Tairāwhiti District Health
Trading as

Hauora
Tairāwhiti

2019/20 Annual Plan

Hauora Tairāwhiti Annual Plan 2019/20

(Issued under Section 38 of the New Zealand Public Health and Disability Act 2000)

This document presents our Annual Plan 2019/20 (referred to as the Plan). Central to understanding this Plan is our performance story, which sets out our key outcomes (what we are trying to achieve), our impacts (our shorter term contribution to an outcome), our outputs (goods and services supplied), and our inputs (resources).

This plan should be read in conjunction with the Midland DHB Regional Services Plan.

Annual Plan (2019/20)

Gisborne: Tairāwhiti District Health Board trading as Hauora Tairāwhiti
Published in July 2019
by
Hauora Tairāwhiti
Private Bag 7001, Gisborne, 4010

This document is available on the Hauora Tairāwhiti website: www.hauoratairāwhiti.org.nz

Mihi

Tēnei te ara o Ranginui e tu nei, tēnei te ara o Papatuanuku e takoto nei
Tēnei te ara o Rangi raua ko Papa e takoto nei, tēnei te po nau mai te ao
KaraNgātia te ao kia ita, karaNgātia ko Tane i whakairihia i apiti ki runga, apiti ki raro
Tawhia mai i waho rarea mai i roto kia rarau te tapuwae o Tane Whakapiripiri, tu nei
Hikihiki nuku hikihiki rangi, watea tu ko te whaiao ko te ao marama
Marama ha roto ki to pia ki to uri e turuki nei e rangi
Turuturu o whiti, whakamaua kia tina, tina! Haumi e hui e taiki e!

Contents

Minister's Letter of Approval for Annual Plan 2019/20

Hon Dr David Clark

MP for Dunedin North

Minister of Health

Associate Minister of Finance

16 DEC 2019

Ms Kim Ngarimu
Chair
Hauora Tairāwhiti
kim@taua.co.nz

Dear Kim

Hauora Tairāwhiti District Health Board 2019/20 Annual Plan

This letter is to advise you I have approved and signed Hauora Tairāwhiti District Health Board's (DHB's) 2019/20 Annual Plan for one year, as submitted by the previous DHB governance.

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

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

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

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

I am aware that you have entered into a Memorandum of Understanding with Chelsea Hospital Trust Board. I remind you that in the event you decide to proceed with the proposal to co-locate, Ministerial approval to a lease of DHB land will be required pursua

+64 4 817 8709 Private Bag 18041, Parliament Buildings, Wellington 6160, New Zealand d.clark@ministers.govt.nz beehive.govt.nz

I am aware you are planning a number of service reviews in the 2019/20 year. My approval of your Annual Plan does not constitute acceptance of proposals for service changes that have not undergone review and agreement by the Ministry. Please ensure that you advise the Ministry as early as possible of any proposals for service change that may require Ministerial approval. Approval of the Plan also does not constitute approval of any capital business cases that have not been approved through the normal process.

It is really important that the health sector continues to deliver timely and effective services so that we can provide high quality and equitable outcomes for New Zealanders that will deliver on our Government's Wellbeing priorities.

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

I would like to thank you, your staff, and your Board for your commitment to delivering quality health care to your population and wish you every success with the implementation of your 2019/20 Annual Plan. I look forward to seeing your achievements.

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

Yours sincerely

Hon Dr David Clark
Minister of Health

cc Mr Jim Green
Chief Executive
Tairāwhiti District Health Board
jim.green@tdh.org.nz

SECTION 1: Te Whakamahere Rautaki | Overview of Strategic Priorities

STRATEGIC INTENTIONS/PRIORITIES

TAUIHU - The Prow
Te Ihu Haehae I Te Ara (The Front/First of the Journey)
The tauihu of a waka is the first part of the hull to meet the challenges of the open sea. "Kia tauihu to haere" – "Move forward decisively" The "tip of the wedge" Anything or person referred to as the tauihu is the figurehead or at the forefront.

This Annual Plan articulates the Hauora Tairāwhiti commitment to meeting the Minister's expectations, and our continued commitment to our Board's vision of Whāia te hauora i roto i te kotahitanga - a healthier Tairāwhiti by working together.

There are four key areas of focus for Hauora Tairāwhiti for 2019/20, as agreed with the Ministry of Health. Actions to support these priorities are highlighted through Section 2 of this Plan. The areas of focus are:

- Achieving equity
    - Achieving equity is the primary area of focus for Hauora Tairāwhiti. Our goal is to achieve the happiest, healthiest children in the world in Tairāwhiti within one generation.
    - Hauora Tairāwhiti has four key ingredients to achieving equity
        - Supporting iwi to take a leadership role.
        - Enhancing understanding of equity.
        - Questioning current disparities at every opportunity.
        - Recognising that large proportions of the population are leading privileged lives.
- Sustainability
    - Hauora Tairāwhiti is currently operating in a deficit environment, which impacts on service provision and future planning. As a result, Hauora Tairāwhiti's investment pathway is small and makes tough decisions about which services will add the greatest health value.
    - Hauora Tairāwhiti is constantly looking at services currently provided out of district and where possible establish a local closer to home service.
- Workforce
    - Hauora Tairāwhiti is focused on increasing Māori representation within its workforce, and its approach is to employ Māori first, locals second and everyone else last.
    - As a small District Health Board, Hauora Tairāwhiti often faces challenges in ensuring vulnerable workforces are supported to ensure their long term sustainability.
- Collaboration
    - Hauora Tairāwhiti is part of the Iwi led cross sectoral group Manaaki Tairāwhiti, which looks at improving outcomes across Tairāwhiti through working across intersectoral boundaries.
    - Hauora Tairāwhiti supports the activities of the four local Māori health providers in their collaboration to optimise local arrangements and in reducing the fragmentation of health resources.
    - Gisborne District Council and Hauora Tairāwhiti are working together to improve the quality of drinking water across the Te Tairāwhiti.
    - Te Tairāwhiti health sector will continue to utilise a Matauranga Māori approach to service monitoring and planning to enable the development of co-location, multi-disciplinary teams and other innovative designs to address those social factors which influence health outcomes.

TREATY OF WAITANGI

The Treaty of Waitangi - Te Tiriti o Waitangi is New Zealand's founding constitutional document and is often referred to in overarching strategies and plans throughout all sectors. Hauora Tairāwhiti values the importance of the Treaty. Central to the Treaty relationship and implementation of Treaty principles is a shared understanding that health is a 'taonga' (treasure).

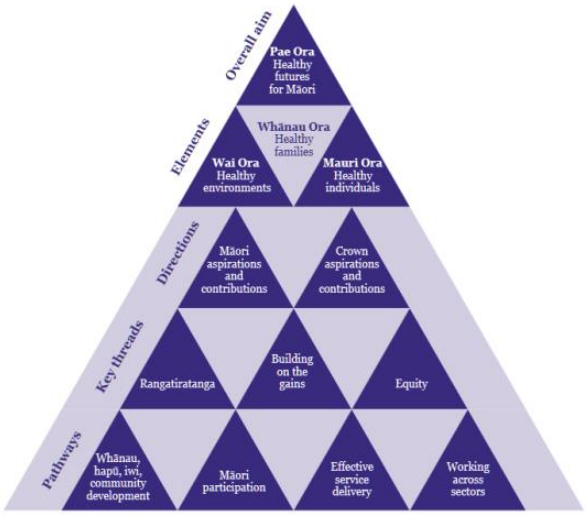
Treaty of Waitangi Principles mentioned in Health.

- **Partnership** involves working together with iwi, hapū, whānau and Māori communities to develop strategies for Māori health gain and appropriate health and disability services.
- **Participation** requires Māori to be involved at all levels of the health and disability sector, including in decision-making, planning, development and delivery of health and disability services.
- **Protection** involves the Government working to ensure Māori have at least the same level of health as non-Māori, and safeguarding Māori cultural concepts, values and practices.

Note – other Treaty Principles will also apply to the "taonga" of Māori health

New Zealand Health Strategy

First and foremost is the updated New Zealand Health Strategy, which outlines the high level direction of the New Zealand Health system over the next 10 years along with a Roadmap of Actions. The Strategy outlines five strategic themes to ensure all New Zealanders live well, stay well and get well (People-powered; Closer to home; Value and high performance; One team and Smart system) and 27 areas for action between 2016 to 2026.



He Korowai Oranga

As New Zealand's Māori Health Strategy, He Korowai Oranga sets the overarching framework that guides the Government and the health and disability sector to achieve the best health outcomes for Māori.
The 4 pathways of the original He Korowai Oranga framework continue to tell us how to implement the strategy. These pathways are:

- supporting whānau, hapū, iwi and community development
- supporting Māori participation at all levels of the health and disability sector
- ensuring effective health service delivery
- working across sectors.

Healthy Ageing Strategy

This Strategy is designed to ensure our health system provides the care, support and treatment that older New Zealanders need and that level of care is sustainable. It has a strong focus on prevention, wellness and support for independence, recognising the importance of whānau and community in older people's lives.

United Nations Convention on the Rights of Persons with Disabilities

The Convention on the Rights of Persons with Disabilities is the first United Nations human rights treaty of the 21st century. The Convention makes it explicit that member countries must ensure the full realisation

of all human rights and fundamental freedoms for all disabled people, on an equal basis with others, and without discrimination of any kind on the basis of disability. It will also help to ensure that mainstream services are inclusive of disabled people and are delivered in non-discriminatory ways.

ALA MO'UI: PATHWAYS TO PACIFIC HEALTH AND WELLBEING 2014–2018

To facilitate the delivery of high-quality health services that meet the needs of Pacific peoples, 'Ala Mo'ui has been developed. This builds on the successes of the former plan, 'Ala Mo'ui 2010–2014. It sets out the strategic direction to address health needs of Pacific peoples and stipulates new actions, which will be delivered from 2014 to 2018.

CLINICAL LEADERSHIP

Clinicians are passionate about the quality and safety of care they provide. These are key drivers of their work and resonate with their core values as professionals. Service development and improvements across Hauora Tairāwhiti are steered by clinical leadership through the Clinical Governance Committee which has representation on Te Kāhui Whakahaere (DHB leadership team) and actively supports decision making. The Clinical Governance Committee has key responsibilities around DHB clinical risks and quality improvements and includes representation from primary care, as well as people who receive health care.

Across Tairāwhiti, clinical leadership is represented on various service improvement forums which pull together all parts of the health sector within the district. Community, primary and secondary care clinical teams are engaged in a number of groups which range from information technology to integration and falls. The General Practitioner-led Demand Management Group pulls primary and secondary care clinicians and managers together to look at initiatives which have positive practical implications on clinicians' workloads in both sectors, while addressing the demand pressures at this crucial interface.

DECISION MAKING

Hauora Tairāwhiti Board and advisory committees are supported by a number of different groups that ensure local health resources are put to the best possible use for health service delivery across the district, which is, in turn, effective and efficient for the population which it serves. Te Waiora o Nukutaimemeha (TWON) Māori Relationship Board is represented and provides guidance and direction to Hauora Tairāwhiti in all Board decisions, ensuring responsibility is accorded for all aspects of Māori Health in Tairāwhiti. Other groups which support the Board's decision-making process are Te Kāhui Whakahaere (Leadership Team), which provides the Board with an executive view on service improvements and delivery; Te Reo Rautaki (Strategic Leadership Team), providing advice on the strategic objectives of health across the district; and Te Rōpū Rauemi Rautaki (Funding Management Group), which provides the Board with guidance on new initiatives and the implementation of community funding initiatives. Through these processes, Hauora Tairāwhiti ensures that the local sector provides the optimum range of services within the available resources.

