interest, Capital Charge, Depreciation and Amortisation	5,070	4,581	4,580	5,249	5,400	5,400
Total Expenditure	**180,173**	**186,248**	**195,417**	**198,278**	**201,458**	**206,230**
Surplus/(deficit)	**(14,398)**	**(8,088)**	**(3,000)**	**(1,420)**	**0**	**120**
Revaluation of land and buildings	**5,676**	**0**	**0**	**0**	**0**	**0**
Total Comprehensive Income/(Deficit)	**(8,722)**	**(8,088)**	**(3,000)**	**(1,420)**	**0**	**120**

PROSPECTIVE STATEMENT OF MOVEMENT IN EQUITY FOR THE FOUR YEARS ENDED 30 JUNE 2021, 2022, 2023 AND 2024.

Statement of Movements in Equity	2018/19 Audited Actual	2019/20 Forecast	2020/21 Plan	2021/22 Plan	2022/23 Plan	2023/24 Plan
	$000	$000	$000	$000	$000	$000
Balance at 1 July	33,198	35,473	40,385	40,385	41,965	44,965
Net surplus / (deficit) for the year	(14,398)	(8,088)	(3,000)	(1,420)	0	120
Other comprehensive revenue and expense	0	0	0	0	0	0
Increase in revaluation reserve	5,676	0	0	0	0	0
Equity injection from the Crown	11,000	13,000	3,000	3,000	3,000	0
Repayment of equity to the Crown	(3)	0	0	0	0	0
Balance at 30 June	**35,473**	**40,385**	**40,385**	**41,965**	**44,965**	**45,085**

PROSPECTIVE SUMMARY OF REVENUE AND EXPENSE BY OUTPUT CLASS FOR THE FOUR YEARS ENDED 30 JUNE 2021, 2022, 2023 AND 2024.

Prospective Summary of Revenue and Expense by Output Class	2018/19 Audited Actual	2019/20 Forecast	2020/21 Plan	2020/22 Plan	2020/23 Plan	2023/24 Plan
	$000	$000	$000	$000	$000	$000
Revenue						
Prevention Services	5,169	5,224	5,555	5,692	5,832	5,976
Early Detection and Management Services	27,784	29,350	32,256	33,082	33,904	34,747
Intensive Assessment and Treatment Services	102,989	112,971	122,560	125,260	128,098	131,183
Rehabilitation and Support Services	29,833	30,615	32,046	32,824	33,624	34,444
Total Revenue	165,775	178,160	192,417	196,858	201,458	206,350
Expenditure						
Prevention Services	5,203	5,524	6,251	6,369	6,491	6,617
Early Detection and Management Services	28,107	29,937	32,007	32,812	33,614	34,435
Intensive Assessment and Treatment Services	119,782	122,482	127,866	129,141	130,713	133,837
Rehabilitation and Support Services	27,081	28,305	29,293	29,956	30,640	31,341
Total Expenditure	180,173	186,248	195,417	198,278	201,458	206,230
Land and buildings revaluation not allocated	5,676	-	-	-	-	-
Consolidated Surplus / (Deficit)	(8,722)	(8,088)	(3,000)	(1,420)	0	120

PROSPECTIVE STATEMENT OF FINANCIAL POSITION (BALANCE SHEET) FOR THE FOUR YEARS ENDED 30 JUNE 2021, 2022, 2023 AND 2024.

Statement of Financial Position	2018/19 Audited Actual	2019/20 Forecast	2020/21 Plan	2021/22 Plan	2022/23 Plan	2023/24 Plan
	$000	$000	$000	$000	$000	$000
Assets						
Current assets						
Cash & cash equivalents	10	3,758	10	10	10	10
Investments	185	185	185	185	185	185
Inventories	1,039	1,040	1,040	1,040	1,040	1,040
Trade & other receivables	6,755	6,620	6,809	6,809	7,424	6,808
Total current assets	**7,989**	**11,603**	**8,044**	**8,044**	**8,659**	**8,043**
Non-current assets						
Property, plant & equipment	44,461	44,106	46,258	46,675	47,091	47,508
Intangible assets	4,351	9,681	10,770	11,615	12,310	13,004
Work in Progress	6,490	1,794	2,063	1,813	1,563	1,313
Total non-current assets	**55,302**	**55,581**	**59,091**	**60,103**	**60,964**	**61,825**
Total assets	**63,291**	**67,184**	**67,135**	**68,147**	**69,623**	**69,868**
Liabilities						
Current liabilites						
Cash & cash equivalents - Overdraft	1,799	0	1,041	1,259	0	391
Interest-bearing loans & borrowings	85	0	0	0	0	0
Payables, accruals and deferred revenue	12,548	13,104	11,725	10,103	9,094	8,072
Employee entitlements	12,508	12,871	13,160	13,996	14,740	15,496
Total current liabilities	**26,940**	**25,975**	**25,926**	**25,358**	**23,834**	**23,959**
Non-current liabilities						
Term loans & borrowings	54	0	0	0	0	0
Employee benefits (non-current)	639	639	639	639	639	639
Trust funds	185	185	185	185	185	185
Total non-current liabilities	**878**	**824**	**824**	**824**	**824**	**824**
Total liabilities	**27,818**	**26,799**	**26,750**	**26,182**	**24,658**	**24,783**
Net assets	**35,473**	**40,385**	**40,385**	**41,965**	**44,965**	**45,085**
Equity						
Crown equity	90,575	103,575	106,575	109,575	112,575	112,575
Revaluation reserve	11,234	11,234	11,234	11,234	11,234	11,234
Retained earnings	(66,336)	(74,424)	(77,424)	(78,844)	(78,844)	(78,724)
Total equity	**35,473**	**40,385**	**40,385**	**41,965**	**44,965**	**45,085**

PROSPECTIVE STATEMENT OF CASH FLOW FOR THE FOUR YEARS ENDED 30 JUNE 2021, 2022, 2023 AND 2024.

Statement of Cashflow	2018/19 Audited Actual	2019/20 Forecast	2020/21 Plan	2021/22 Plan	2022/23 Plan	2023/24 Plan
	$000	$000	$000	$000	$000	$000
Cash flows from operating activities						
Operating receipts:						
Government & crown agency revenue	158,095	173,473	186,770	191,555	195,473	201,528
Other	5,082	4,571	5,214	5,279	5,345	5,412
Interest Received	55	61	24	24	25	25
Payments to suppliers & employees	(169,568)	(180,158)	(191,527)	(193,415)	(195,923)	(200,695)
Capital charge paid	(1,776)	(2,063)	(2,251)	(2,251)	(2,251)	(2,251)
Interest Paid	(14)	(9)	(10)	(10)	(10)	(10)
Goods and Services Tax (net)	578	(400)	(400)	(400)	(400)	(400)
Net cash flows from operating activities	**(7,548)**	**(4,525)**	**(2,180)**	**782**	**2,259**	**3,609**
Cash flows from investing activities						
Proceeds from sale of property, plant & equipment	21	0	220	0	0	0
Acquisition of property, plant & equipment	(2,053)	(1,123)	(3,560)	(2,250)	(2,250)	(2,250)
Acquisition of intangible assets	(2,184)	(1,666)	(2,269)	(1,750)	(1,750)	(1,750)
Net cash flows from investing activities	**(4,216)**	**(2,789)**	**(5,609)**	**(4,000)**	**(4,000)**	**(4,000)**
Cash flows from financing activities						
Equity injected	11,000	13,000	3,000	3,000	3,000	0
Equity Repaid	(3)	0	0	0	0	0
Repayments of loans	(84)	(139)	0	0	0	0
Net cash flows from financing activities	**10,913**	**12,861**	**3,000**	**3,000**	**3,000**	**0**
Net increase / (decrease) in cash held	**(851)**	**5,547**	**(4,789)**	**(218)**	**1,259**	**(391)**
Cash & cash equivalents at beginning of year	(938)	(1,789)	3,758	(1,031)	(1,249)	10
Cash & cash equivalents at end of year	**(1,789)**	**3,758**	**(1,031)**	**(1,249)**	**10**	**(381)**

Financial Assumptions

The prospective financial performance, cash flows and equity movements for the years ended 30 June 2021, 2022, 2023 and 2024 represent our assumptions and expectations in light of currently available information only. These projections involve significant, mainly industry-wide, risks, variables and uncertainties that may likely cause actual performance to differ materially from those currently projected.

Key areas of risk and uncertainty, both in timing and value, involve DHB funding, Holiday Act remediation, Mecca bargaining, pay equity flow on effects, CCDM recommendations, National managed contract renewals and equity injections, impairment of (in)tangible fixed assets etc.

On a local level, the scale and size of our Board imposes a high sensitivity to unexpected changes in the type and volume of services provided, staff levels and remuneration, seismic remediation works and the state of our key (non) clinical assets.

Consequently, no guarantee is presented or implied as to the accuracy and achievability of specific forecasts, projections or predictive statements contained herein.

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 6.0% payable half yearly.
- Total Capital Expenditure of $4.7M is planned for 2020/21, however the cash flow includes a total of $5.8M which includes costs of $1.1M relating to 2019/20 projects.

Capital Plan

The capital funding requirements for the Provider Arm will be met from operational cash flow and prioritised with the clinical leaders both within the cost centres and across the Provider Arm. The baseline CAPEX for 2020/21 of $4.7M includes IT/software $1.8m (which covers regional, sub-regional and local projects), non-clinical Infrastructure/building $1.3m, clinical equipment $1.6m.

Debt & Equity

Equity Drawing

Wairarapa DHB anticipates $3.0M equity funding will be required for the 2020/21 financial year to support the $3m deficit and $5.8m capital expenditure adjusted for available cash as hand and changes to working capital.

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 2019. 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 2019.

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 2020/21.

3.2 Service Change

The table below describes all active service changes that have been approved or proposed for implementation in 2020/21.