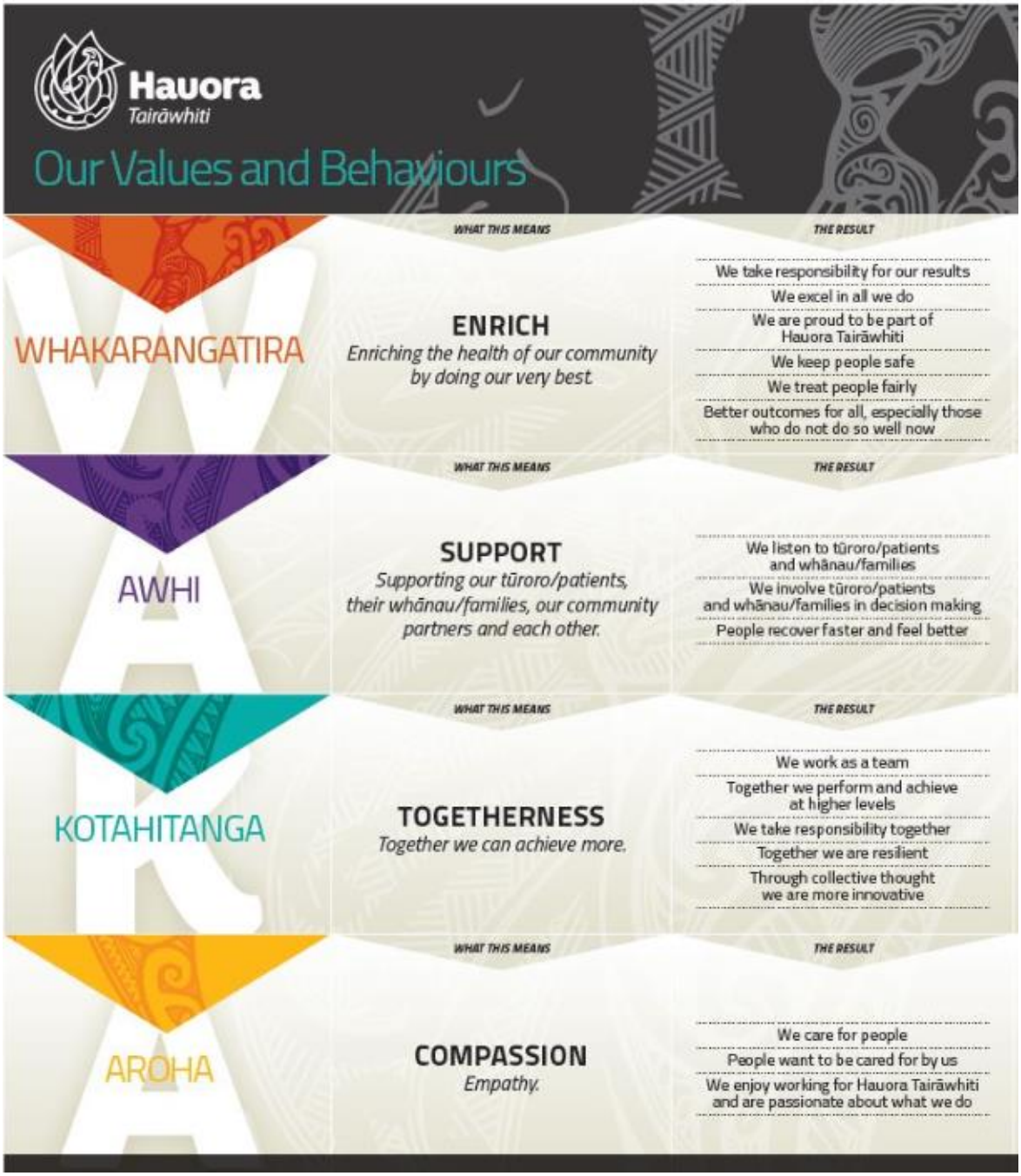
POPULATION HEALTH

The Tairāwhiti Public Health Team is located within the Te Puna Waiora (Planning and Funding) group. This ensures that, within this District, a population health approach to services is incorporated at all times. The DHB is committed to this approach and ensures that population health strategies are adopted in all service planning.

POPULATION PERFORMANCE

The Ministry is exploring life course approaches as a way of understanding DHB population performance challenges. Therefore, DHBs are expected to identify within their Annual Plan (AP) the most significant actions they expect to deliver in the 2019/20 year to address local population challenges for the following life course groupings:

Life course group	Significant action to be delivered in 2019/20 through to 2022/23
Pregnancy	Hapū Māmā are supported to engage and access all levels of maternal services within the first trimester and throughout the course of their pregnancy.
Early years and childhood	Implementation of a Tairāwhiti Integrated Child Health Services framework from conception up to six-years of age, with children and their families at the centre, thriving in their communities.
Adolescence and young adulthood	Implementation of the Youth Strategy and Action Plan for Tairāwhiti. Working with youth voice, leadership and diversity of age, need, cultural realities, locations, social and sexual orientation are key determiners of the plan and implementation.
Adulthood	Specifically addressing utilisation of health services that is amenable to change and to reversing inequity.
Older people	Implementation of Health of Older Persons Services review, which will integrate specialist services delivered to older people into a single service.



WHAKATAUAKI

"He rangi ta Matawhaiti

He rangi ta Matawhanui"

"The person with a narrow vision sees a narrow horizon

The person with a wide vision sees a wide horizon."

HE KORERO NĀ TE MANUKURA| MESSAGE FROM THE CHAIR

These aspirations seek to reflect the very core of the reasoning behind the decision made in 2014 to change our direction of travel. Many years of well-intended goals and aspirations, along with their associated health plans, failed to reduce inequity, and in particular the annual mortality statistics for Māori.

This document indicates strategic intentions that involve working alongside other Government Agencies that have a financial and organisational stake in the lives of people who live in Tairāwhiti. It is important to note the emphasis on cooperation and partnership with key external organisations and entities as without their active involvement we would have continued to do what we always did and achieved the same results.

These strategic and operational priorities coupled with dedicated work from committed people will ensure both a reduction in inequity and a healthier happier Tairāwhiti community.

David S Scott MNZM, JP

HE KORERO NĀ TE TUMUAKI| MESSAGE FROM THE CHIEF EXECUTIVE

Our commitment as Hauora Tairāwhiti is to deliver on all that our name as an organisation represents. We will advance health equity and improve health outcomes for Māori, while raising the overall health status of the whole population of our district.

To achieve this, our plan details how we will work with our community, our providers and our staff to deliver on a wide range of initiatives. Our plan is dynamic and responsive. The focus is on how we can make each action deliver for the people of our community.

Through our efforts, the efforts of the people in the health system across Tairāwhiti, and our support and respect for the efforts of our community members, especially iwi Māori, we will achieve still more to attain Hauora for all in Tairāwhiti.

Jim Green
June 2019

Agreement for Hauora Tairāwhiti 2019/20 Annual Plan
Between

SIGNATORIES

David Scott, MNZM, JP	**Brian Wilson**	**Lynsey Bartlett**
Chair,	**Board Member**	**Acting Chief Executive**
Hauora Tairāwhiti	**Hauora Tairāwhiti**	**Hauora Tairāwhiti**

Honourable Dr David Clark
Minister of Health

SECTION 2: Whakapaa i runga i nga Whakatau | Delivering on Priorities

Te Whakamahi Kaupapa Kaupapa | Government Planning Priorities

PUHORO - Movement The Ebb & Flow of the Journey's Path The influence.
The Puhoro design is a very waka/water orientated design, often seen painted on the underside of the prow of a waka and represents speed and movement. In its natural form it is the swirl of water when the paddles push water to propel a waka or it is the wake that trails behind the waka as it moves through the water. It is the symptom of influence. It is the ebb and flow of a waka journey.

Improving Child Wellbeing

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

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

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

Immunisation

- All DHBs are to contribute to child wellbeing and healthier populations by establishing innovative solutions to improve and maintain high immunisation rates at all childhood milestones from infancy to age 5 years.

For Auckland, Bay of Plenty, Capital & Coast, Counties Manukau, Hutt Valley, Lakes, MidCentral, Nelson Marlborough, Northland, Tairāwhiti, Taranaki, Waikato, Waitemata and Whanganui DHBs

Please provide three specific actions that will increase Māori childhood immunisation coverage levels and sustain high levels at all milestone ages during 2019/20. Please identify how each action will address equity and what outcomes will be achieved.

Equitable outcomes action are identified with an EOA in the Milestone column

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

Priority	Outcome	DHB activity	Milestone	Measure
Make New Zealand the best place in the world to be a child	We live longer in good health	Immunisation rates in Tairāwhiti have not reached targets. Hauora Tairāwhiti is looking to adopt a more targeted approach to this issue. We will be looking at the information to understand the geo and demographic details of the trends seen across the immunisation milestones to better target resources to those areas where immunisations are impacting on the districts overall coverage. We believe that there are a small number of communities where having a more intensive multi-disciplinary team (MDT) approach will have a notable impact on the districts rates. This MDT will be made up of primary care (clinical and support), well child/ tamariki ora (WCTO) service providers, immunisation team including outreach services, and community kaimahi working with Whānau. To support this approach we will be undertaking the following activities. **(EOA)** • Map historical immunisation rates across all domiciles in the district at each immunisation milestone	Quarterly review of data Quarterly discussion with MDT on specific activities Q1	**National Measure** CW05: Immunisation coverage CW08 : Increased Immunisation **Local Measure**

		• Work with primary care in those areas where immunisations rates are below district rate either total or for specific groups • Arrange regular MDT meetings for these primary care teams to access additional resources to enable localised joint working approach to achieving milestone • Work with teams across the district to ensure that immunisation is prioritised and that the need to achieve milestones are understood. This will see all health professionals in a local community being interested and positive about tamariki progress through the immunisation milestones. Immunisation will form part of our Child and Youth Communications Plan which is outlined in the child wellbeing section. Specific immunisation messages will spread the word that immunisation milestones are a developmental stage in a child's development which we need to celebrate. We will also be working with local communities to supply them with updates on their immunisation coverage through working with kohanga reo and other early education settings, and use this opportunity to pass on the benefits of a well immunised community as part of a healthy community. **(EOA)** Immunisation is identified as one of the five key priorities within the district's WellChild Tamariki Ora Quality Improvement Framework. Activities within the framework reaffirm our communications plan approach that **(EOA)** • Emphasizes wellbeing through highlighting the benefits and protection against disease and infection. • Celebrate and profile whānau proactively vaccinating their children to demystify and popularize vaccination. • Increase health literacy of all infant and child health services to 'check-in' with Whānau with consistent messages. • Improved timeliness for delivery of Core Contacts within schedule. • Improve the quality of data sharing information and communications between services. Hauora Tairāwhiti will continue to achieve at least 75% coverage for boys and girls for HPV immunisation.	Quarterly Quarterly Quarterly Plan complete Q1 Implemented Q2 Quality plan complete Q2 Implemented Q4 Ongoing	Exceed MOH target Improve target at end of year Comms DHB can monitor Facebook and website Increase in Imms uptake Increase no of vaccinators Increase in Imms rates

SCHOOL-BASED HEALTH SERVICES

- Commit to providing quantitative reports in quarter two and four on the implementation of school based health services (SBHS) in decile one to four secondary schools, and decile 5 as applicable to the DHB; teen parent units and alternative education facilities.
- Outline the current activity the DHB will undertake to implement Youth Health Care in Secondary Schools: A framework for continuous quality improvement in each school (or group of schools) with SBHS.
- Outline the current activity the DHB is taking to improve the responsiveness of primary care to youth.
- Commit to providing quarterly narrative reports on the actions of the SLAT to improve health of the DHB's youth population.
- Outline the actions the DHB is taking to ensure high performance of the youth service level alliance team (SLAT) (or equivalent).

Equitable outcomes action are identified with an EOA in the Milestone column

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

Priority	Outcome	DHB activity	Milestone	Measure
Make New Zealand the best place in the world to be a child	We live longer in good health	Hauora Tairāwhiti will be looking to develop a youth centric hub, which will pull existing service specific services into a single multi facilitated approach. This service will have clear linkages to other community, primary and secondary care services to ensure specialists can be accessed, with preference being placed on pulling expert to youth. Service will take a kaupapa Māori approach and follow the Matauranga Māori pathway. **(EOA)** • Mahi Tahi Rangatahi includes community and Qmmunity, Māori, Pasifika, rural, health, social and education leads/voices within the Tairāwhiti communities as well as providing for a parallel 'rangatahi' rōpu. Their guidance advises and influences our understandings, intentions and service provision for health services so they meet the diverse needs of young people in Tairāwhiti. This will be brought together in the Tairāwhiti Mahi Tahi Rangatahi Plan. • Enabling and creating supportive environments (physical, social and cultural) that improve access – reach, relevance and quality outcomes for young people to realise their own health and wellbeing aspirations. • Priorities that guide discussions will inform a work programme which includes – social and mental wellbeing, sexual and reproductive health, oral and dental health, and innovative primary care health services • The Mahi Tahi Rangatahi plan recognises previous work from the Youth Health Strategy and the Tiaki Taiohi Plan as documents of their time which will continue to inform through the learnings they provide. Hauora Tairāwhiti commits to providing quantitative reports in quarter two and four on the implementation of school based health services (SBHS) in decile one to four secondary schools, teen parent units and alternative education facilities. (EOA) • Te Tairāwhiti does not have any decile 4 secondary schools, but is working with those secondary schools in deciles 1-3. While services are being delivered across the district, we will during 2019/20 look to extend service coverage to Māori medium schools particularly those set within rural areas.	Model developed Q1 19/20 established Q3 19/20 Q2 to Q4 19/20 Increased equality of service coverage Q4 Q2 and Q4 19/20	**National Measure** CW10: Raising healthy kids CW12: youth mental health. **Local Measure** Youth centric hub plan complete Q2

MIDWIFERY WORKFORCE – HOSPITAL AND LMC

Midwifery workforce:

- All DHBs will develop, implement, and evaluate a midwifery workforce plan to support:
  - undergraduate training, including clinical placements
  - recruitment and retention of midwives, including looking at driving changes for models of care that use the full range of the midwifery workforce within DHBs
  - service delivery mechanisms that make best use of other health work forces to support both midwives in their roles and pregnant people.
- DHBs who were asked to develop midwifery workforce plans as part of the 2018/19 annual planning cycle are expected to continue working on midwifery workforce plans if this has not been completed during the 2018/19 year.
- Please detail the actions that you will take towards implementing Care Capacity Demand Management (CCDM) for midwifery by June 2021 in your annual plans.
- Please outline the most significant actions the DHB will undertake in 2019/20 to progress implementation of CCDM for midwifery. Ensure the equitable outcomes actions (EOA) are clearly identified.

Equitable outcomes action are identified with an EOA in the Milestone column

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

Priority	Outcome	DHB activity	Milestone	Measure
Ensure everyone who is able to, is earning, learning, caring or volunteering	We have improved quality of life	Hauora Tairāwhiti has an organisational aim to ensure that the workforce across Te Tairāwhiti reflects the population it serves. This aim will be a key component of our midwifery workforce plan, the plan also looks to identify a long term strategy to ensure that this vulnerable workforce is best supported across the district. **(EOA)** The midwifery workforce plan will strengthen the Maternity Quality & Safety programme and ensure the district has a strong and stable workforce across the district and that risks to the current and future workforce are mitigated. This includes that the more vulnerable parts of this workforce, such as in rural areas, are highlighted and that support is available in these areas to ensure that patients are not placed at risk. **(EOA)** The CCDM programme for midwifery within Hauora Tairāwhiti will in general terms reflect those outlined in the Care Capacity Demand section. Activities specific to Midwifery Service for 2019/20 are: • Recruit project coordinator • Development of Midwifery Service specific work plan for each of the CCDM standards. We will be working towards the achievement of the CCDM Standards by June 2021. **(EOA)**	Q2 Q1 Q2	**National Measure** CW07: New born enrolment. CW09: Better help for smokers to quit. CW10: Raising healthy kids **Local Measure** midwives reflect population

FIRST 1000 DAYS (CONCEPTION TO AROUND 2 YEARS OF AGE)

- Identify the most important focus areas to ensuring the population needs for pregnant women, babies, children and their whānau are well understood; and identify key actions that demonstrate how the DHB will meet these needs including realising a measurable improvement in equity for your DHB. Actions should include a comprehensive approach to prevention and early intervention services across priorities (see below) via maternity, Well Child Tamariki Ora, National SUDI Prevention Programme, and other services.
- Identify what action you will take to identify barriers to achieving well integrated services across the first 1000 days.

Healthy weight in children

- Identify the actions the DHB is taking to increase the proportion of children at a healthy weight in their first 1000 days to be measured by the proportion of children at a healthy weight at age 4.

Equitable outcomes action are identified with an EOA in the Milestone column

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

Priority	Outcome	DHB activity	Milestone	Measure
Make New Zealand the best place in the world to be a child	We have health equity for Māori and other groups	Through the Mahi Tahi Tamariki and Rangatahi forums Tairāwhiti will develop tamariki and rangatahi strategy plans. These 5 year plans will pull current providers and potential future partners together to develop tamariki and rangatahi wellbeing approaches. **Family planning** Implement expanded access to long acting reversible contraceptives (LARCs) to all women of child bearing age. This will see provision in primary care alongside a programme aimed at under 24's. Programme will focus on providing free advice, insertion and contraception specifically for Māori, rural and those living in lower deciles. **(EOA)** **Antenatal** • Implementation of localised Hapu Wānanga model to improve and engage young Māori and rural wāhine and whānau, this model will become the mainstream approach within Tairāwhiti. **(EOA)** • Implementation of the Tairāwhiti Breastfeeding plan, the plan focuses on workforce health literacy with the measure of success being improved breastfeeding rates at six months. *(Healthy Weight Initiative)* • Utilising MOH data and the local NIR team we will actively follow up those practices which are not enrolling newborn children within the first six weeks. • Evaluate new services rolled out from the Raising Healthy Kids initiative within the district. The evaluation will compare and contrast the three models operating locally and inform improved local models. *(Healthy Weight Initiative)* • Work with rural providers to develop a local service model which covers child development and encompasses key milestone activities, but which is more sustainable. **(EOA)** • Increase clinical capacity within the E Tipu e Rea service hub to assist partners to manage tamariki and whānau with complex conditions which require a multi service approach. **(EOA)** • Evaluate the E Tipu e Rea service model to ensure model remains sustainable, continues to address equity issues and the service model supports core health activities. The evaluation of the model will focus on the impact E Tipu e Rea has on district SUDI rates, immunisation coverage, Well Child Tamariki Ora core contacts and the Healthy Homes Programme. **(EOA)**	Completed Q4 2019/20 Implementation Q1 2019/20 Review Coverage Q3 2019/20 Implementation Q2 2019/20 Implementation Q3 2019/20 Ongoing from Q1 2019/20 Q2 2019/20 Q4 2019/20 Implemented Q1 2019/20 Evaluation completed Q3 2019/20	**National Measure** CW03: Community Oral health service CW06 - Improving breastfeeding rates CW07 – Improving newborn enrolment in General Practice CW10: Raising healthy kids CW11 - Supporting child wellbeing **Local Measure** Increase in FTE realised

FAMILY VIOLENCE AND SEXUAL VIOLENCE (FVSV)

- Reducing family violence and sexual violence is an important priority for the Government, and something we want all DHBs to be working on, in partnership with communities and other agencies. Please provide the actions for the upcoming year that your DHB considers is the most important contribution to this, including the reasons why the action(s) are important and the impact you expect them to achieve.
- Please provide the actions for the upcoming year that your DHB considers is the most important contribution to this, including the reasons why the action(s) are important and the impact you expect them to achieve.

Equitable outcomes action are identified with an EOA in the Milestone column

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have health equity for Māori and other groups	The DHB recognises the high incidence of family violence in this region and has been working across the sector to ensure that vital information is shared between agencies and joint planning and training occurs. The Violence Free Tairāwhiti Network enables this to be approached in a more coordinated way. 1. Our CORE VIP training has been expanded to include staff from other sectors to be trained alongside the hospital staff and the training includes an invited panel of stakeholders from the community to be involved in delivering the training. Our aims for improving cross sector engagement in our training are as follows **(EOA):** • Expand VIP core training across sector, invites to go to PHO's, Ngāti Porou Hauora and ACC to train alongside the DHB staff • Include community panel at each training session with members from Whangaia, Victim Support, Tauawhi Men's Group, Oranga Tamariki, Women's Refuge and Children's Team 2. To increase the screening rates in high risk areas we are planning to survey the staff to identify barriers and enable targeted and specific training and support **(EOA)** • Conduct survey monkey audit to high risk areas. • Develop specific and targeted training. • Continue to incorporate Te Whare Tapa Wha into training model to support people better to disclose family violence during routine enquiry. 3. We are raising the profile of the work to reduce the incidence and effects of family violence and have shared displays in public and the media around White Ribbon Day that promotes the core values of the programme of Stand Up, Speak Out and Act. We include people's stories as an integral part of our campaign, encouraging staff to walk alongside people in their journey, take time to listen to ensure we are responsive and individualised in our planning. Our activities to raise the profile of Family Violence in the community are as follows **(EOA)**: • 1 week display every 3 months in the hospital. • Develop a section on DHB website around family violence for staff and public – using the WAKA values to Stand Up, Speak Out and Act against all forms of Family Violence and include key contacts. • Continue to work alongside Violence Free Tairāwhiti Network in sharing health promotion displays in public and media, particularly for White Ribbon Day and the quarterly display.	VIP training to be across sector Training is targeted and disclosure rates are in line with expectations All staff are aware of the VIP campaign	**National Measure** CW11 - Supporting child wellbeing **Local Measure** 25% of attendees will be from other agencies Quarterly report to the Clinical Governance Committee Display every 3 months in the hospital

		4. Training in ED is focused on specialist strangulation and suffocation assessment and response – we are utilising the Ko Awatea programme developed for ED medical staff and are rolling out this training over the next 12 months **(EOA).** • Achieve a baseline of 70% of medical staff trained by quarter 2 • Provide ongoing support to capture staff turnover	All strangulation and suffocation is captured	70% staff trained