Change	Description of Change	Benefits of Change	Change for local, regional or national reasons
Contract Changes for Non-Devolved Services	A number of contracts, currently funded through direct contracts with MoH / other agencies or CFA obligations, may be terminated early if funding is not approved for 2020/21.	Decisions not under Wairarapa DHB control unless DHB decides to prioritise funding to these services.	National
He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction	In 2018, the He Ara Oranga Report of the Government Inquiry into Mental Health and Addiction was completed. The DHB will plan for service development which aligns with the report 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. Capital & Coast, Hutt Valley and Wairarapa DHB's are working closely with MOH, PHO's and NGO providers to implement He Ara Oranga recommendations. Since the Wellbeing budget was released in 2019, the Greater Wellington Regional Collaborative forum has been established to respond to the various RFP's that are being released into the MH&A sector. The access and choice initiative in primary care (Te Tumu Waiora model) is currently being implemented across the sub region and will increase access into GP clinics for those presenting in distress. The 3 DHB's will continue to work collaboratively with the GWRC partners to respond to each RFP as MOH release these.	• Improved patient experience • Improved responsiveness to Māori health • Improved patient outcomes • Strengthened clinical and operational partnership	National, Sub-Regional & Local

Change	Description of Change	Benefits of Change	Change for local, regional or national reasons
MHAIDS Structural Review	Following multiple consultation processes, decisions have been taken to introduce a Tier 2 Clinical Partnership Model within MHAIDS. This will see the leadership of MHAIDS being jointly delivered by an Executive Clinical Director and an Executive Operations Director. Both positions will sit on the DHBs Executive Leadership Teams and report to the joint Chief executive of CCDHB and HVDHB. Once these positions are in place there will be further work undertaken to determine what if any further changes are required to strengthen local leadership, improve equity outcomes and embed clinical and operational partnership throughout the service. The 3 sub-regional Boards have also agreed that the MHAIDS service should be delivered by CCDHB on their behalf. Therefore all MHAIDS staff, including Wairarapa and Hutt Valley based people, will become CCDHB employees. This will significantly simplify operations and ensure maximum efficiency.	• Improved governance structures • Strengthened clinical and operational partnership • Stronger locality leadership presence • Value for money • Improved health outcomes	3DHB - Hutt, Capital & Coast, and Wairarapa
Inpatient mental health services models of care	Following significant issues with the physical space of the Te Whare Ahuru mental health inpatient unit at Hutt DHB, HVDHB has completed a strategic assessment and single stage business case to consider facility options. Options for investment are being considered. Depending on the outcome of consideration of the business case, and type of proposed funding support, redevelopment of the inpatient facility will commence in 2020..	• Improved patient experience • Improved responsiveness to Māori health • Improved health outcomes	3DHB - Hutt, Capital & Coast, and Wairarapa
Acute Care Continuum	A project to develop an acute care services commenced in 2019. 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 / whānau. The project has determined the investment approach for a range of linked acute services, including inpatient and NGO provided services. The project leads have engaged with providers to plan required changes in service provision aimed to align services to the model of care. 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 / whānau • Address health inequities • Improved responsiveness to Māori health • Value for money	3DHB - Hutt, Capital & Coast, and Wairarapa

Change	Description of Change	Benefits of Change	Change for local, regional or national reasons
Acute mental health services and alcohol and other drug treatment services	Wairarapa DHB, HVDHB and CCDHB have commenced a review of their mental health acute services and alcohol and other drug treatment services. The review of alcohol and drug treatment programmes has been progressed through the creation of an overarching Alcohol and Drug 3 DHB model of care. Regional investment in AOD services is planned with the aim of ensuring sustainability. Further work on implementation of the model of care may result in commissioning a different range of services that what 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 patient experience • Improved responsiveness to Māori health • Improved health outcomes • Value for money	3DHB - Hutt, Capital & Coast, and Wairarapa
Community Pharmacist Services	Review and implement changes to 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 2020/21 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 2020/21.	• Improved health outcomes • Improved clinical sustainability • Address health inequities • Value for money • Maintain access to services for our population	Local
Radiology Services	During 2020/21 we will be reviewing the provision of radiology services including the provision of community referred radiology services. This may result in implementation of some changes during 2020/21.	• Improved health outcomes • Improved clinical sustainability • Address health inequities • Value for money • Maintain access to services for our population	Local
Access to Local Services	Description of changes- During 2020/21 we will review the range, mix and level of local services provided, and how these 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 2020/21.	• Improved health outcomes • Improved clinical sustainability • Address health inequities • Value for money • Maintain access to services for our population.	Local

Service changes as a result of the COVID-19 response			
Telehealth	Embed telehealth in delivery of specialist care from our Outpatients department (First Specialist Assessment, Follow up, Specialist Advice to Primary Care) and establish a digital outreach service to provide services in the community. Primary Care to embed telehealth as a core component of service delivery.	• Improved access • Improved timeliness • More convenient for people.	Local
COVID-19 Reviews			
Pandemic Plans	The Health Emergency Plan and the Pandemic Plans (both hospital and community) have been reviewed across the three DHBs to incorporate learnings from the COVID-19 response, with a draft 3DHB Health Emergency Plan developed.	These reviews will inform our planning and response to any public health need, such as COVID-19	Sub-Regional
Telehealth	The effectiveness of telehealth during the COVID-19 period for both clinicians and patients will be evaluated.		Local
Staff Survey	We are developing an on-line COVID-19 staff feedback module in order to capture the impacts and learnings from the COVID-19 response.		Local
Aged Residential Care	A table top exercise was completed to examine our response to any potential outbreak of COVID-19 in a local aged residential care facility.		Local

The two tables below show the movement in budgeted Full Time Equivalent (FTE) employees across the DHB between 2019/20 and 2020/21. Clinical staff have increased by 12.7 FTEs and Support staff, Management and Administration staff have reduced by 3.6 FTEs.

	2019/20	**2020/21**	
Full Time Equivalent (FTE)	**Plan**	**Plan**	**Change**
Medical Employees	46.7	49.5	2.7
Nursing Employees	250.8	255.3	4.5
Allied Health Employees	75.3	80.8	5.4
Support Employees	15.9	15.8	-0.1
Management and Admin Employees	116.0	112.6	-3.5
Grand Total	**504.8**	**513.9**	**9.2**

The next table shows a more detailed breakdown of what makes up the 9.2 FTE change across years:

Area	**Reason**	**FTE**
FTE changes - business case approved:		
Senior Medical Officers - Head of Departments	Clinical Leadership	0.7
Senior Medical Officers - Orthopaedic	Work load related	0.2
Resident Medical Officer - Community Based	Legislative requirement	1.0
HDU - Nursing	CCDM implementation	2.6
Focus -Discharge Navigation Nurse	Support patient discharge	1.0
Maternity	Patient safety	0.4
Oral Health - Dental Assistants	Patient safety	3.4

Allied - Manager	Hospital Restructure	1.0
Child Development - Team Leader	Hospital Restructure	0.2
Nursing Directorate - Clinical Director	Hospital Restructure	0.3
Corporate - Project Manager	Hospital Review	0.6
Corporate	Fixed term contracts expired and transfers to outsourced	-3.4
	Sub Total	**7.9**
FTE changes - Pending business case approval:		
Senior Medical Officers - Orthopaedic	Moved from outsourced	0.9
Physiotherapy	Moved from outsourced	0.4
	Sub Total	**1.3**
Total FTE Movement	**Grand Total**	**9.2**

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.

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

Regional Public Health (RPH)
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.

COVID-19 response and recovery: in 19/20 COVID-19 had a significant impact on the delivery of RPH services as the lead public health agency in a pandemic response. For 20/21 COVID-19 response and recovery planning and implementation will continue to be a focus, working in partnership within health and other sectors. Examples include: implement/maintain capacity and capability for case finding, contact tracing (including national system changes), isolation of cases, quarantine of contacts work; maintain surge capacity; provide surveillance and analysis; implement health promotion strategies to support Māori, Pacific Peoples, disabled, and 'low-income' communities to achieve equitable well-being; and explore/implement new ways of working from based on our learnings.

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 2020/21 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. Work is being done to update the plan manage execution going forward.

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 and 2019/20 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 2020/21.

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 2020/21 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. This work is not related to seismic remediation (the building is rated at 65% NBS) but rather maintaining the water tightness of the building envelope. The strategy is to evaluate options for alternative accommodation over the next five years.

Health Infrastructure Investment Projects

As part of the governments $300m Health Infrastructure investment package announced in 2019/20, Wairarapa DHB expects to receive $1.7m. Of this, $800k is to be used to purchase a new mobile dental van and refurbish another existing mobile van. $900k is planned to be used as part of a reorganisation of hospital ambulatory services the details of which are still being finalised in light of the recent COVID 19 response and the opportunity to adjust some models of care. These projects are planned to be completed in the 2020/21 year.

4.2.2 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 2020/21 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.

4.2.3 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.

4.3 Workforce

The five key areas outlined in 19/20 for Workforce still continue into the 20/21 period. These 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) Embedding our values in everything we do
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.

As an organisation we have also now landed on our key Values, these being:

WHAKAORANGA ***WELLNESS***
Finding ways to create a healthier community

EKE TAUMATUA ***EQUITY***
Acting to support equity across our community

MANAAKITANGA ***RESPECT***
Caring and empathy in all that we do

NGĀ RAUTAKI KI MUA ***INNOVATION***
Finding future-focused solutions

AROTAHITANGA ***RELATIONSHIPS***
Working together with people as partners

These values integrate and underpin with the five areas of focus from a Workforce perspective. The challenge we have over the next 12 to 24 months is establishing a health service model that is successful in in attracting people to our DHB and region from a workforce perspective and then retaining them for the long term. As a DHB we need to be engaging with our regional peers and local businesses to be able to offer opportunities not only based in the DHB setting but also the wider local health sector and with those outside the health sector.

The DHB is continuing its 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.

4.4 Information technology

3DHBICT is developing a new digital and data strategy that will describe the six key core digital and data themes that we will use to prioritise our portfolio of work across the 3DHBs. These themes will support the achievement of the Capital Coast, Hutt Valley, and Wairarapa DHB priorities. The draft themes of our strategy are:

1. Place-based and virtual health options in our communities
2. Patients as Partners
3. Desire for Regional View of Services
4. Equity Across Māori, Pacific, Socio-economically Deprived
5. Use of technology and analytics to support investment decisions
6. Empowering our workforce to deliver high quality, efficient specialist care

These six themes inform our operating model change towards a modern ICT business unit that lifts portfolio management, a move to product & service management, and an effective support model of operation. This business change journey commenced in 2019 and is not planned to be completed until 2021. The newly established Digital and Data Intelligence Governance Group (DDIG) allows us to obtain support across the three DHBs for organisational change at executive level, a single point of decision making for Wellington

regional ICT strategic decisions, and a way to engage on significant initiatives that enable achievement of DHB, Ministry, and Ministerial goals.

As our operating model evolves and we deliver critical foundational capability, we are investigating how digital and data can enable better community health. Technology is an enabler but will not of itself deliver new services. There needs to be a corresponding change to how people in health work. In early 2020 we commenced the first step towards a digital health system for the Wellington region by developing a set of personas of health workers to use as a reference for building a digital workplace.

We work with our regional partners and at a national level to ensure that we leverage good thinking and existing solutions to reduce the national complexity and variety of Heath ICT solutions. This is done by attending National CIO's meetings, meeting monthly with the Ministry of Health on the progress of our plans, and inclusion of regional participants in our architecture governance board where we ensure sound architectural decisions and consistency of solutions across the region. A critical success factor will be the development of national health data interoperability standards. These standards will enable sharing of information across all DHBs thus achieving a virtual national health record.