SUDI

- Describe contributions towards building stronger working relationships across the Maternal and Child Health sector to address the key modifiable risks factors for SUDI

Equitable outcomes action are identified with an EOA in the Milestone column

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

Priority	Outcome	DHB activity	Milestone	Measure
Ensure everyone who is able to, is earning, learning, caring or volunteering	We have improved quality of life	The Tairāwhiti Mokopuna Ora SUDI Prevention & Safe-Sleep Plan implementation is well underway, with activities across 2019/2020 and outgoing years including: • Provision of Wahakura Wānanga, delivered across Te Tairāwhiti in venues that enable participation of young, new, Māori hapū māmās, support whānau, and novice weavers. Wānanga will include health services, including LMCs, WCTO services, Māmā and Pēpi services etc. **(EOA)** • Tairāwhiti Kairaranga Wahakura Collective providing wahakura to whānau unable to weave or needing one early. **(EOA)** Communications and Promotion: **Safe-sleep Key Messages and Health Promotion:** The provider service will ensure that each wahakura wānanga has a health promoter, kaimahi – kaiawhina that has sound health literacy about SUDI Prevention and the key Safe-sleep as used by the NSSP; **(EOA)** ➢ **PLACE** Pēpi in their wahakura every sleep for a 'safe-sleep' ➢ **ELIMINATE** Smoking of tobacco or other substances during pregnancy and at home ➢ **POSITION** Pēpi on their back in their wahakura 'facing up' to Ranginui ➢ **ENCOURAGE** Breastfeeding from birth as the first kai that nurtures pēpi • Smokefree whānau, whare and waka strategy implemented across Tairāwhiti **(EOA)**	Total of 10 wānanga / 2 per quarter provided across year Collective supplying 10 per quarter Two Child health workshops inclusive of SUDI Prevention and Safe-sleep training	**National Measure** CW06: Breastfeeding CW09 – Better health for smokers to quit CW11 - Supporting child wellbeing **Local Measure** Hapū māmā weaving their own wahakura Pēpi are sleeping in their own wahakura

MENTAL HEALTH AND ADDICTIONS CARE

The Government has a vision of a mental health, addiction and wellbeing system without barriers, that is easy to navigate, where no door is the wrong door. Hauora Tairāwhiti has an important role to play in achieving this vision.
We must work together to build a whole-of-system, integrated approach to mental health, addiction and wellbeing that provides options for New Zealanders across the full continuum of need.
There is an expectation that annual plans reflect how DHBs will embed a focus on wellbeing and equity at all points of the system, alongside an increased focus on mental health promotion, prevention, identification and early intervention.
Alongside building missing components of our continuum, annual plans should demonstrate how existing services can be strengthened to ensure that mental health services are cost effective, results focused and have regard to the service impacts on people who experience mental illness.
Hauora Tairāwhiti will provide a range of services that are of high quality, safe, evidence based and provided in the least restrictive environment.

### INQUIRY INTO MENTAL HEALTH AND ADDICTION The Government's response to He Ara Oranga (the report of the Mental Health and Addiction Inquiry) confirms our first steps in the transformation of the mental health and addiction system in New Zealand. This transformation will likely be a multiyear programme. DHBs must work in partnership with Māori, people with lived experience, NGOs, primary and community organisations, and other stakeholders to build a whole-of-system, integrated approach to mental health, addiction and wellbeing that provides options for New Zealanders across the full continuum of need. It is expected that DHBs will work along with the Ministry of Health to implement Government's agreed actions following the Mental Health and Addiction Inquiry and implement relevant Budget 2019 initiatives. DHBs are to outline actions contributing to the direction signalled by the Government in response to He Ara Oranga. DHBs should identify opportunities to build on existing foundations and include actions in relation to improving and / or addressing all of these areas of focus: **Embedding a wellbeing focus** • Demonstrate a focus on wellbeing and equity at all points of the system. • Improve the physical health outcomes for people with mental health and addiction conditions. **Building the continuum / increasing access and choice** • Work in partnership with the Ministry, Māori, Pacific people, young people, people with lived experience, NGOs, primary and community organisations, and other stakeholders to plan an integrated approach to mental health, addiction and wellbeing and roll out new primary level responses from Budget 2019. • Strengthen and increase focus on mental health promotion, prevention, identification and early intervention. • Continue existing initiatives that contribute to primary mental health and addiction outcomes, and align with the future direction set by He Ara Oranga, including strengthening delivery of psychological therapies. • Identify options to strengthen connections and build support across the full continuum of care, including in the primary and community mental health and addiction space.	**Equitable outcomes action are identified with an EOA in the Milestone column**

Suicide prevention

- Contribute to the implementation of the Suicide Prevention Strategy, and any associated plans.
- Continue existing suicide prevention and postvention efforts to provide a range of activities such as mental health literacy and suicide prevention training, community-led prevention and postvention initiatives (i.e., bereavement counselling) and integration of mental health and addiction services.

Crisis response

- Improve options for acute responses including improving crisis team responses and improved respite options, and work with the Ministry to plan future responses.

NGOs

- Identify how you will use cost pressure funding from Budget 2019 to ensure NGOs in your district are sustainable, particularly any providing AOD residential care, detoxification and continuing care.

Workforce

- Work in partnership with workforce centres to strengthen current workforces, including a focus on retention, recruitment and training.
- Demonstrate a commitment to lived experience and whānau roles being supported and employed across all services.
- Support workforce development of the appropriate knowledge and skills to support people with mental health and addiction needs, for example through use of the Let's Get Real framework.

Mental Health and Wellbeing Commission

- Work collaboratively with any new Commission.

Forensics

- Work with the Ministry to improve and expand the capacity of forensic responses from Budget 2019.
- Contribute, where appropriate, to the Forensic Framework project.

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

Priority	Outcome	DHB activity	Milestone	Measure
Ensure everyone who is able to, is earning, learning, caring or volunteering	We have health equity for Māori and other groups	Hauora Tairāwhiti will review all Mental Health and Addiction services provided to its population during 2019/20. This review will examine the current range of service provision, and will look at a future model which prioritises reducing barriers to access, supporting whānau and equity across rural areas. Key focus of the review will be: **(EOA)** • Reduce the number of Māori on compulsory treatment orders ○ Development of alternative approach to CTO for Māori • Zero seclusion • Sustainable clinical workforce plan • Local options for rehabilitation services for Mental Health and Addiction services This review will develop a local model of care which will put the role of wellness at the centre of the tāngata whaiora and whānau care. It will incorporate community, primary, secondary and tertiary services.	Review completed by Q2 19/20 Implementation plan for 20/21 complete by Q3 20/21	**National Measure** MH01 - Improving the health status of people with severe mental illness through improved access MH02 - Improving mental health services using wellness and transition

		Together with the Eastern Police District, Hauora Tairāwhiti will implement an intensive response service which will work with police, the emergency department and within the community to deescalate the stressors people with acute addiction and mental health issues face. This service will reduce the impact on services provided by Police and other emergency services and see tāngata whaiora and whānau receiving support through difficult times. It will also provide local options for those requiring a period of respite. Continue the implementation of the local pre and postvention suicide plan, which will continue to pull stakeholders together to support those impacted by suicide within our district in a coordinated and effective way. In 2019/20 Hauora Tairāwhiti will be working with local partners, stakeholders tāngata whaiora, whānau and the MoH to plan a new facility to address a number of residential care issues which exist within the district Hauora Tairāwhiti commits to working • With local community providers to ensure sustainability of services • In partnership with workforce centres to strengthen current workforce • Collaboratively with any new Mental Health and Wellbeing Commission • With the Ministry to improve and expand the capacity of forensic responses	Service implemented Q2 Evaluated Q4 Ongoing New facilities plan developed Q4 Ongoing	(discharge) planning MH03 - Shorter waits for non-urgent mental health and addiction services for 0-19 year olds MH04: rising to the challenge MH05: Reduce the rate of Māori under the Mental Health Act: section 29 community treatment orders **Local Measure** MH&A review milestone achieved

POPULATION MENTAL HEALTH

- Outline actions to support healthier safer and more connected communities through better access to affordable, quality health care and better health outcomes for everyone. How will you improve population mental health and addiction by increasing uptake of treatment and support earlier in the course of mental illness and addiction, further integrating mental health, addiction and physical health care, and co-ordinating mental health care with wider social services, especially for priority populations including vulnerable children, youth, Māori and Pacific people.

DHBs should include actions in relation to improving some of the below areas of focus (relevant actions may be cross referenced to the Inquiry response section):

- Options for early intervention across the primary care spectrum to help ensure early intervention and continuity of care.
- Improved options for acute responses including improving crisis team responses and improved respite options.
- Suicide prevention and postvention to provide a range of activities such as mental health literacy and suicide prevention training, community-led prevention and postvention initiatives (i.e. bereavement counselling) and integration of mental health and addiction services.
- Actions in relation to Equally Well to improve the physical health outcomes for people with low prevalence mental health and addiction conditions.
- Improving access (MH01) and reducing waiting times (MH03).
- Ongoing commitment on reporting to PRIMHD.
- Ongoing commitment to transition/discharge plans and care plans for people using mental health and addiction services.

DHBs should include actions in relation to improving some of the below areas of focus:

- Supporting Parents Healthy Children (COPMIA) to support early intervention in the life course.
- Improving co-existing problems responses via improved integration and collaboration between other health and social services.
- Reducing inequities including reducing the rate of Māori under community treatment orders.
- Improving employment and education and training options for people with low prevalence conditions including, for example, Individual Placement Support.
- The implementation of models of care for addiction treatment, with particular reference to the Substance Addiction (Compulsory Assessment and Treatment) Act 2017.

Equitable outcomes action are identified with an EOA in the Milestone column

Government theme: Improving the well-being of New Zealanders and their families				
Priority	**Outcome**	**DHB activity**	**Milestone**	**Measure**

Ensure everyone who is able to, is earning, learning, caring or volunteering	We have health equity for Māori and other groups	Implementation of updated local prevention and postvention suicide strategy which works in conjunction with the Mahitahi rangatahi population health youth health plan (2019- 2020). This strategy adopts a collective sectorial approach to enhance system responsiveness by identifying a local response team to coordinate and manage prevention and postvention services. **(EOA)** Supporting healthy lifestyles to strengthen mental wellbeing across workforces across Tairāwhiti. Across Tairāwhiti a number of wellness programmes exist **(EOA)** Provide community based resource to secure opportunities for people with mental health and addiction conditions who have difficulty finding vocational prospects. Service will have strong linkages across existing Mental Health and addiction services. **(EOA)** **COPMIA/SPHC (Children Of Parents with Mental health conditions)/ Supporting Parents Healthy Children) (EOA)** • Refresh the local approach to COPMIA to include other child wellbeing services • Installation of Single Point of Entry (SPOE) if a mental health client has children that might need support • Installation of an advisory support group for the mental health service • Development of an SPHC plan • COPMIA and SPHC will be included in the local Mental Health, Alcohol and Other addictions Review (See mental health and addictions improvement activities) **CTO (Compulsory Treatment Order) (EOA)** The rate of CTO across Tairāwhiti has been slowly decreasing as services are identifying those on CTO and wrapping around individual and whānau strategies to decrease current level of CTO usage. The service plan is to continue and support the Acute and the Community Mental health services through an invigorated discharge planning process, which has a greater focus on a more supportive advocacy service to assist Whaiora to develop their recovery plans. • Reduce Māori under CTO by improved transition between services – See Transition Plans **Primary Options for Mental Health and Addiction services (POMHA - Early Intervention in Primary Care)** Increase in timely discharges from community mental health and secondary mental health services back into primary health care. Actions: • Mental Health specialist within PHO to provide general practice with advice and guidance on mental health issues, as well as monitor the client and keep track of the client within the system. • Improved use of transition plans throughout the healthcare system – see Transition Plans. • Improved access to respite services from general practice. • Investigate model of Mental Health issue as chronic condition o Analysis, what triggers decline/acute episode? o Development of pathway and link it to the transition planning o Investigate the option of having mental health nurses in general practices similar to diabetes and other chronic conditions' nurses Support community service workers Invigorate present Advocacy and Whānau support service Review the ethnicity data of current POMHA to ensure resources are targeted most stressed with MHA issues Continue to ensure that Whānau are involved in discharge planning Sponsor a mental health support group based on peer support self-management approach	Service established Q1 19/20 Ongoing Q1 Q2 Q3 Ongoing Ongoing Ongoing Q1 PHO approval of MH specialist role Q3 local process for MH specialists to support GPs developed Q4 Implementation Ongoing Ongoing Q1 Ongoing Q2	**National Measure** MH04: Rising to the Challenge MH05: Reduce the rate of Māori under the Mental Health Act: section 29 community treatment orders **Local Measure**

MENTAL HEALTH AND ADDICTIONS IMPROVEMENT ACTIVITIES

- In order to support an independent/high quality of life please outline your commitment to the HQSC mental health and addictions improvement activities with a continued focus on minimising restrictive care (including the aspirational goal of eliminating seclusion by 2020) and improving transitions and engagement with the next steps of the programme.

Please note the percentage and quality of transition plans forms part of the MH02 (formally PP7) performance measure. The other three programmes that will be led by the HQSC over the life of the programme are; learning from serious adverse events and consumer experience, maximising physical health and improving medication management and prescribing issues. This programme will support standardised, evidence-based processes and practices for prescribing and management.

Equitable outcomes action are identified with an EOA in the Milestone column

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

Priority	Outcome	DHB activity	Milestone	Measure
Ensure everyone who is able to, is earning, learning, caring or volunteering	We have health equity for Māori and other groups	We want to optimise the transition of clients with a mental health issue between services. A sturdy admission to discharge planning with strong communication lines with General Practice, acute secondary care services, community services, client and whānau are essential in this. **(EOA)** The local Mahi Tahi steering group will lead this work. • Review of current admission to discharge planning (WRAP), identifying gaps and mapping of pathways. • Development of template for documenting discharge planning throughout the local healthcare services. • Development of agreed pathway. • Decide on agreed actions and have these approved. • Operationalise agreed Admission to discharge plan. • Evaluation of the plan and process to allow for necessary adjustments in function of sustainability. • Hauora Tairāwhiti will continue to work in partnership with Te Kupenga to support the services delivered by Te Kuwatawata. The service supports partnership between DHB clinicians and Mataora (a developing workforce of people with indigenous knowledge) to provide a response to distress. Te Kuwatawata deliberately reinstates Māori knowledge to engage and connect with the community. • The model of crisis response across 24 hours 7 days a week will be reviewed to reflect early response and support to the community and support early engagement and intervention. • The service will continue to address the higher number of Māori detained under community treatment orders with a specific focus on reducing the disparities. • The consumer voice has indicated that employment is a key area of focus. Hauora Tairāwhiti will explore models of workforce placement to increase the number of people with an identified mental health issue in employment or education. • Hauora Tairāwhiti will work to implement the recommendations from the Mental Health and Addictions Inquiry ensuring that an internal review is undertaken of service delivery across the sector that aligns with National direction. • Hauora Tairāwhiti will develop specific services for youth which will include physical and emotional wellbeing. Spaces will be youth friendly and there will be a specified area for youth services to be delivered from. • Zero seclusion project group continues to implement actions to achieve this outcome by 2020.	Q1 Q2 Q2 Q2 Q3 Q4 Ongoing Q2 Ongoing Q3 Ongoing Q4 Ongoing	**National Measure** MH03: Shorter waits for non-urgent mental health and addiction services for 0-19 year olds MH04: Rising to the Challenge MH05: Reduce the rate of Māori under the Mental Health Act: section 29 community treatment orders MH06: Output delivery against plan

ADDICTION

- For those DHBs that are not currently meeting the MH03 (formally PP8) addiction related waiting times targets (for total population or all population groups), please identify actions to improve performance to support an independent/high quality of life for people with addiction issues.
- Please outline the existing and planned AOD services for your region including those for women, Māori and Pacific, older people, opioid substitution and criminal justice clients, ensuring equitable health for all New Zealanders. Please also outline how your DHB will ensure the quality of AOD services to support healthier New Zealanders live an independent and high quality of life.
- Noting that mental health and addictions services are a priority for Government please describe how your DHB is giving appropriate priority to meeting service demands within baseline funding.

Note: DHBs should take into account both DHB provided services and those that are DHB funded but provided by NGOs.

Equitable outcomes action are identified with an EOA in the Milestone column

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

Priority	Outcome	DHB activity	Milestone	Measure

Ensure everyone who is able to, is earning, learning, caring or volunteering	We have health equity for Māori and other groups	• Review the process of intake for addictions services to support earlier engagement and reduced waiting times. **(EOA)**
		  ○ An advisory team will be formed
		  ○ An improvement plan will be developed
		  ○ Implementation of the plan
		  ○ Review
		• Support workforce development to enable group work to become more prevalent as a treatment option for those that would benefit from a group approach. **(EOA)**
		• Develop a facility that can support rehabilitation for people experiencing additions. Early interventions prior to going to Rehabilitation and support the return to the community post. **(EOA)**
		• Review the current inpatient detoxification pathways to ensure ease of access to inpatient beds when required.
		• Strengthen community support groups to work closer with Whānau affected by Methamphetamine.
		
		Hauora Tairāwhiti commits to compiling a list of existing and planned AOD services in our district and those available out of district for is population.
			Q1
			Q2
			Q3
			Q4
			
			Ongoing
			
			Plan by Q4
			
			Q2
			Ongoing
			
			Q1
				National Measure
				MH03: Shorter waits for non-urgent mental health and addiction services for 0-19 year olds
				
				MH04: Mental Health and Addiction Service Development
				
				MH06: output against Plan

MATERNAL MENTAL HEALTH SERVICES

Informed by the outcome of your 2018/19 stocktake of the primary maternal mental health service provision in your district, and the volumes of women accessing these services, please advise the actions you plan to take in 2019/20 to further improve access and to address any identified issues. Your plans should indicate how equity of access and outcomes for Māori and Pacific women will be addressed and measured.

Equitable outcomes action are identified with an EOA in the Milestone column

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

Priority	Outcome	DHB activity	Milestone	Measure
Ensure everyone who is able to, is earning, learning, caring or volunteering	We have health equity for Māori and other groups	Hauora Tairāwhiti is currently undertaking a whole of system Mental Health and Addictions review, this review will address the current model of care across MHA services within this rohe to prioritise the needs of Māori and others were inequities exist. An outcomes framework will be developed as part of this process to ensure that equity of services in achieved across all MHA services. Equity dimensions will include ethnicity, rurality and deprivation. To ensure that the model of care, which is built on the Matauranga Māori approach (Te Kuwatawata and Te Hiringa Matua), an outcomes framework will be establish supported by outcomes across the sector to demonstrate the improvements in quality and reductions in equity of access. Hauora Tairāwhiti will also - • Continue to offer and support whānau needing Maternal Mental Health and Addiction support. **(EOA)** • Strengthen the workforce to offer specialised support and advice to whānau. This will see Hauora Tairawhiti Community MHA services develop a workforce development plan focusing initially on clinical MHA services but with consideration on developing community based MHA service. **(EOA)** • Work closely with Primary agencies offering specialised support for whānau, this will ensure equity for Māori and Pacific women is being supported. **(EOA)** • Encourage easy access for specialised services and will strengthen relationships between agencies working with Māori and Pacific women. **(EOA)** Hauora Tairāwhiti will continue to support the needs of Te Hiringa Matua, pregnancy and parenting support service for whānau with addiction issues. This support will include the use of Hauora Tairāwhiti clinical staff to meet this component of the valued service Hauora Tairāwhiti will continue to supply the MoH with quarterly report against milestones.	Review complete Q2 Implementation plans from Q4 Outcomes framework establish Q4 Ongoing Plan completed Q3 Clinical implementation Q4 Ongoing Ongoing Ongoing Continued clinical support arrangements in place by Q2. quarterly	**National Measure** MH01: Improving the health status of people with severe mental illness through improved access MH02: Improving mental health services using wellness and transition (discharge) planning. MH04: rising to the Challenge

IMPROVING WELLBEING THROUGH PREVENTION

Preventing 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 prevention. This preventive focus includes supporting people to live active and health lives, working with other agencies to address key determinants of health, and to identify and treat health concerns early in the life course and in the life of progress of the disease.

CROSS-SECTORAL COLLABORATION

Please outline in your plan how the DHB has, and will continue to, demonstrate leadership in the collaboration between and integration of health and social services, especially housing.

Equitable outcomes action are identified with an EOA in the Milestone column

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have improved quality of life	Within Tairāwhiti a number of areas have been advanced over the last few years to increase the level of cross sectoral collaboration, which range from the strategic leadership provided through Manaaki Tairāwhiti to operational undertakings such as Te Pā Harakeke (Tairāwhiti Children's Team). Manaaki Tairāwhiti provides a united leadership that enables all whānau to flourish in Tairāwhiti through providing the sector with locally-focused united leadership through connected governance and stewardship of programme and service delivery. This strategic leadership is provided by the district's two Rūnanga (Te Rūnanganui o Ngāti Porou and Te Rūnanga o Tūranganui-ā-Kiwa) who provide joint chair, the Gisborne District Council, Ministry of Social Development, Hauora Tairāwhiti, Te Puni Kokiri, Ministry of Education, New Zealand Police, Te Whare Maire o Tapuwae, Department of Corrections, Ministry for Vulnerable Children, Oranga Tamariki and Partnering for Outcomes MVCOT. Under Manaaki Tairāwhiti leadership a number of community action plans are in place which deal with issues from social housing through to social integration of prisoners and gang whānau. The Manaaki Tairāwhiti model has enabled the district to work with Housing New Zealand to agree a strategy for future investment across Tairāwhiti into both corporation housing and as a partner for additional initiatives such as housing for vulnerable populations and potential rehabilitation accommodation for people requiring mental health and addiction services. The group also oversees a number of cross agency interventions such as E Tipu E Rea (referral hub for māmā and pēpi services) and Te Pā Harakeke (Tairāwhiti Children's Team). The DHBs involvement in Te Pā Harakeke through the health broker role has broken down service barriers across all the districts various health services. This work has also provided a pathway to ensure all the district's tamariki are provided with a more coordinated approach. Quarterly, a number of operational managers across the district meet to reduce the burden of oversight on local providers. The group has been working closely with the Ministry of Social Development Social Services Accreditation team to learn from initiatives and the successes this inter-agency work has seen in other parts of the country.	Quarterly meeting	**National Measure** MH04: Rising to the Challenge Annual Plan Action **Local Measure** Implementation of the Proceeds of Crime initiative to reduce the social harm caused by addiction and mental distress.