In early 2020 we completed the HIMMS digital maturity assessment for our three regional DHBs. This assessment in which we engaged with the key players such as representatives from community health, provides us with an independent moderated benchmark to compare the current state of our ICT compared to other DHB's and a reference to measure improvements against until the next assessment in three years.

We have legacy technology debt to overcome as we shift towards enabling better health care for our region. This means improving the resiliency of our supporting infrastructure in the advent of a disaster, shifting away obsolete voice technology towards unified communications, addressing gaps in cyber security to protect our systems and information as well as increasing awareness of cyber security risks.

We are embarking on a programme of consolidation of disparate bespoke solutions across the Wellington regional DHBs. Key initiatives such patient administration systems (WebPAS) consolidation which will enable centralised and consistent patient management. We are also consolidating the clinical portals (Concerto) that will enable better patient care and cost efficiencies. There has to be increased focus on the corporate systems and the tools needed to run an effective Health service. We are working with the corporate functions across the three DHBs to standardise the tools and systems.

3DHBICT has selected its four critical initiatives for inclusion into the 2020/21 annual plan. These initiatives are focused on achieving stability of existing critical clinical and corporate systems, bringing significant improvements to operational efficiency, improving patient care, transforming services to be fully digital, and Ministry / Minister Directives.

There are other supporting initiatives in our capital plans across the three DHBs we support which are not included here. We have not included our BAU support activity which underpins existing health services provided by the three DHB's.

What this plan does not allow for is the significant increase of ICT resources to support a modern health service and the change programme required to achieve the aspirations of the Minister and Ministry of Health.

SECTION 5: Performance Measures

5.1 2020/21 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 2020/21 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	<0.51	
		Year 2	<0.51	
CW03	Improving the number of children enrolled and accessing the Community Oral health service	Children (0-4) enrolled (≥ 95 percent of pre-school children (aged 0-4 years of age) will be enrolled in the COHS)	Year 1	≥ 95%
			Year 2	≥ 95%
		Children (0-12)not examined according to planned recall (≤ 10 percent of pre-school and primary school children enrolled with the COHS will be overdue for their scheduled examinations with the COHS.)	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 eight months of age 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	The DHB has reached the "Total population" target for children enrolled with a general practice by 6 weeks of age and by 3 months of age and has delivered all the actions and milestones identified for the period in its annual plan and has achieved significant progress for the Māori population group, and (where relevant) the Pacific population group, for both targets.		
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.	
CW12	Youth mental health initiatives	Initiative 1: Report on implementation of school-based health services (SBHS) in decile one to four (and decile five after January 2020) 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.	
MH01	Improving the health status of people with severe mental illness through improved access	Age (0-19) Māori, other & total	Maori 6.0%, Other 4.58% & Total 4.7%
		Age (20-64) Māori, other & total	Maori 11.5%, Other 5.43% & Total 5.6%
		Age (65+) Māori, 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.	
MH07 (tbc)	Improving the health status of people with severe mental illness through improved acute inpatient post discharge community care	TBC (MOH)	
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)	A 10% reduction from 3,045 (Dec 2019) to 2,741 per 100,000 (Total).		
SS06	Better help for smokers to quit in public hospitals (previous health target)	95% of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking.		Only applies to specified DHBs
SS07	Planned Care Measures	Planned Care Measure 1: *Planned Care Interventions*		3,404
		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 5: *Cardiac Urgency Waiting Times* (Only the Five Cardiac units are required to report for this measure i.e. not WrDHB)	All patients (both acute and elective) will receive their cardiac surgery within the urgency timeframe based on their clinical urgency.	
		Planned Care Measure 6: *Acute Readmissions*	The proportion of patients who were acutely re-admitted post discharge improves from base levels.	Base level:10.6% (Dec 2019) Target 20/21: 10.5%
		Planned Care Measure 7: Did Not Attend Rates (DNA) for First Specialist Assessment (FSA) by Ethnicity (Developmental)	Note: There will not be a Target Rate identified for this measure. It will be developmental for establishing baseline rates in the 2020/21 year.	
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	New NHI registration in error (causing duplication)	>1.5% and <=6%
			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	TBC (MOH)
		Focus Area 2: Improving the quality of data submitted to	NPF collection has accurate dates and links to NNPAC and NMDS for FSA and	Greater than or equal to 90% and less than 95 %

		National Collections	planned inpatient procedures.	
			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		
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*.	
			Count of enrolled people aged 15-74 in the PHO who have completed a DAR in the previous 12 months.	
			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 (i.e. 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 - 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*, and an statin (3 classes) - ACEI/ARB if any of the following – LVEF ,50%, DM, HT, in-hospital HF (Killip Class II to IV) (4 classes), - Beta-blocker if LVEF<40% (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 PPM forms completed within 2 months of the procedure.
			Indicator 6: Device registry completion- ≥ 99% of patients who have pacemaker or implantable cardiac defibrillator implantation/replacement have completion of ANZACS QI Device PPM (Indicator 5A) and ICD (Indicator 5B) 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 within 24 hours of their presentation to hospital.
			Indicator 2 Reperfusion Thrombolysis /Stroke Clot Retrieval 12% of patients with ischaemic stroke thrombolysed and/or treated with clot retrieval and counted by DHB of domicile, (Service provision 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.
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.	
SS17	Delivery of Whānau ora	Appropriate progress identified in all areas of the measure deliverable.	
SS18	Financial out year planning & savings plan	Provide reports as specified	
SS19	Workforce out year planning	Provide reports as specified	
PH01	Delivery of actions to improve SLMs	Provide reports as specified	
PH02	Improving the quality of ethnicity data collection in PHO and NHI registers	All PHOs in the region have implemented, trained staff and audited the quality of ethnicity data using EDAT within the past three-year period and the current results from Stage 3 EDAT show a level of match in ethnicity data of greater than 90 percent.	
PH03	Access to Care (PHO Enrolments)	The DHB has an enrolled Māori population of 95 percent or above	
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	

APPENDIX 1: Statement of Performance Expectations including Financial Performance 2020/21

E94

Wairarapa District Health Board

Statement of Performance Expectations 2020/21

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

2020/21 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 2020/21 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 2020 to 30 June 2021.

Signed on behalf of the Board

Sir Paul Collins
Board Chair

Date: 30th July 2020

Dr Tony Becker
Deputy Chair

Date: 30th July 2020

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

Some performance measures are demand-based and are included to provide a picture of the services funded and/or provided by the Wairarapa DHB. For such measures, there are no assumptions about whether an increase or decrease is desirable. As such, the "target" represents an estimation of the service delivery for 2020/21 based on historical and population trends.

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

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

[1] Some performance measures show health indicators by locality, 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.

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

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

<table>
<tr><td>National</td><td colspan="7">NZ Health System intended outcomes:
New Zealanders live longer, healthier and more independent lives.</td></tr>
<tr><td>Central Region Triple Aim</td><td colspan="7">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</td></tr>
<tr><td>DHB vision</td><td colspan="7">Better health for all</td></tr>
<tr><td>System level health outcome measures</td><td colspan="7">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</td></tr>
<tr><td>Impacts

How we measure our progress.</td><td colspan="2">• 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.</td><td colspan="3">• 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.</td><td colspan="2">• 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.</td></tr>
<tr><td>DHB intended outcomes</td><td colspan="3">• 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</td><td colspan="4">• 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</td></tr>
<tr><td>Outputs

Services provided</td><td colspan="2">Prevention
• Health protection & regulatory services
• Health promotion & education
• Pop-In health screening
• Immunisation
• Smoking cessation</td><td colspan="2">Early Detection & Management
• Primary health care
• Oral health
• Community care
• Pharmacy services
• Diagnostics</td><td colspan="2">Intensive Assessment & Treatment
• Mental Health & Addictions services
• Elective and acute medical and surgical services
• Cancer services
• Maternity</td><td>Rehabilitation & support
• Disability services
• Health of older people
• Age-related residential care
• Needs assessment
• Home based care
• Palliative care</td></tr>
<tr><td>Inputs</td><td>People & knowledge</td><td>Collaborative partnerships</td><td>Quality systems & processes</td><td>Technology</td><td>Facilities</td><td>Funding</td><td>Risk management</td></tr>
</table>

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. 2020/21	Baseline	Baseline data date
Health promotion and education					
Number of referrals to the Green Prescription program.	V	WPI	≥ 250	243	2019/20 Q4
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%	89.3%	2019/20 Q3
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	PH04 (CW09)	≥90%	100%	2019/20 Q2
Babies living in Smokefree Homes at 6 weeks post-natal	Q	SLM	Total ≥60% Māori ≥60%	Total 57.2% Māori 41.4%	2018/19 Q4
Immunisation					
Percentage of 8-month olds fully vaccinated	C	CW05 (FA1)	≥95%	Total 88.8% Māori 86.0% Pacific 100% Other 85.7%	2019/20 Q4
Percentage of 5-year olds fully immunised	C	CW05 (FA2)	≥95%	Total 95.1% Māori 93.0% Pacific 100% Other 100%	2019/20 Q4
Percentage of eligible girls and boys fully immunised with HPV vaccine	C	CW05 (FA3)	≥75%	Total 66% Māori 67% Pacific 76% Other 66%	2019/20 Q4
Percentage of people aged 65+yrs who have completed their annual influenza immunisation.	C	CW05 (FA4)	≥75%	Total 75% Māori 60% Other 77%	2019/20 Q4

Breastfeeding					
Percentage of infants fully or exclusively breastfed at 3-months.[3]	Q	CW06	≥70%	30.7%	2018/19 Q1
Population based screening services					
Percentage of eligible children receiving a B4 School Check.	C	WPI	≥90%	Total 100%	2019/20 Q4
Percentage of eligible women (25-69 years) having cervical screening in last 3 years.	C	PV02	>80%	Total 73.9% Māori 74.9% Pacific 82.2% Other 74.3%	2019/20 Q3
Percentage of eligible women (50-69 years) having breast screening in the last 2 years.	C	PV01	>70%	Total 68.2% Māori 65.6% Pacific 55.1% Other 68.6%	2019/20 Q3

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. 2020/21	Baseline	Baseline data date
Primary Care services / Long term conditions management					
Newborn enrolment with General Practice	C	CW07[4]	≥90%	Total 93.6% Māori 83.9% Pacific NA Other 96.7%	June 2020
Percentage of DHB-domiciled population enrolled in a PHO.	C	PH03	All ethnicities ≥99%	Total 98.1%, Māori 96.6% Pacific 100% Asian 87.0% Other 98.8%	April 2020
ASH Rates (avoidable hospitalisations) for 0-4 years (rate per 100,000)	V	SLM	Total ≤ 5,000 Māori ≤ 5,000 Pacific NA Other ≤5,000	Total 5,415 Māori 5,161 Pacific NA Other 5,543	12 months to Mar 2020
ASH Rates (avoidable hospitalisations) for 45-64 years	V	SS05	Total ≤ 2,500 Māori ≤ 5,000 Pacific NA Other ≤2,500	Total 2,858 Māori 5,381 Pacific N/A Other 2,529	12 months to Mar 2020

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

[4] Also a Well Child/Tamariki Ora Quality Improvement Framework Indicator (number 11) - with a national target of ≥90%.