		Hauora Tairāwhiti has established strategic links with the Accident Compensation Corporation (ACC). These quarterly meetings enable both sides to discuss current and future initiatives, plan a joint approach to implementation and enable the DHB leadership input into areas of interest. We have agreed to develop a work programme with Housing New Zealand to cover our vulnerable populations, especially those individuals who utilise our mental health services. The specifics of the work programme will be drawn up during 2019/20. (**EOA)** Together with the Eastern Police District and Hawkes Bay DHB, Hauora Tairāwhiti will implement the approved proposal under the Proceeds of Crime initiative to reduce the social harm caused by addiction and mental distress. This initiative will see the development of a mental health and addictions team working with the local police to facilitate a more whānau centric, collaborative and agile approach to delivering services to priority populations that interact with the criminal justice and health systems. **(EOA)** Hauora Tairāwhiti continues to support Te Hauora o Tūranganui a Kiwa Limited in its programme to ensure whare of people with long term conditions are fit for purpose. This programme coordinates multiple sources of funding and multiple service providers to ensure that individuals with chronic conditions and their whānau are residing in a warm dry whare. This programme also provides a wraparound lifestyle support component which provides nutrition, physical activity and medication support to the whānau. During 2019/20 the programme will start to roll out free heat pumps in those whare which have been retrofitted. (**EOA**)	Quarterly meeting Implementation Plan developed Q2 Implementation of service Q2 Initial review of service Q4 Outcomes for initial implementation phase Q2	

CLIMATE CHANGE

This work is a continuation of the climate change and waste disposal planning priorities from the Annual Plan Guidelines 2018/19, and is aligned with the Government's priority outcome of environmental sustainability. It is also related to the priority outcome of a strong public health system.

- Identify and undertake further areas for action (for example, via gaps identified in the 2018/19 stocktake of climate change actions) to positively mitigate or adapt to the effects of climate change and their impacts on health. Where appropriate and able, these should be underpinned by cost-benefit analysis of co-benefits and financial savings.
- As appropriate, identify actions that improve the use of environmental sustainability criteria in procurement processes

Equitable outcomes action are identified with an EOA in the Milestone column

Government theme: Improving the well-being of New Zealanders and their families				
Priority	**Outcome**	**DHB activity**	**Milestone**	**Measure**
Support healthier, safer and more connected	We have improved quality of life	The 2019/20 programme includes (but is not limited to) **(EOA)**: • Monitor average energy consumption by sqm • Undertake a stocktake of all DHB activity aimed at responding to climate change	Q1-Q4 Q2: Stocktake completed	Annual Plan Action **Local Measure**

communities		• Increase the emphasis on sustainability requirements in our procurement policies and practices. **(EOA)** • Replacement of all general purpose fleet vehicles will be with electric vehicles. **(EOA)** • Request suppliers to provide environmental impact statements for all Request for Proposals/Quotes.	Q3: report on Stocktake Q1: Purchasing and Procurement Policy updated to include sustainability section Ongoing Ongoing	2% reduction in total energy consumption. Baseline total consumption CY2018: • Electricity (kwh) 3,289,00 • Water (cubic meters) 68,079 • Gas (cubic meters) 6,616,605

WASTE DISPOSAL

This work is a continuation of the climate change and waste disposal planning priorities from the Annual Plan Guidelines 2018/19, and is aligned with the Government's priority outcome of environmental sustainability. It is also related to the priority outcome of a strong public health system.

- Identify further areas for action (for example, via gaps identified in the 2018/19 stocktake of waste disposal actions) to support the environmental disposal of hospital and community (e.g., pharmacy) waste products (including cytotoxic waste).

Equitable outcomes action are identified with an EOA in the Milestone column

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have improved quality of life	We define our waste categories in accordance with the New Zealand Standard 4304:2002 Management of Healthcare Waste and the New Zealand Solid Waste Analysis Protocol • Complete an updated stocktake of DHB actions that support the environmental disposal of hospital and community (e.g. pharmacy) waste products (including cytotoxic waste). **(EOA)** • Develop a schedule of regular waste training for staff to raise awareness on medical and pharmaceutical waste collection and disposal arrangements. **(EOA)** • Complete an audit to understand the logistical issues for waste storage and onsite collection processes and hardware (include baling, compacting, processing options). **(EOA)** • Work with retailers to improve healthy eating and drinking and phase out non-recyclable plastic food and drink containers.	Q1: Stocktake completed Q2: Report on Stocktake Q4: Hauora Tairāwhiti's website set up to communicate information about waste Q2: Audit completed Q3: report on Stocktake	**National Measure** Annual Plan Action **Local Measure** 1% reduction in waste volumes. From baseline total CY2018: • Landfill Waste (tonnes) from 146 to 144.5 • Medical Waste (kgs) from 28,335 to 28,054

DRINKING WATER

- Provide actions the DHB will undertake to support their PHU to deliver and report on the drinking water activities in the environmental health exemplar.

To be read in conjunction with the Hauora Tairāwhiti 2019/20 Population Health Annual Plan

Equitable outcomes action are identified with an EOA in the Milestone column

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have health equity for Māori and other groups	Hauora Tairāwhiti supports its Population Health team in continuing to work across the local sector to improve drinking water supply for all of the population to ensure that water is free from pollutants. This will see the team undertaking their regulatory obligations, including technical advice and enforcement, under the 1956 Health Act and Drinking Water Standards. As the Population Health Team (local PHU) is located within the wider planning and funding team, the DHB understands and supports the team and their activities in the environmental health exemplar. **(EOA)**	Ongoing	**National Measure** Annual Plan Action **Local Measure**
		In 2018 Tairāwhiti set up a Drinking Water Joint Working Group (DWJWG) between Hauora Tairāwhiti and Gisborne District Council (GDC). During 2019/20 we will continue to support and work with GDC in the DWJWG to ensure the six principles of drinking water safety are applied across Tairāwhiti. The principles are - • Principle 1: A high standard of care must be embraced. • Principle 2: Protection of source water is of paramount importance. • Principle 3: Maintain multiple barriers against contamination. • Principle 4: Change precedes contamination. • Principle 5: Suppliers must own the safety of drinking water. • Principle 6: Apply a preventive risk management approach.	Two annual JWG meetings	
		Under the DWJWG GDC and Hauora Tairāwhiti will work towards a Drinking Water Strategy for Tairāwhiti. **(EOA)**	Scope by Q2	
		Hauora Tairāwhiti will support the activity of the local drinking water facilitator in their work to improvement the quality of non mains rural community drinking water supplies across Tairāwhiti. **(EOA)**	Ongoing	
		Hauora Tairāwhiti will continue to promote and advocate for water as the preferred choice in schools as well as other venues across Tairāwhiti.	Ongoing	

HEALTHY FOOD AND DRINK

Create supportive environments for healthy eating and health weight by undertaking the following activities:

- Commit to implementing Healthy Food and Drink Policies in DHBs that align with the National Healthy Food and Drink Policy.
- Commit to including a clause in your contracts with health provider organisations stipulating an expectation that they develop 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[1], staff and visitors under their jurisdiction. Any policy must align with the Healthy Food and Drink Policy for Organisations (https://www.health.govt.nz/publication/healthy-food-and-drink-policy-organisations). Commit to reporting in Q2 and Q4 on the number of contracts with a Healthy Food and Drink Policy, and as a proportion of total contracts.

Equitable outcomes action are identified with an EOA in the Milestone column

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have improved quality of life	Hauora Tairāwhiti commits to implement Healthy Food and Drink Environments (HFDE) Policies that align with the National Healthy Food and Drink Policy. **(EOA)**	Ongoing	**National Measure** Report on the number of contracts with HFDE Policy
		Hauora Tairāwhiti will continue to ensure that all contracts with health service providers contain a clause requiring that the provider has an organisational healthy food and beverage environments policy. It is expected that these policies align to the Eating and Activity Guidelines for New Zealand Adults. **(EOA)**	By Q1 2019/20 100% of agreement contains HFDE policy clause	Report on the proportion of total contracts with HFDE clause
		Hauora Tairāwhiti commits to reporting on the number of early learning settings, primary, intermediate and secondary schools that have • water-only (including plain milk) policies, and • healthy food policies, noting that healthy food policies should be consistent with the Ministry of Health's eating and Activity Guidelines.	Q2 and Q4	**Local Measure** 100% of all Health Service providers' agreements have HFDE policy clause.

[1] Excluding inpatient meals and meals on wheels

SMOKEFREE 2025

- Identify activities that advance progress towards the Smokefree 2025 goal, including supporting Ministry funded wrap-around stop smoking services for people who want to stop smoking and which address the needs of hāpu wāhine and Māori.

Equitable outcomes action are identified with an EOA in the Milestone column

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We live longer in good health	Update the Hauora Tairāwhiti Tobacco Control Plan 2019/20 – 2021/2022, prioritising our preventative and intervention approaches with tamariki and rangatahi **(EOA)** • Engage with kura / schools to develop smokefree-zones for tamariki, and rangatahi be smokefree leaders and champions within their own whānau, schools, social clubs and communities groups. • Increase the number of SMOKEFREE playgrounds and other outdoor spaces where tamariki and whānau frequent e.g. sports grounds through signage and information. • Build on the Smokefree – STOP Smoking workforce working with Rangatahi (young people) "Growing Our Smokefree Heroes" of the future. • Work with organisers of community sites, events and festivals within Tairāwhiti to run events that uphold a Smokefree Kaupapa e.g. Marae, Pa Wars, Tamararo Competitions (Kapa Haka), Fono, Mana Tauira Days , East Coast Vibes. • Promote a smokefree kaupapa with sporting codes e.g. Rugby, League, Hockey and Netball for all school/kura tamariki, modelling the Waka Ama kaupapa, that is smokefree training, wānanga, regatta and lifestyles.	Q1 2019/20	**National Measure** CW09: Better help for smokers to quit (maternity) PH04: Better help for smokers to quit (primary care) **Local Measure** Plan adopted by the Hauora Tairāwhiti Board of the updated plan
		Quality Improvement for Primary care – Secondary care pathways for referral to STOP Smoking services and follow-up through support coaches, peer-support and incentivised programmes.	Ongoing	E-cigarette initiative implemented
		Taki Tahi Toa Mano Tairāwhiti Tobacco network of smokefree organisations developing a joint Vaping – E-cigarettes Tobacco Harm-Reduction initiative, working with 'outlets' providing information and resources (STOP Smoking services) and 'awareness raising' on use of and any associated possible risks with vaping and/or heated tobacco products (HTP).	Q2 2019/20	Coordination role established across hospital campus
		Provide education and health literacy to owners of local retailers and their staff regarding compliance responsibilities in the selling of tobacco products, specifically with regard to minors. **(EOA)**	Ongoing	
		Increase the capacity within the Hauora Tairāwhiti hospital site with a coordination role supporting patients and staff with STOP Smoking services. This will include moving from an opt-on to opt-off for referrals to smoking sessions providers. **(EOA)**	Q1 2019/20	
		Build on the STOP Smoking services supporting Hapū Māmā during pregnancy, as well as adopting the Smokefree Whānau, Whare and Waka.	Ongoing	

BREAST SCREENING

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

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

The National Screening Unit is implementing an Equity and Performance Matrix to the annual planning reporting process.

The Matrix measures both performance against a target and the equity gap between population groups notably, but not limited to, Māori and non-Māori.

The Ministry of Health, DHBs and Breast Screening Lead Providers all have an important role in ensuring that participation targets are achieved and in eliminating equity gaps between Māori and non-Māori, Pacific and non-Pacific/non-Māori.

DHBs will describe and implement initiatives that contribute to the achievement of national targets for BSA. All initiatives will demonstrate clear strategies for increasing health gains for priority groups and improving equitable participation and timely access to breast screening services.

ALL DHBs will describe actions to:

Achieve participation of at least 70% of women aged 45-69 years in the most recent 24 month period.

Ensure equity gaps are eliminated for priority group Pacific women.

Improvement activities must be supported by visible leadership, effective community engagement and engagement with BSA Lead Providers, and clear accountability for equity. Activities must be SMART i.e., specific, measurable, achievable, realistic and have a time frame.

Equitable outcomes action are identified with an EOA in the Milestone column

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We live longer in good health	Continue to seek alignment between breast screening and cervical screening health promotional activities, such as the cervical screening team targeting women scheduled for a mammogram at the visiting mobile service on the East Coast of the District. (EOA)	ongoing	**National Measure** PV01: Improve Breast Screening coverage
		Given the drop in the last 3 years and the increasing inequity in coverage, Hauora Tairāwhiti will work with BSA Coast–to Coast to understand the barriers around screening within Tairāwhiti, particular for Māori, Pacific and rural women within Tairāwhiti, to achieve the 70% coverage rate target for all ethnicity across this rohe. Once the barriers have been identified Hauora Tairāwhiti will work with BSA Coast-to-Coast, primary care and other stakeholders to put in place actions which will address the issues around these barriers.	Q1- report on progress and note identified barriers in 6 monthly reporting	**Local Measure** Increase in screening coverage for Māori and Pacific Attainment of 70% screening targets for all population groups.
		Hauora Tairāwhiti will support the Whānau Ora collective's promotional messages through the Hapu Hauora website. This will allow Whānau Ora messages to be cited on the website and enable the collective to actively promote in their communities. It is anticipated that messages about breastfeeding, breast, cervical and bowel screening, CVD/Diabetes and immunisation	Plan by Q2 Implementation from Q3 – report on agreed	

		checks will be priority. (EOA) Te Tukutahi (local Primary Care - DHB alliance team) will review the latest BSA coverage and breast cancer data and, along with BSA Coast-to-Coast, identify actions for the 2019/20 work programme the team can utilise to improve breast screening coverage across the District. (EOA)	implementation strategies and outcomes Work programme developed by Q2 Report on progress against work programme from Q2 through Q4	

CERVICAL SCREENING

Cervical cancer is one of the most preventable forms of cancer. Through cervical screening pre-cancerous cell changes can be identified and women offered treatment before the cells develop into cervical cancer. In New Zealand around 170 women are diagnosed with cervical cancer 50 women die from the disease each year. Since the beginning of the National Cervical Screening Programme (NCSP) in 1990 the incidence of cervical cancer in New Zealand has reduced by 60 percent and deaths by 70 percent.
Achieving equitable access is a key priority for the NCSP because participation rates for Māori, Pacific and Asian women and people living in our most deprived areas remain lower than other groups. A focus on equity is expected throughout the screening pathway.

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

ALL DHBs will set measurable participation and equity targets from baseline data and describe actions to:

Achieve participation for at least 80% of women aged 25-69 years in the most recent 36 month period.

Ensure equity gaps are eliminated for priority group women.

Improvement activities must be supported by visible leadership, effective community engagement, resources and clear accountability for equity. Activities must be SMART i.e., specific, measurable, achievable, realistic and have a time frame.

Equitable outcomes action are identified with an EOA in the Milestone column

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We live longer in good health	Activities within this section reflect the Hauora Tairāwhiti NCSP long term 2019/20 plan submitted in July 2019. Hauora Tairāwhiti will continue to work in Primary Care practices to match recall data, update outcome codes and provide histories where there are gaps in information. This will include clean-up of data around hysterectomy and recall for new	NPH PHO pilot completed Q1 Implementation	**National Measure** PV02: Improve Cervical screening coverage

		patients and women screened elsewhere. We also engage with the staff around training on the national data matching tool **(EOA).** Hauora Tairāwhiti will be trialling monthly unscreened and under screened reporting of Priority women to Primary Care providers to enable accurate targeting of the most under-served women **(EOA)** Hauora Tairāwhiti continues to offer free smears for Priority Women in the region. The local cervical screening team will work in partnership with Hauora Tairāwhiti specialist services, primary care and other Iwi support services to coordinate referrals to Colposcopy utilising current pathway. This will include the local NCSP team reporting to the group on missed appointment (MA) rates and rescheduling specialist appointments to times suitable to patients. **(EOA)** The cervical team will continue to work with community groups/ leaders and champions to support Priority Women to screening, especially Pacific women. **(EOA)** • This includes posters featuring local Pacific women in their own language (Tonga, Fijian, Samoan) • Work with Pacific Islands Community Trust (PICT) to plan and develop opportunities to showcase health services including outreach clinics • Cervical screening promotion targeted at Pacific women for the month of September as a component of the wider CS awareness month. • Targeted campaign for Hauora Tairāwhiti staff including free onsite smear clinic Hauora Tairāwhiti will facilitate an ongoing series of smear taker updates. Topics include: • Mgmt. of under 25s when screening age increases in Nov 2019 – O&G specialist • Equity & Cultural Competency in Cervical Screening • NCSP Best Practice in Primary Care- Iwi Provider • Working towards Primary Screening in 2021 • Clinical module – Primary Care nurse (PHO)	across all PHOs by Q3 From Q1 Review reports effectiveness Q3 Ongoing MA numbers reported in 6/12 to MoH Pathway review by end of Q3 Posters distributed Q1 Planning completed by Q3 Activities completed and evaluated By Quarter 4 Q1 Completed by Q2 Evaluated Q3 Updates held in Q1, Q2 and Q3 Evaluation post each event and reported in 6/12 reports to MoH	**Local Measure** Improvement in equity of coverage Decrease in inequity of cervical cancer burden. Reduction in Missed appointments to colposcopy and specialist services A prepared and confident workforce ready for the coming changes in screening programme.

STRONG AND EQUITABLE PUBLIC HEALTH AND DISABILITY SYSTEM

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

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

ENGAGEMENT AND OBLIGATIONS AS A TREATY PARTNER

The NZPHD Act specifies the DHBs Treaty of Waitangi obligations; please specify in the annual plan the processes the DHB uses to meet these obligations. This includes, but is not limited to, information on:

- meeting the DHBs obligation to establish and maintain processes that enable Māori to participate in, and contribute to, strategies for Māori health improvement
- meeting processes that enable Māori to participate in, and contribute to, strategies for Māori health improvement
- fostering the development of Māori capacity for participating in the health and disability sector and for providing for the needs of Māori building the capability of all DHB staff in Māori cultural competency and Te Tiriti o Waitangi.

Equitable outcomes action are identified with an EOA in the Milestone column

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have health equity for Māori and other groups	The current Governance Board of Hauora Tairāwhiti reflects the demographic population of Te Tairāwhiti, with fifty percent of the Board identifying as Māori. Accordingly, Hauora Tairāwhiti has been culturally proactive in implementing its organisational Values of Whakarangatira, Awhi, Kotahitanga, and Aroha. These collectively form the acronym of WAKA. These values espouse underlying Māori Tikanga concepts. The WAKA acronym also has inspired a symbolic Waka Hourua design which gives meaning to Hauora Tairāwhiti's resilience in an ever changing turbulent environment to provide health services for all Tairāwhiti's population. **(EOA)** Te Waiora o Nukutaimemeha (TWON) is Hauora Tairāwhiti's Iwi Relationship Committee. This non-statutory Committee is selected every three years to analyse, discuss, assess, promote and monitor Hauora Tairāwhiti services and performance for Tairāwhiti Māori. TWON encourages an outlook that recognises that inequities in power, money and resources are driving inequities in the conditions of daily life, which in turn are responsible for health inequities. The empowerment of Māori through attention to early Māori child development, Māori education, Māori employment, Māori income levels and sustainable communities are salient social justice themes for debate. Māori health and Māori health inequity are good measures of how Māori are doing in society. Avoidable Māori health inequities are the deepest injustice in our society. Disparities in health for Māori are a focal point of service development across Hauora Tairāwhiti. Consequently, an equity dashboard has been developed which shows how Hauora Tairāwhiti is performing in ensuring equitable outcomes for Māori. **(EOA)**	Quarter 2 – new Board maintains populations demographic diversity Quarterly update of the equity Dashboard to all DHB committees	**National Measure** SS12: Engagement and obligations as a Treaty partner SI5: Delivery of Whānau Ora **Local Measure** Improvement across the Equitability Dashboard

		TWON looks to create "Te Maramatanga" ("Understanding") of how the working of current New Zealand society impacts on health and creates an unjust distribution of health. Accordingly, through its collective "te whatu o te kanohi" (equity lens) approach it embraces a framework of a) requesting better ethnicity data to spotlight where health inequities lie for Tairāwhiti Māori b) emphasising the need for Hauora Tairāwhiti's new programmes and services to meet the Health Equity Assessment Tool (HEAT) test c) where opportunity presents, to improve Patient and Whānau health literacy d) fostering Māori Workforce Development TWON has also illuminated the equity pathway in developing "Pae Ora Principles" as a Tikanga foundation for Hauora Tairāwhiti. These principles have been adopted by the Hauora Tairāwhiti Board and provide Kaupapa Māori guidance for Hauora Tairāwhiti health service delivery. TWON meets monthly, either at the DHB or an alternative community venue. The committee comprises of two representatives from each of the two Tairāwhiti Iwi Rūnanga, one rotational representative for the three Māori health service providers, two Māori community representatives and two representatives from the Hauora Tairāwhiti DHB Board. The Chairperson of the Committee has ex officio status on the DHB Board where they present the Committee's monthly report. Annually, TWON focuses on a hauora Māori priority, and accentuates public exposure on that kaupapa. An example of this was the public Whānau Ora forum, in which Sir Mason Durie explained to a packed public forum the Whānau Ora concept and its forecasted evolvement. TWON has also attended seminars focussing on indigenous health models with recent attendance at the "NUKA" seminar in Napier, where indigenous Alaskan health experts explained their tribal smart health system and outstanding equity outcomes for their people. At a regional level, TWON sends two representatives to the Midland Iwi Relationship Board (MIRB) quarterly meetings. The MIRB meets with Midland DHB Hauora Māori Managers and also with the Midland Governance Group to strategically advocate around Māori health priorities, resourcing and DHB accountability. **(EOA)**	Ongoing	
		The Te Waiora O Nukutaimemeha Māori Relationship Committee (TWON) hui process is guided by Tikanga processes. The current Chairperson is Mr Na Raihania who is the Ngāti Porou Rūnanganui representative and an experienced Hauora Māori advocate. The process follows Tikanga Māori with Karakia, Mihi and consensus decision making. Committee members make their views known and, where required, debate until a common position is reached that is in their collective interests. Hauora Tairāwhiti engages in consultation at a tribal level with Iwi Rūnanga and Māori health providers, either directly or through a number of collective forums. If significant changes are to occur in the way programmes, services and funding are to be delivered to Tairāwhiti Māori, there is a moral Treaty Partnership expectation that Hauora Tairāwhiti, as a Crown agent, will consult on these developments or changes. An example has been the relationship Hauora Tairāwhiti and Ngāti Porou Hauora regarding future services on the East Coast and where both Boards worked through independent advice received. The outcome was that Ngāti Porou Hauora decided to invoke their Treaty of Waitangi settlement right to consult and negotiate	Ongoing	