Outputs measured by	Note		Target/Est. 2020/21	Baseline	Baseline data date
Percentage of DHB-domiciled population (15-74 yrs) enrolled in a PHO with well managed diabetes (HbA1c ≤ 64 mmol/mol)	C	SS13 (FA2)	≥70%	Total 56.7% Māori 51.3% Pacific 54.1% Other 58.5%	Dec 2019
Oral health					
Percentage of children under 5 years enrolled in DHB-funded dental services.	C	CW03	≥91%	Total 88.6% Māori 79.1% Pacific 70.5% Other 91.7%	2019/20 Q3
Percentage of children Carries Free at 5 years	Q	CW01	Total ≥71% Māori≥54% Pacific ≥60% Other≥76%	Total 68% Māori 53% Pacific 50% Other 75%	2019/20 Q2
Percentage of children with Decayed, Missing, Filled Teeth-DMFT in year 8 kids	Q	CW02	Total ≤77% Māori≤61% Pacific ≤75% Other≤83%	Total 77% Māori 61% Pacific 75% Other 83%	2019/20 Q2

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. 2020/21	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%	84.6%	2019/20 Q2
Percentage of patients 0-19 years referred to non-urgent child & adolescent Addiction services & seen within 8 weeks.	T	MH03	≥95%	87.1%	2019/20 Q2
Percentage of clients with transition (discharge) plan	3DHB	MH02	≥95%	67%	2019/20 Q2
Elective and Acute (Emergency Dept.) inpatient/outpatient					
Number of surgical elective discharges. (including minor procedures & non-surgical interventions)	V	SS07 (PC1)	≥3,404	3,232	2019/20 Q4

Outputs measured by	Note		Target/Est. 2020/21	Baseline	Baseline data date
Percentage of patients admitted, discharged or transferred from ED within 6 hours.	T	SS10	≥95%	91.8%	2019/20 Q4
Inpatient average length of stay ALOS (Acute).	T	WPI	≤3.50	3.50	2019/20 Q4
Inpatient average length of stay ALOS (Planned).	T	WPI	≤3.29	3.29	2019/20 Q4
Standardised Acute Readmissions	Q	SS07 (PC6)	Total ≤11%	Total 10.6% Māori 9.5% 75+Total 11.5% 75+Māori 7.0%	2019/20 Q4
Quality, safety and patient experience					
Rate of inpatient falls causing harm per 1,000 bed days.	Q	WPI	≤0.50	0.14	2019/20 Q4
Rate of hospital acquired pressure injuries per 1,000 bed days.	Q	WPI	≤0.50	0.23	2019/20 Q4
Rate of identified medication errors causing harm per 1,000 bed days.	Q	WPI	≤0.50	0.09	2019/20 Q4
Weighted average score in Patient Experience Survey	Q	SLM	≥8.3	Comms: 8.4 Co-ord: 8.3 P/ship: 8.3 Physical and emotional needs: 8.4	2019/20 Q2
Percentage Did Not Attend (DNA) appointments for outpatient First Specialist assessments.	Q	SS07 (PC7)	≤8%	7.8%	2019/20 Q4
Percentage DNA appointment for follow-up Specialist appointments.	Q	WPI	≤6%	5.9%	2019/20 Q4
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%	94.1%	2019/20 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%	97.5%	2019/20 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

The second implementation phase of the Ageing Well Strategy (2016), covering 2019 - 2022, prioritises achieving greater equity, measuring and monitoring progress. One of the priority actions is the "the development of an outcomes and measurement framework for this purpose". Readmissions and length of stay are two system measures which appear will be included in this monitoring framework.

Outputs measured by	Note		Target/Est 2020/21	Baseline	Baseline data date
% People > 75 living in their own home	C	SS04	Total ≥91.75%	91.26%	30/06/2019
			Māori ≥93.75%	93.66%	30/06/2019
Acute average length of stay in hospital for people >75 years of age	C	SS04	Total ≤5.5	5.6	30/06/2019
			Māori ≤4.5	4.1	30/06/2019
Standardised acute readmission rate for people >75 years of age	C	SS04	Total ≤11%	12%	30/06/2019
			Māori ≤11%	11.2%	30/06/2019
Rate of hip (neck of femur) fractures due to an out of hospital fall per 1,000 people >50 years of age	C	WPI	Total ≤0.7500	0.8675 per 1,000 population	30/06/2019
Outputs measured by	**Note**		**Target/Est 2020/21**	**Baseline**	**Baseline data date**
% of residential care providers being awarded 3-year (or more) certification in the planned year	Q	WPI	Total 100%	100%	30/06/2019

Note:
Where actual numbers are less than 30, target group data has not been used or converted to percentages.

Financial performance summary

This version of the 2020/21 budget and out-years planning represents WrDHB's assumptions and expectations in light of currently available information only. These projections involve significant, industry-wide, risks, variables and uncertainties that may cause WrDHB's actual performance to differ significantly from those projected. Key areas of risk and uncertainty, both in timing and value, involve PBF funding, Holidays Act remediation, MECA bargaining, pay equity flow on effects, CCDM recommendations, nationally managed contracts, impairment of (in)tangible fixed assets etc. On a local level the scale and size of our Board is sensitive in (clinical) workforce, seismic remediation works and the state of our key (non) clinical assets. Consequently, no guarantee is presented or implied as to the accuracy and achievability of specific forecasts, projections or predictive statements contained herein. Further, the 2019/20 forecast numbers are subject to above uncertainties as well as further year-end analysis, closing procedures and possible audit adjustments. The target 21/20 financial position excludes Holiday Act costs and COVID-19 (resurgence) costs.

PROSPECTIVE FINANCIAL PERFORMACE FOR THE FOUR YEARS ENDED 30 JUNE 2021, 2022, 2023 AND 2024.

Statement of Comprehensive Income	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
	Audited Actual	Forecast	Plan	Plan	Plan	Plan
	$000	$000	$000	$000	$000	$000
Revenue						
Ministry of Health Revenue	153,738	165,867	178,556	183,005	187,563	192,236
Other Government Revenue	2,491	2,439	2,468	2,505	2,543	2,581
Other Revenue	9,499	9,793	11,369	11,324	11,328	11,508
Interest Revenue	47	61	24	24	24	25
Total Revenue	**165,775**	**178,160**	**192,417**	**196,858**	**201,458**	**206,350**
Expenditure						
Personnel	53,093	51,280	56,011	56,290	57,316	58,995
Outsourced Services	8,633	10,362	8,266	8,124	8,110	8,225
Clinical Supplies	11,621	12,434	12,840	12,080	11,706	11,719
Infrastructure and Non Clinical	9,043	9,418	10,056	9,754	9,463	9,179
Payments to Non-DHB Providers	52,989	57,072	59,670	61,674	63,216	64,797
Inter District Flows	39,724	41,101	43,994	45,107	46,247	47,915
Interest, Capital Charge, Depreciation and Amortisation	5,070	4,581	4,580	5,249	5,400	5,400
Total Expenditure	**180,173**	**186,248**	**195,417**	**198,278**	**201,458**	**206,230**
Surplus/(deficit)	**(14,398)**	**(8,088)**	**(3,000)**	**(1,420)**	**0**	**120**
Revaluation of land and buildings	**5,676**	**0**	**0**	**0**	**0**	**0**
Total Comprehensive Income/(Deficit)	**(8,722)**	**(8,088)**	**(3,000)**	**(1,420)**	**0**	**120**

PROSPECTIVE STATEMENT OF MOVEMENT IN EQUITY FOR THE FOUR YEARS ENDED 30 JUNE 2021, 2022, 2023 AND 2024.

Statement of Movements in Equity	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
	Audited Actual	Forecast	Plan	Plan	Plan	Plan
	$000	$000	$000	$000	$000	$000
Balance at 1 July	33,198	35,473	40,385	40,385	41,965	44,965
Net surplus / (deficit) for the year	(14,398)	(8,088)	(3,000)	(1,420)	0	120
Other comprehensive revenue and expense	0	0	0	0	0	0
Increase in revaluation reserve	5,676	0	0	0	0	0
Equity injection from the Crown	11,000	13,000	3,000	3,000	3,000	0
Repayment of equity to the Crown	(3)	0	0	0	0	0
Balance at 30 June	**35,473**	**40,385**	**40,385**	**41,965**	**44,965**	**45,085**

PROSPECTIVE SUMMARY OF REVENUE AND EXPENSE BY OUTPUT CLASS FOR THE FOUR YEARS ENDED 30 JUNE 2021, 2022, 2023 AND 2024.

Prospective Summary of Revenue and Expense by Output Class	2018/19 Audited Actual	2019/20 Forecast	2020/21 Plan	2020/22 Plan	2020/23 Plan	2023/24 Plan
	$000	$000	$000	$000	$000	$000
Revenue						
Prevention Services	5,169	5,224	5,555	5,692	5,832	5,976
Early Detection and Management Services	27,784	29,350	32,256	33,082	33,904	34,747
Intensive Assessment and Treatment Services	102,989	112,971	122,560	125,260	128,098	131,183
Rehabilitation and Support Services	29,833	30,615	32,046	32,824	33,624	34,444
Total Revenue	165,775	178,160	192,417	196,858	201,458	206,350
Expenditure						
Prevention Services	5,203	5,524	6,251	6,369	6,491	6,617
Early Detection and Management Services	28,107	29,937	32,007	32,812	33,614	34,435
Intensive Assessment and Treatment Services	119,782	122,482	127,866	129,141	130,713	133,837
Rehabilitation and Support Services	27,081	28,305	29,293	29,956	30,640	31,341
Total Expenditure	180,173	186,248	195,417	198,278	201,458	206,230
Land and buildings revaluation not allocated	5,676	-	-	-	-	-
Consolidated Surplus / (Deficit)	(8,722)	(8,088)	(3,000)	(1,420)	0	120

PROSPECTIVE STATEMENT OF FINANCIAL POSITION (BALANCE SHEET) FOR THE FOUR YEARS ENDED 30 JUNE 2021, 2022, 2023 AND 2024.

Statement of Financial Position	2018/19 Audited Actual	2019/20 Forecast	2020/21 Plan	2021/22 Plan	2022/23 Plan	2023/24 Plan
	$000	$000	$000	$000	$000	$000
Assets						
Current assets						
Cash & cash equivalents	10	3,758	10	10	10	10
Investments	185	185	185	185	185	185
Inventories	1,039	1,040	1,040	1,040	1,040	1,040
Trade & other receivables	6,755	6,620	6,809	6,809	7,424	6,808
Total current assets	**7,989**	**11,603**	**8,044**	**8,044**	**8,659**	**8,043**
Non-current assets						
Property, plant & equipment	44,461	44,106	46,258	46,675	47,091	47,508
Intangible assets	4,351	9,681	10,770	11,615	12,310	13,004
Work in Progress	6,490	1,794	2,063	1,813	1,563	1,313
Total non-current assets	**55,302**	**55,581**	**59,091**	**60,103**	**60,964**	**61,825**
Total assets	**63,291**	**67,184**	**67,135**	**68,147**	**69,623**	**69,868**
Liabilities						
Current liabilites						
Cash & cash equivalents - Overdraft	1,799	0	1,041	1,259	0	391
Interest-bearing loans & borrowings	85	0	0	0	0	0
Payables, accruals and deferred revenue	12,548	13,104	11,725	10,103	9,094	8,072
Employee entitlements	12,508	12,871	13,160	13,996	14,740	15,496
Total current liabilities	**26,940**	**25,975**	**25,926**	**25,358**	**23,834**	**23,959**
Non-current liabilities						
Term loans & borrowings	54	0	0	0	0	0
Employee benefits (non-current)	639	639	639	639	639	639
Trust funds	185	185	185	185	185	185
Total non-current liabilities	**878**	**824**	**824**	**824**	**824**	**824**
Total liabilities	**27,818**	**26,799**	**26,750**	**26,182**	**24,658**	**24,783**
Net assets	**35,473**	**40,385**	**40,385**	**41,965**	**44,965**	**45,085**
Equity						
Crown equity	90,575	103,575	106,575	109,575	112,575	112,575
Revaluation reserve	11,234	11,234	11,234	11,234	11,234	11,234
Retained earnings	(66,336)	(74,424)	(77,424)	(78,844)	(78,844)	(78,724)
Total equity	**35,473**	**40,385**	**40,385**	**41,965**	**44,965**	**45,085**

Statement of Cashflow	2018/19 Audited Actual	2019/20 Forecast	2020/21 Plan	2021/22 Plan	2022/23 Plan	2023/24 Plan
	$000	$000	$000	$000	$000	$000
Cash flows from operating activities						
Operating receipts:						
Government & crown agency revenue	158,095	173,473	186,770	191,555	195,473	201,528
Other	5,082	4,571	5,214	5,279	5,345	5,412
Interest Received	55	61	24	24	25	25
Payments to suppliers & employees	(169,568)	(180,158)	(191,527)	(193,415)	(195,923)	(200,695)
Capital charge paid	(1,776)	(2,063)	(2,251)	(2,251)	(2,251)	(2,251)
Interest Paid	(14)	(9)	(10)	(10)	(10)	(10)
Goods and Services Tax (net)	578	(400)	(400)	(400)	(400)	(400)
Net cash flows from operating activities	**(7,548)**	**(4,525)**	**(2,180)**	**782**	**2,259**	**3,609**
Cash flows from investing activities						
Proceeds from sale of property, plant & equipment	21	0	220	0	0	0
Acquisition of property, plant & equipment	(2,053)	(1,123)	(3,560)	(2,250)	(2,250)	(2,250)
Acquisition of intangible assets	(2,184)	(1,666)	(2,269)	(1,750)	(1,750)	(1,750)
Net cash flows from investing activities	**(4,216)**	**(2,789)**	**(5,609)**	**(4,000)**	**(4,000)**	**(4,000)**
Cash flows from financing activities						
Equity injected	11,000	13,000	3,000	3,000	3,000	0
Equity Repaid	(3)	0	0	0	0	0
Repayments of loans	(84)	(139)	0	0	0	0
Net cash flows from financing activities	**10,913**	**12,861**	**3,000**	**3,000**	**3,000**	**0**
Net increase / (decrease) in cash held	**(851)**	**5,547**	**(4,789)**	**(218)**	**1,259**	**(391)**
Cash & cash equivalents at beginning of year	(938)	(1,789)	3,758	(1,031)	(1,249)	10
Cash & cash equivalents at end of year	**(1,789)**	**3,758**	**(1,031)**	**(1,249)**	**10**	**(381)**

Financial Assumptions

The prospective financial performance, cash flows and equity movements for the years ended 30 June 2021, 2022, 2023 and 2024 represent our assumptions and expectations in light of currently available information only. These projections involve significant, mainly industry-wide, risks, variables and uncertainties that may likely cause actual performance to differ materially from those currently projected.

Key areas of risk and uncertainty, both in timing and value, involve DHB funding, Holiday Act remediation, Mecca bargaining, pay equity flow on effects, CCDM recommendations, National managed contract renewals and equity injections, impairment of (in)tangible fixed assets etc.

On a local level, the scale and size of our Board imposes a high sensitivity to unexpected changes in the type and volume of services provided, staff levels and remuneration, seismic remediation works and the state of our key (non) clinical assets.

Consequently, no guarantee is presented or implied as to the accuracy and achievability of specific forecasts, projections or predictive statements contained herein.

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 6.0% payable half yearly.

- Total Capital Expenditure of $4.7M is planned for 2020/21, however the cash flow includes a total of $5.8M which includes costs of $1.1M relating to 2019/20 projects.

Capital Plan

The capital funding requirements for the Provider Arm will be met from operational cash flow and prioritised with the clinical leaders both within the cost centres and across the Provider Arm. The baseline CAPEX for 2020/21 of $4.7M includes IT/software $1.8m (which covers regional, sub-regional and local projects), non-clinical Infrastructure/building $1.3m, clinical equipment $1.6m.

Debt & Equity

Equity Drawing

Wairarapa DHB anticipates $3.0M equity funding will be required for the 2020/21 financial year to support the $3m deficit and $5.8m capital expenditure adjusted for available cash as hand and changes to working capital.

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 2019. 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 2019.

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 2: System Level Measures Improvement Plan 2020/21

WDHB
System Level Measures Improvement Plan
2020/2021

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

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

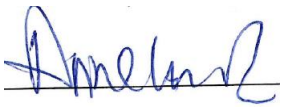
Dale Oliff
Chief Executive
Wairarapa District Health Board

David Holt
Community Pharmacist
Carterton Pharmacy

Trina Rehe
Kaihautū - General Manager
Whaiora Whanui

Dr Shawn Sturland
Chief Medical Officer
Wairarapa District Health Board

Peter Gush
Service Manager
Regional Public Health



Annie Lincoln
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Tū Ora Compass Health

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Sandra Williams
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Tū Ora Compass Health

Linda Penlington
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Wairarapa District Health Board

Phill Halligan
Acting Executive Leader, Nursing
Wairarapa District Health Board

Kieran McCann
Executive Leader, Operations
Wairarapa District Health Board

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Wairarapa DHB SLM Plan Development 2020/21

Collaborative Development

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:

- Community and Public Health Advisory Group
- Tū Ora Compass Health Clinical Quality Management Committee
- Tū Ora Compass Health Board
- Wairarapa DHB Executive Leadership Team

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. Our strategic priorities for the 2020/21 plan are based on our new direction, they are about changing our mind-set and looking at what is important to the communities we serve and making the best decisions for us and our children after us.

Our Strategic Focus:	
Every Door is the right door	Our gift of smallness enables better communication and seamless service provision
Neighbourhoods	Increasing mobility – services to where people work, live and play
Serving the people of Wairarapa	Tailoring services to meet the community's needs – where they live.
Manaaki Tangata	Acknowledging the sovereignty/inherent mana of the individual in each interaction both in PHC and Secondary settings.

The SLM milestones are also aligned with the National Health Strategy, and DHB performance measures as reflected in the DHBs 2020/21 Annual Plan.

Strategic Objectives

There are seven broad activity areas identified in the 2020/21 Annual Plan as needing to change to shift towards a responsive, effective health system that achieves equitable outcomes for our community.

Activity Areas include:

1. Integrated health and social services
2. Strong Primary Care
3. Older persons Care
4. Easy access to services
5. Close connections between primary and secondary care
6. A fit for purpose hospital
7. Building a sustainable workforce
8. Tamariki-Mokopuna (our children and young people are our future)

The cornerstone principles that will support effective change include consideration of the Treaty of Waitangi relationship, Equity, Change Readiness and a sustainable workforce

2020/21 System Level Measures

From 1 July 2020 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 2020/21, 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 2020/21 Plan

During the 2019/20 year key appointments have been made which include the Chief Executive, Executive Leader Planning & Performance, Chief Medical Officer and Chief Financial Officer. These changes, combined with recent Tu Ora Compass Health local management change and the inception of new WDHB Board members means that 2020/2021 provides an exciting opportunity for taking the Alliance forward from its challenges over the past few years and improving effectiveness.

Our 2019/20 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 is a major commitment for the PHO and practices. Alongside this, managing Covid-19 across the sector has been an increasing and major priority since late 2019-2020.

The implementation of Health Care Homes and the proposed Hospital at Home Team, provide platforms for both planned Long Term Conditions and urgent care developments. Covid-19 has necessitated a change in face to face health access for the Wairarapa population. This event has required the whole sector to review patient/client management, access and to consider the most vulnerable populations. Health and associated support systems have needed to work collaboratively across sectors to optimise patient outcomes and protect the health of our most vulnerable groups within our community. Lessons learnt from Covid-19 that improve service integration and inter-sectorial collaboration resulting in improved health outcomes for these groups, will be considered to support the development of the SLM plan moving forward.

Wairarapa DHB 2020/21 Annual Plan has a focus on equity priorities which are intending to narrow the health outcome gaps between Māori and other ethnic groups and if achieved, will demonstrably improve Māori health status. We have used the 2019/20 areas of focus as our starting point. 2020/21 is about making bold steps and working with a wider range of providers to achieve better synergy with the community and especially Whānau Māori, Pacifica and vulnerable whānau. Equity priorities are reflected in actions in the 2020/21 SLM plan. All contributory measures will be monitored by Māori, Pacific and other 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.

The challenges we recognised a year ago have intensified. The rapid population growth we experienced in recent years as people relocated from the major cities has continued during 2019/20. Many of these immigrants to the Wairarapa are retirees, adding to our already relatively old population. There is also an increasing percentage of the population who are young and Māori, and a first intake of refugees arriving to settle in Masterton in June 2020. These changes have 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. Primary Health Care (PHC) continues to have workforce challenges including GP recruitment and skill mix, and this is an ongoing focus.

In this context it has been crucial that we continue to progress our current work programme:

- Incorporation of a WrDHB strategic direction, clinical services plan, wellbeing plan, Māori health plan and Pacific health plan;
- Implementation of the Health Care Home model across all Wairarapa practices
- Revision of the youth health strategy and implementation of the recommendations from the youth health service review.
- Continued implementation of an integrated palliative care service
- Continued implementation of the falls prevention programme
- Participation in the ongoing development of Health Pathways and a new smart e-referral system
- Covid-19 has necessitated fast tracking of a new acute care model ‘Hospital at Home Team’, initially supporting triaged/eligible patients with increased acuity in ARC, to be managed in place avoiding hospitalisation.

Table 1 below summarises the headline actions that have been agreed as priorities for the 2020/21 year, and the intervention logic behind them.

Our 2020/21 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 for the SLM Programme of work.	✓	✓	✓	✓	✓	✓
The Health Care Home (HCH) model has been implemented in all seven Wairarapa practices. In 2020/21 there will be a 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 data • 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 respiratory health for Māori under 5s, developing culturally appropriate antenatal and postnatal 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 continues to 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 reviews of survey results and commit to an integrated quality improvement approach.			✓			

The Wairarapa DHB/Tihei Wairarapa agreed Improvement Milestones for 2020/21 are:

System Level Measure	Key Improvement Milestones	Date	2019/20 Target and latest results	2020/21 Improvement Milestone
ASH rates for 0-4 year olds	Wairarapa Māori 0-4 years non-standardised ASH rate per 100,000	End of Q4	Reduce non-standardised Māori 0-4 years ASH rate from 9,318 to <9,000 per 100,000 population Target - Māori 0-4yrs <9,000 Baseline: Sep 2019 Māori 0-4yrs = 8,136 Other 0-4yrs = 5,276	Reduce non-standardised Māori 0-4 years ASH rate from 8,136 to <8,000 per 100,000 population
Acute bed days per capita	Wairarapa acute bed day rate per 1,000	End ofQ4	Reduce standardised Māori acute bed days for DHB of domicile by 10% from 553 to 500 per 1,000 population Baseline: June 2019 491per 1,000 population	Reduce standardised Māori acute bed days for DHB of Domicile by 5% from 491 to 466 per 1,000 population
Patient Experience Survey	Wairarapa Primary Care And Hospital services will use the new surveys, focusing on 2 questions each for improvement purposes	End of Q4	**Primary Care:** New target for 2020/21 We have 100% of practices transitioned and participating in the new PES. 80% of people with YoC plan have completed Partners in Health Scale. 20% Clients activated in the healthcare portal. Dec 2019 = 14.6%. ≤2 days the time to third next available appointment (TNAA). March 2020 = 3.6 days **Inpatient:** Target 2019/20 Increase participation rates for Māori in the inpatient PES to 20%. June 2019 (Q4) Baseline =13% Increase inpatient PES communications domain score to 8.3 or above (the national average). Sept 2019 Baseline = 8.2	**Primary Care:** To improve the results of the lowest scoring question in the Q4 PES by 1-2% by July 2021 **Inpatient:** To improve the results of the three lowest scoring questions by 1-2% by July 2021.
Amenable mortality rates	Wairarapa total 0-74 standardised AM rate per 100,000	End of Q4	Reduce AM rate to at or below 105 per 100,000 (5 year average) Baseline:2012-2016 5 year average Māori = 188.0 Total = 94.7	Reduce 0-74 years age standardised AM rate for Māori from 188 to at or below 165 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 hospitalization's** (including short-stay hospital admissions through ED) for 15 - 19 year olds	End of Q4	**Access to preventative services:** Increase Māori and Pacific adolescent dental coverage from 45% /40% to 55% by 30 June 2020 Baseline: June 2018 Māori = 45% Pacific = 40% (2019 data not yet available) **Mental Health and Wellbeing:** Decrease rate of self- harm hospitalisations for 10-24 year olds to 50 per 10,000 population (standardised) Baseline: Year to Sept 2019 44.9 per 10,000 Māori rate = 80.4 Other rate = 30.9	**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 intentional self-harm ED presentations / hospitalisations of Māori 10-24 year olds to a rate of 60 per 10,000 population (standardised) Increase Māori and Pacific oral health utilisation to 55% by 30 June 2021
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	Increase the total % of babies living in smoke free homes to 40% and Māori babies to 25% by 30 June 2020 Baseline: June 2019 Total babies = 57.2% Māori babies = 41.4%	Increase the % of all babies living in smoke-free homes to 60% and Māori babies to 60% by 30 June 2021.

Ambulatory Sensitive Hospitalisations 0-4yo

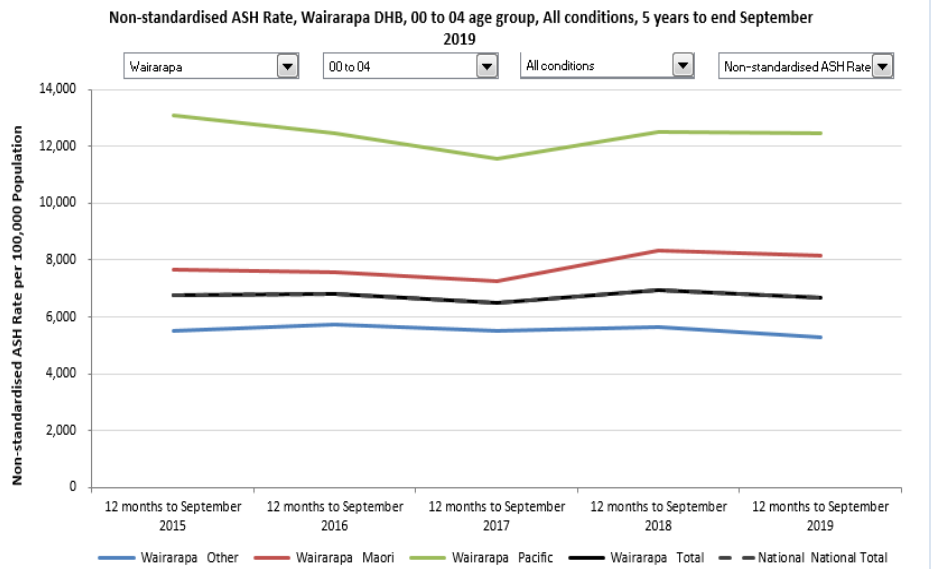
As a Wairarapa DHB system we want all our children to have a healthy start in life. One of the DHBs strategic goals is to improve child health and child health services in the Wairarapa Region. Our system will support all families to maximise their child's health and potential. In 2019/20 WrDHB we achieved our goal of reducing the Māori ASH rates (non-standardised) for 0 – 4 year olds to under 9,000 per 100,000. We aim for a further reduction from the Sept 2019 rate of 8,136, with a new target of under 8,000 per 100,000.

SI 1: Ambulatory Sensitive Hospitalisations (ASH)

ASH Top 10 Conditions over last 6 years to 30 September 2019 (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		12 months to September 2019	
	Maori	Other	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	10	14
Gastroenteritis/dehydration	16	22	3	16	10	14	7	26	15	14	8	14
Asthma	17	16	24	20	17	15	16	9	12	16	9	18
Dental conditions	11	19	16	13	13	12	13	10	8	8	3	8
Lower respiratory infections	3	2	3	2	3	6	3	6	8	5	2	5
Pneumonia	5	6	6	4	3	6	12	9	4	6	5	6
Cellulitis	7	5	12	5	2	4	6	5	4	3	2	4
GORD	1	1	0	0	0	2	1	0	1	6	0	0
Dermatitis and eczema	6	4	4	1	7	1	1	2	4	1	3	3
Constipation	0	3	1	2	3	2	3	3	1	2	3	4
TOTAL	82	97	87	103	79	93	77	106	82	86	45	76
TOTAL POPULATION 0-4 Year Olds	810	1930	840	1860	840	1830	860	1775	880	1755	890	1715
% of Total Population 0-4 Year Olds	10%	5%	10%	6%	9%	5%	9%	6%	9%	5%	5%	4%

Inequity for Māori children has reduced over the past year. Comparative data is not available for Pacific children due to the small population, but we intend to monitor hospitalization's for Pacific children at an individual level. Upper and ENT respiratory infections, Asthma, Gastroenteritis/dehydration are the three largest drivers of admissions, especially for Māori children.



DHB	Ethnic Group	12 months to September 2015	12 months to September 2016	12 months to September 2017	12 months to September 2018	12 months to September 2019
Wairarapa	Other	5,510	5,721	5,507	5,630	5,276
Wairarapa	Maori	7,666	7,559	7,249	8,322	8,136
Wairarapa	Pacific	13,097	12,457	11,552	12,498	12,458
Wairarapa	Total	6,761	6,807	6,503	6,955	6,679

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

Milestone	Actions	Contributory Measures All contributory measures will be monitored by Māori, Pacific & Other Population where data allows
Reduce Māori ASH rate for 0-4year olds from 8,136 to <8,000 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 • Scope opportunities for increasing Whānau Ora Navigation to include dental with high needs children 0-8yrs.	• % preschool children enrolled with oral health service • Hospital admissions for children under 5 years with dental as primary diagnosis
	Implement a comprehensive child health coordination services for 0-4 year olds establish in Q1	• % of newborn enrolled with a GP by 1 year of age • % of babies who have received all core (well child Tamariki ora) WCTO contacts in first year of life
	Implement an enhanced model of care that increases the number of children proactively having fluoride applied biannually by the dental service. Prioritising high needs children	• Number of children who have had fluoride application • 5yr old DMF • Yr 8 DMF - measures
	To provide practices with lists of children who are potentially eligible for fluvax and continue auto-referral process to outreach for Māori and Pacific.	• Fluvax 6 months to 4 years (Māori and other)
	Refresh and renew the pathways for children with repeat childhood respiratory presentations, including a referral to Ha Ngawiri program and healthy homes assessment.	• 0-4 ASH Rate with a primary diagnosis of respiratory disease (Māori and other) • Number of referrals to the Ha NgaWiri program
	Implement the National Hauora Coalition program 'Equity generation 2040' (early pregnancy assessments) during the course of 2020/21.	• The number of early pregnancy assessments completed for Māori pregnant women.

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 and measure the impact of initiatives that are designed to improve outcomes and patient experience.

A new provider (IPSOS) has revamped both the PHC and Adult Inpatient National Patient Experience Surveys (PES), available from July 2020. We aim to have 100% of PHC practices transition and participating in the new PES. Parallel to this, the management of Covid-19 since early 2020 has also seen significant changes in the way patients access PHC services. There has been a major shift to remote and virtual access.

A patient centered approach to care requires a shift in focus from participation and response rates to using the Survey feedback to create meaningful actions that support changes called for by the users of our service. In order to do this we will look more closely at our lowest scoring questions and also to consider what changes in service provision to keep and build on from learnings gained during our pandemic response. This approach is patient centered and truly responds to feedback in a meaningful way for the users of our service.

The Lowest scoring question in the 2019 Q4 **Primary Health Care** PES was:

"After treatment or care plan was made were you contacted to see how things were going?"

Wairarapa Primary Care will focus on 2 key areas in 2020-21 for improvement purposes. The key areas of focus will be on feedback from questions related to access (in order to investigate observations made during Covid-19), and the lowest scoring question in the 2019 survey related to follow up. The new Primary Care PES data will provide improvement opportunities for practices implementing the Health Care Home model for the 2020-21 year.

The Lowest scoring questions in the 2019 Q4 **Adult Inpatient** PES were:

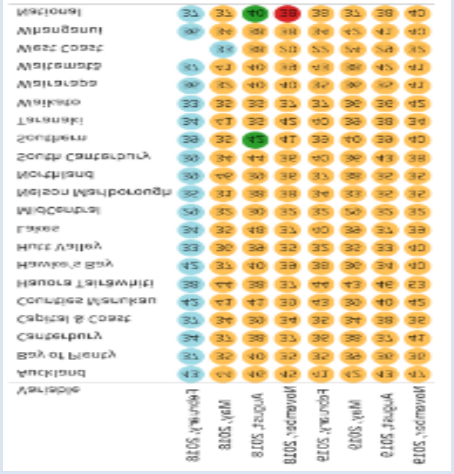
Communication Domain: ***"Did a member of staff tell you about medication side effects to watch for when you went home?***

Partnership Domain: ***"Did the hospital staff include your family/Whānau or someone close to you in discussions about your care?"***

Coordination Domain: ***"Do you feel you received enough information from the hospital on how to manage your condition after your discharge."***

The key area of focus in 2020-21 for the adult in-patient survey will be on the lowest scoring questions in the 2019 survey as above.

Māori participation numbers in Q4 2019 (6 returned from the 48 sent out to Māori in Q4 2019) for Adult inpatient survey are insufficient to provide any meaningful data on consumer experience. Improving models of engagement with Māori will be another focus area in 2020-2021.

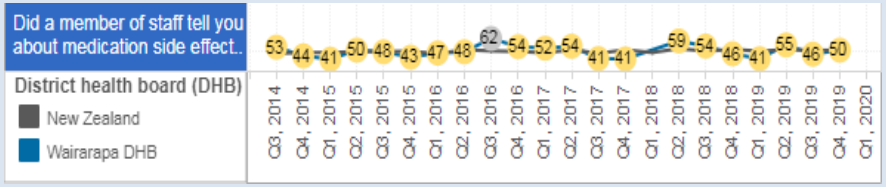


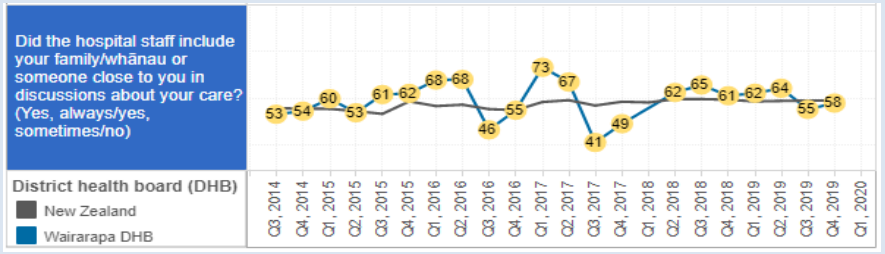
PHC Patient Experience Survey (PES) – The lowest scoring questions nationally by Practice DHB for Q4 2019.

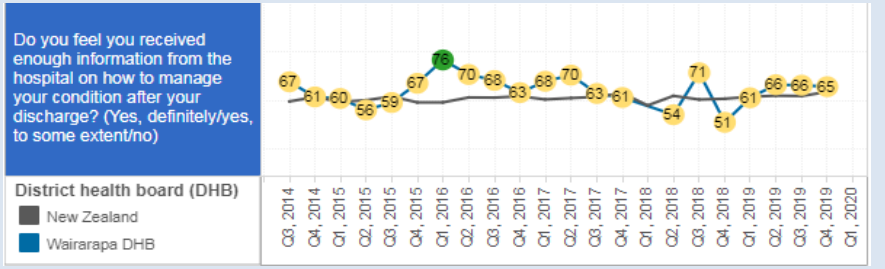
Percentage of respondents who answered "Yes, always"/ "Yes definitely" to the question:

"After a treatment or care plan was made, were you contacted to see how things were going?

Adult Inpatient Patient Experience Survey (PES) -The Lowest scoring questions in the 2019 Q4 by percentage compared to NZ average.







Milestone	Actions	Contributory Measures All contributory measures will be monitored by Māori, Pacific & Other Population where data allows
Primary Care Milestone: To improve the results of the lowest scoring question in the Q4 PES by 1-2% by July 2021 ***"After treatment or care plan was made, were you contacted to see how things were going?"***	All 7 practices will transition and participate in the new PES. Health Care Home model will be embedded across all 7 Wairarapa practices **Follow-up**: People with YoC plan have completed Partners in Health Scale annually (This scale gathers information on how the patient feels they are doing regarding self-management), YoC plan is adjusted accordingly. **Access:** PHO will review feedback from questions linked to Access Q33-37 to identify opportunities for service improvement 2020-21.	• Percentage of people with a YoC plan that have completed the 'Partners in Health' Scale annually. • YoC plans adjusted as necessary after feedback • Percentage of people activated in the healthcare portal • The time to third next available appointment (TNAA) • PES quarterly reviews completed 2020
Adult Inpatient Milestone: To improve the results of the three following questions by 1-2% by July 2021. ***"Did a member of staff tell you about medication side effects to watch for when you went home?*** ***"Did the hospital staff include your family/Whānau or someone close to you in discussions about your care?"*** ***"Do you feel you received enough information from the hospital on how to manage your condition after your discharge?"***	**To support the Reduction of unplanned hospital readmissions** The coordinator of the new 'Discharge Navigator role' will identify and work with individuals at risk of readmission to address readmission risk factors. Risk factors include understanding medications, including family/whānau in discussions about care and having multi-disciplinary team involvement to ensure the patient receives enough information about how to manage their condition once they are discharged. To promote the use of the Health Navigator tool for staff and patients in the inpatient setting to support health literacy and pre-discharge discussion for self-management post discharge. This tool is already in use in the PHC sector and familiar to patients. Promotion in an inpatient setting enables inter-sectorial continuity and integration with information tools for health promotion. Quality Team to work with the Māori Health team to develop WrDHB guidelines and promote the most suitable approaches and models of engagement with Māori that include family/whānau in discussion and co-design of care plans and PES participation. To continue to embed the WrDHB organisational values, which include recognising the impact of communication on patient experience. E.g. Sharing patient stories via staff communication systems and qualitative presentations to the Board.	• Number of people at risk of readmission who have been introduced to health navigator. • Improvement in PES Participation rates, esp. for Māori • To see improvements in the Patient Experience Survey scores for the identified questions linked to communication, partnership and coordination in 2020-21.

Acute Bed Days

Better health for all is the WrDHB vision. We want our population to be well in the community and to receive appropriate care when they are not well. Our aim is to maintain acute bed days (standardised by DHB of Domicile) under 370 per 1,000, in 2020/21. A short-term goal for 20/21 is to better manage respiratory conditions in primary care, and for general practices, through the Health Care Home model of care which all 7 practices have adopted, to use stratification tools to identify populations at risk of admission and implement year of care planning.

Over all, the Wairarapa standardised rate of acute bed days has continued to decrease with the latest results the lowest yet. Our rate has consistently been below the national average for the past three years

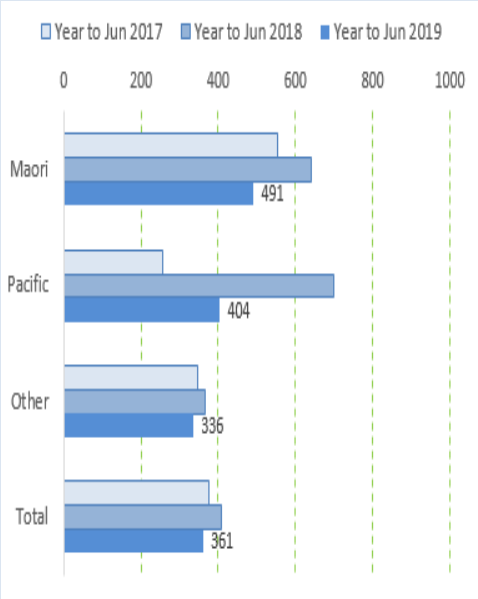
Respiratory conditions, especially in the very young, elderly and Māori, cerebrovascular disorders and fractures especially in the elderly are the largest drivers of acute bed day usage.

Māori rates have improved with a drop from 553 to 491 per 1,000 from Dec 2018 to June 2019.

Acute Standardised Bed Days per 1,000 population by DHB of Domicile by age group for the year to June 2017 to 2019

DHB of Domicile	Estimated Popn Year to Jun 2019	Acute Stays Year to Jun 2019	Acute Bed Days Year to Jun 2019	Standardised Acute Bed Days per 1,000 Popn Year to Jun 2017	Year to Jun 2018	Year to Jun 2019
Auckland	542,240	62,109	192,160	429.6	434.0	403.4
Bay of Plenty	239,360	33,851	112,273	428.3	425.6	393.0
Canterbury	568,500	60,686	233,522	408.4	404.5	382.1
Capital and Coast	319,870	34,833	101,545	371.7	345.3	324.6
Counties Manukau	563,730	66,696	232,310	478.5	500.4	462.7
Hawke's Bay	166,400	25,350	77,824	415.8	439.8	409.6
Hutt	150,320	20,346	54,489	408.7	380.7	350.6
Lakes	110,180	15,425	50,128	418.2	432.8	435.7
Midcentral	180,410	24,359	79,223	466.3	413.2	388.2
Nelson Marlborough	151,320	16,928	48,271	269.2	269.1	253.5
Northland	180,690	25,308	84,723	411.4	427.4	410.0
South Canterbury	60,090	8,325	34,320	436.8	429.6	441.9
Southern	332,020	36,673	125,592	385.5	389.6	343.1
Tairawhiti	49,285	6,875	24,922	456.3	479.3	497.2
Taranaki	120,455	18,729	61,212	408.8	466.8	449.9
Waikato	419,850	60,628	220,859	478.4	497.4	495.4
Wairarapa	45,880	5,743	20,418	375.1	407.2	360.6
Waitemata	626,990	78,341	256,414	453.8	437.6	404.3
West Coast	32,475	4,113	15,217	420.1	453.9	403.1
Whanganui	65,130	11,051	28,890	485.8	429.7	372.8
National	4,925,195	616,369	2,054,314	423.4	424.3	397.9

Wairarapa DHB of Domicile – Ethnic Group Comparison –Standardised Acute Bed Days per Capita Rates 2017-19



Milestone	Actions	Contributory Measures All contributory measures will be monitored by Māori, Pacific & Other Population where data allows
Reduce standardised Māori acute bed days for DHB of Domicile by 5% from 491 to 466 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
	Implement trial of post discharge navigation with people identified at risk of readmission and their whānau to increase health literacy, self-management and resilience.	• 75yr + readmission rate
	Continue to embed the Health Care Home model across the seven general practices Implement the Community Service Integration component of Health Care Home for patients identified as being at risk of hospitalisation To implement the 'Hospital in the home' model to support increased acuity patients in ARC	• All practices showing progress in model maturity using the HCH maturity matrix • Number of people with Year of Care Plan compare to HCH goal for the 12 months • Number of patients supported in ARC who would otherwise have been admitted to hospital
	Develop and implement a clear COPD identification, assessment and management pathway to support consistency and continuity of care in primary care with a particular focus on Māori	• COPD hospital admission rate

Amenable Mortality

We want to have an effective WrDHB health system, for individuals and the population as a whole. Wairarapa DHB aims to maintain its 5 year average amenable mortality rate at less than 105 per 100,000. Our focus in 2020/21 and beyond continues to be on reducing the Māori amenable mortality rate. Suicide continues to have a large relative impact on the rate at WrDHB. We are continuing to develop an improved understanding (including by age and ethnicity), so effective solutions can be developed and implemented in future years.

Wairarapa DHBs amenable deaths for 0-74 year olds between 2000 and 2016 has continued to drop steadily year on year from 155.9 in 2000 to 94.7 in 2016.

Inequities remain with the Māori population continuing to have the highest AM rates (188 per 100,000 compared to non-Māori 85.0).

At Wairarapa DHB between 2010 and 2016, the most prevalent conditions for AM were coronary disease, suicide, COPD and land transport accidents (excluding trains) followed by diabetes and female breast cancer.

Amenable mortality, ages 0-74, 2012-2016
Calculated using 2014 population data
With 99% confidence intervals

DHB of domicile	Maori				non-Maori, non-Pacific				Total			
	Deaths	Rate	LCB	UCB	Deaths	Rate	LCB	UCB	Deaths	Rate	LCB	UCB
Northland	632	231.4	207.7	255.1	832	85.4	77.8	93.0	1484	121.7	113.5	129.8
Waitemata	323	147.5	126.4	168.6	1854	58.0	54.5	61.4	2415	67.5	63.9	71.0
Auckland	297	176.9	150.5	203.3	1342	59.4	55.2	63.6	2055	76.9	72.6	81.3
Counties Manukau	707	220.4	199.0	241.7	1430	66.2	61.7	70.7	3040	102.7	97.9	107.5
Waikato	791	214.9	195.2	234.5	1716	82.1	77.0	87.2	2600	104.2	98.9	109.4
Lakes	393	241.7	210.3	273.1	442	86.1	75.5	96.6	852	123.4	112.5	134.3
Bay of Plenty	559	217.4	193.7	241.1	984	77.3	70.9	83.6	1577	104.8	98.0	111.6
Tairawhiti	264	233.1	196.1	270.0	160	86.7	69.0	104.3	434	139.6	122.4	156.9
Hawkes Bay	358	203.5	175.8	231.2	744	80.3	72.7	87.9	1149	103.7	95.8	111.5
Taranaki	163	185.8	148.3	223.3	596	85.7	76.6	94.7	775	97.6	88.6	106.6
Midcentral	262	192.0	161.5	222.6	943	91.9	84.2	99.6	1240	106.6	98.8	114.4
Whanganui	168	225.0	180.3	269.7	386	107.0	93.0	121.1	562	125.4	111.7	139.0
Capital & Coast	193	147.0	119.7	174.2	988	62.0	56.9	67.1	1357	74.3	69.1	79.5
Hutt Valley	169	174.8	140.2	209.4	638	80.6	72.4	88.8	884	94.3	86.1	102.4
Wairarapa	59	188.0	124.9	251.0	252	85.0	71.3	98.8	315	94.7	81.0	108.4
Nelson Marlborough	78	123.0	87.1	158.8	781	73.7	66.9	80.5	874	77.4	70.6	84.1
West Coast	30	181.4	96.1	266.7	232	108.0	89.7	126.3	269	117.2	98.8	135.6
Canterbury	298	160.4	136.5	184.4	2503	77.1	73.2	81.1	2886	83.7	79.6	87.7
South Canterbury	23	...	...	...	380	94.1	81.7	106.5	408	94.7	82.6	106.8
Southern	192	158.9	129.4	188.5	1729	86.1	80.8	91.4	1953	91.0	85.7	96.3
Overseas and undefined	13	...	...	...	249	...	...	...	315	...	...	...
Total New Zealand	5972	197.4	...	...	19181	75.1	...	...	27444	92.6	...	...

Rates per 100,000 age standardised to WHO world standard populatio
Rates are suppressed where there are less than 30 deaths

Milestone	Actions	Contributory Measures All contributory measures will be monitored by Māori, Pacific & Other Population where data allows
Reduce 0-74 years age standardised AM rate for Māori to at or below 165 per 100,000 (5 year average)	Continue to influence policy to improve healthy lifestyles through submissions to local councils and relevant national bodies e.g. supporting RPH submissions by co-signing or co-presenting	• Numbers of submissions
	Continue to provide More Heart and Diabetes Checks to eligible people with a priority Māori, Pacific and South East Asian Work with Māori Tane to co-design new ways to support heart health knowledge.	• % PHO enrolled eligible population who have had a CVD risk assessment recorded in last 10years • % of Māori 30-44 year old men with CVRA completed
	Implement Access and Choice Wellbeing Support Initiative – 2.5FTE HIPs and 1 FTE HC and 1.5 FTE CSW.	• Number of patient encounters per Health Improvement Practitioner • Number of patient encounters per health Coach
	Work with Māori to develop new ways to support Māori Whānau to quit smoking. Facilitate smoking referrals from non-traditional locations i.e. Marae, Kapa Haka, Kohanaga	• Number of referrals to SSS • Smoking Quit Rates by ethnicity
	Fund and implement the Piki Te Ora Māori self-management programme as a sustainable model Monitor Primary Care performance against Diabetes Clinical Guidelines	• % PHO enrolled eligible population with a record of a diabetes annual review during the reporting period whose HbA1c <64 mmol/mol and prescribed insulin by ethnicity • % of people with diabetes that are meeting clinical guidelines
	Establish a Wahine Navigator role to proactively engage Māori and Pacific women who are under-screened or unscreened to combined breast and cervical screening sessions provided collaboratively between the Primary Care, Regional Screening Services and DHB	• 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. During 2019/20 we reviewed our youth health services and determined priorities for future action. In 2020/21 we intend to develop and better coordinate our youth services so they are more accessible to a wider range of youth, especially rangatahi Māori.

Self-Harm

In the past three years there has been considerable variation in the rate of hospitalisation for intentional self-harm among 10 – 24 year olds, however as the population is relatively small some variation is expected. In the year to September 2019, we had reached our goal of reducing the rate to 50 per 10,000 for the total population, however Māori young people were hospitalized much more often than non-Māori. For the 12 months to September 2019, the Māori rate for 10-24 year olds was 80.4 per 10,000 compared to 30.9 for "other". 19 Māori young people and 15 non-Māori, non-Pacific were hospitalised in this 12 month period. The Māori rate was higher than the national average and the "other" rate was lower.

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 & Other Population where data allows
Decrease intentional self-harm ED presentations / hospitalisations of Māori 10-24 year olds to a rate of 60 per 10,000 population (standardised) Increase Māori and Pacific oral health utilisation to 55% by 30 June 2021	Refresh the DHB Youth Health Strategy to guide the development of youth health services 2020 - 2025	• Strategy completed
	Commence the establishment of an integrated Wairarapa Youth Health Service, including the re-development of the Youth Kinnex Clinic.	• Youth Kinnex Clinic operational in new premises. • Consult rates at youth clinics
	Enhance youth primary mental health services across youth settings, including school based services and the youth clinic: 1. Implement year 2 of the Piki programme pilot for 18-25 year olds 2. Implement kaupapa Māori primary youth mental health service (subject to Ministry of Health RFP funding) 3. Complete implementation of Public Health Nurse HEADDSSS assessments for 10-13 year old primary school children, where requested by the school. 4. Align youth primary mental health service models to support equitable access and best practice model of care	• Intentional self-harm presentations 10-14 and 15-19 years (Māori /Other) • Number of referrals to youth mental health programmes (Māori /Pacific/Other)
	Further develop the Youth Oral Health Coordination function to include protocols for information sharing between dentists and youth health providers. In collaboration with the Wairarapa Youth Health Service and the Youth Health Advisory Group develop a youth-led approach to oral health promotion.	• Year 9 transfers to community based dentists (Māori /Pacific /Other) • DNA rates

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 2019, 41.4% of Māori babies and 57.2% of all babies were recorded as living in smoke-free homes in the Wairarapa. This is a significant increase on 2018/19.

Milestone	Actions	Contributory Measures All contributory measures will be monitored by Māori, Pacific & Other Population where data allows
Increase the percentage of all babies living in smoke free homes to 60% (other) and 60% (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
	Implement 'Hapūtanga' programme 2019/20 and 2020/21	• Programme referrals, enrolments, and quit rates • Pregnant women who identify as smokers upon registration with an LMC
	Contract local Māori heath provider to deliver wahakura [traditional Māori sleeping devices] and traditional baby rearing training to whānau	• Number distributed, number attending training
	Implement the DHB's 'Tapu te Hā' [*Tobacco Control Plan 2019/20*] including implementing processes for increasing referrals to cessation support services from LMCs and WCTO providers.	• Number of mothers smoke free at first core contact • PHO rate of babies in households with smokers
	Contract Māori health provider to deliver a programme of work dedicated to working with hapū mama and babies utilising a whānau ora approach.	• Programme referrals, enrolments, and quit rates
	Investigate opportunities to grow the Healthy Homes Project and target twenty [20] whānau with home assessment and remedies package.	• Programme referrals, enrolments, and quit rates