		directly with the Crown concerning the poor inequitable health status of their tribal population. Hauora Tairāwhiti supported Ngāti Porou Hauora's right to have this addressed by the Crown. This has since been extended to the current Waitangi Tribunal Inquiry which is investigating whether the Crown has breached the Treaty of Waitangi by failing to protect the health of Māori (he Taonga). (EOA) At the local participation level, consultation, agreement and implementation occurs at inter-fora such as Manaaki Tairāwhiti – this involves the Hauora Tairāwhiti CE, Planning and Funding General Manager interacting with Tairāwhiti tribal and community leadership about strategic Māori health priorities and shared resourcing requirements to address Tairāwhiti social determinants of health issues – "the conditions in which people are born, grow, live, work and age". Cascading down from this level, Hauora Tairāwhiti has also with mutual support established two committees – Te Tukutahi and Te Reo Rautaki – to develop strategies to integrate primary with secondary healthcare to help bring services closer to "te kaenga" (home). These committees consist of tribal health, PHO and DHB representatives and follow Tikanga protocol in hui. **(EOA)** In Te Puna Waiora (Planning and Funding), co-design has been a common method to create and develop Hauora Tairāwhiti services. In this process Te Puna Waiora has been proactive in ensuring Māori tribal and community representation in hui and to ensure their views are known and incorporated. This co-design engagement will be expanded on through the continuation of the Mahi Tahi groups, which will provide a forum for engagement in the strategic directions of services areas. These areas include **(EOA)** • Strategic Māori health organisation capacity building, which will involve regular hui between Māori health organisation leadership, Te Puna Waiora (Planning and Funding) and other relevant DHB teams. • 23% of funds that Hauora Tairāwhiti DHB allocates to community providers go to Māori health providers. Te Puna Waiora supports local Māori health providers through the Māori provider development scheme to maximise local investment of these funds. • Participating in the decision making and distribution of MoH capacity and capability funding to Māori PHO and Māori Health Providers. • Managing the Kia Ora Hauora and HWNZ Māori Training Fund, which helps create a pipeline of qualified Māori for healthcare work from both external and internal sources. • Flexibility in DHB funding arrangements not only to reducing contractual bureaucracy, but also to trial new initiatives which aim to reduce inequities in health and barriers to health, such as Te Kuwatawata and Te Hiringa Matua. Cultural orientation training for all new Hauora Tairāwhiti staff involves a monthly Powhiri, Whakawhanaungatanga, Hauora Māori Equity overview and a three hour session on Tikanga Best Practice and Te Tiriti o Waitangi. Hauora Māori staff also provide cultural competency sessions to senior clinicians and Te Reo classes for all staff. Māori language week is annually celebrated in which a number of resources are promoted to staff including online Te Reo learning. The DHB also has a weekly Waiata session which is open to all staff. The Kahui Kaumatua is an informal group of employees who help to provide Tikanga and other cultural advice and events. Hauora Māori also provides staff to assist Otago IPE cultural training. Te Poho o Maui is an internal informal Māori employee group which meets regularly to discuss Hauora Tairāwhiti cultural and workforce policy and procedure improvements. **(EOA)**	Ongoing Ongoing Ongoing	

DELIVERY OF WHĀNAU ORA

DHBs are best placed to demonstrate, and action, system-level changes by delivering Whānau-centred approaches to contribute to Māori health advancement and to achieve health equity.

Please identify the significant actions that the DHB will undertake in this planning year to:

- contribute to the strategic change for whānau ora approaches within the DHB systems and services, across the district, and to demonstrate meaningful activity moving towards improved service delivery
- support and to collaborate, including through investment, with the Whānau Ora Initiative and its Commissioning Agencies and partners, and to identify opportunities for alignment. (All Pacific priority DHBs need to also include Pasifika Futures in this activity).

Equitable outcomes action are identified with an EOA in the Milestone column

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have health equity for Māori and other groups	Hauora Tairāwhiti and other local health providers are already working closely with the local Whānau Ora Initiative and continue to seek opportunities to support the initiative where they have been identified as the lead agency or main funder of an initiative. Hauora Tairāwhiti will continue to support and collaborate with the Whānau Ora Initiative and partners to align wherever the opportunity presents. (**EOA**)	Ongoing	**National Measure** SS17: Delivery of ā
		Hauora Tairāwhiti will support a Whānau Ora Navigator to work with the local Tairāwhiti Voyaging Trust. The Trust's Vision is to provide life changing experiences to enhance the educational, cultural, environmental, economic and social wellbeing of Tairāwhiti. The Values of Whakawhanaungatanga, Rangatiratanga, Akoranga and Kaitiakitanga apply, The Whānau Ora Navigator will help facilitate Tamariki/Rangatahi and their Whānau to the Waka Hourua "floating classroom" where they will be involved with the culture (te ahuarea) and identity (te tuakiritanga) curriculum that has been developed. It is projected that in 2019-20 over 300 Tamariki/Rangatahi in the Gisborne area will be involved with this "hauora" experience. The focus will be on building the Rangatahi cultural identity and cultural knowlege so that they may stand tall with self-confidence of who they are (te Ahuarea me te Tuakiritanga) and be strong in facing societal challenges (Whakapakaritanga). (**EOA)**	Ongoing	**Local Measure** 300 Tamariki/ Rangatahi/Whānau visited the Tairāwhiti Waka Hourua for traditional sailing experience
		Hauora Tairāwhiti will support the Tairāwhiti Māori Women's Welfare League (MWWL) with Whānau Ora promotional messages through the Hapu Hauora website. Tairāwhiti Māori Women's Welfare League has over 400 members in Te Tairāwhiti spread from Potaka in the north to the Wharerata in the south. The DHB has been working with the local MWWL branch to provide better health information tools. This has created an opportunity to leverage off the Toi Te Ora website "Hapu Hauora." This will allow Whānau Ora messages to be sited on the website and enable MWWL members to actively promote in their communities. It is anticipated that messages about breastfeeding, breast, cervical and bowel screening, CVD/Diabetes and immunisation checks will be priority. **(EOA)**	Ongoing	7 hauora messages promoted on the website
		Hauora Tairāwhiti Hauora Māori is based in the Provider Arm and consists of 3.5 FTE - a Manager, Kaiatawhai (Health Social Worker), Pakeke Whānau Ora and Admin Support. The DHB team will support **(EOA)** :- • Six Turoro/Whānau decision making plans will be informed by timely access to their personal information and data held	Ongoing	Three Turoro/ Whānau Discharge plans have been assisted by timely access to their personal info/data held about them by the DHB Three Turoro/ Whānau have been through the Tapa

		about them by the DHB. • Six Whānau to set and achieving personal health goals for their physical, emotional, spiritual and mental wellbeing. • Forty Whānau to manage chronic health conditions including cardiac, diabetes, cancer, asthma and eczema. Ensuing they know when and how to access support. • Pakeke Whānau Ora will continue to bring organisational cultural change amongst DHB clinical and healthcare practice by providing ten Te Reo/Tikanga Best Practice/Treaty of Waitangi training and implementation to enable DHB to be Whānau Ora compliant. • Pakeke Whānau Ora will encourage and reinforce Te Reo and Te Ahuarea Māori with fifty Whānau/Kohungahunga/Tamariki at Kohanga Reo and Kura Kaupapa to foster confidence in their self-identity. • Pakeke Whānau Ora will guide WellChild and Children Dental teams to six Kohanga Reo/Kura Kaupapa to promote Hauora Tairāwhiti Kohungahunga/Tamariki programmes and check wellness • Pakeke Whānau Ora will encourage ten schools and fifty new Whānau/Kohungahunga/Tamariki to participate in Kapa Haka, Te Reo and Waka Ama/Waka Hourua events. • Hauora Tairāwhiti (Hauora Māori and HR) to encourage twenty Māori school-leavers and their whānau to investigate health as a career option.		Wha model and developed a corresponding plan. Twenty Whānau have been provided with DHB chronic health condition information guidance at Whānau Ora Collective events such as Eke Tu/Mauriora Five Te Reo/Tikanga Best Practice/Treaty of Waitangi training sessions have been held for Clinical and Healthcare staff. Five Kohanga Reo/Kura Kaupapa have been visited and twenty five Kohungahunga/Tamariki and their Whānau encouraged to take up, and reinforce Te Reo Māori in their homes. DHB WelChild and Children Dental teams have been guided to three Kohanga Reo/Kura Kaupapa Five Schools visited and twenty newcomer children have been encouraged to participate in cultural events (Kapa Haka/Te Reo/Waka Ama/Waka Hourua)

CARE CAPACITY DEMAND MANAGEMENT (CCDM)

- Please detail the actions that you will take towards implementing Care Capacity Demand Management (CCDM) for nursing by June 2021 in your annual plans.
- Please outline the most significant actions the DHB will undertake in 2019/20 to progress implementation of CCDM for nursing. Ensure the equitable outcomes actions (EOA) are clearly identified.

Equitable outcomes action are identified with an EOA in the Milestone column

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have health equity for Māori and other groups	Hauora Tairāwhiti has a CCDM governance group, activities for this group during 2019/20 are currently being finalised, this includes • The CCDM Annual Work plan, with the most significant activities under each of the standards outlined below **(EOA)** **Standard 1: Governance** –establish a Working Groups for the Core Data Set and Variance Response Management. **Standard 2: Validated Patient Acuity Tool (TrendCare)** –upgrade TrendCare Version 3.6 and roll out of the revised TrendCare Business Rules - which are our guiding documents on the best use of the TrendCare system. **Standard 3: Core Data Set** – Core Data Set Stocktake and ensuring the required definitions are being met, following this a layout will be establish and a new dashboard built. **Standard 4: Staffing Methodology** – improving the data quality from TrendCare to allow FTE Calculations to proceed. The following activities will be undertake to ensure this component is on track for implementation in June 2021 • Establish Terms of Reference – Q3 • Complete stocktake – Q4 • Full data integrity checks – Q4 • Work plan approved – Q1 • Report to CCDM council for endorsement – Q3 • Business rules endorsed – Q4 **Standard 5: Variance Response Management** –complete the development and installation of the Hospital at a Glance Screens and the supporting documentation that underpins the VRM process. We will be working towards the achievement of the CCDM Standards by June 2021. **(EOA)**	2019/20 Q1 2019/20 Q2 2019/20 Q4 2019/20 Q4 2019/20 Q3 2019/20 Q4 2019/20 Q4 2020/21 Q1 2020/21 Q3 2020/21 Q4 2019/20Q2	**National Measure** Annual Plan Action **Local Measure** TBC

PLANNED CARE

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

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

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

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

DHBs need to outline the actions they will take in order to support the following:

Part One: Current Performance Actions

1. DHBs are required to outline what actions they will take to sustain or improve Planned Care delivery to meet increasing population health need and to maintain timely access to Planned Care services including Radiology Diagnostics and Elective services. Actions need to include how DHBs will enable delivery of the agreed level of Planned Care interventions; and ensure that patients wait no longer than four months for a First Specialist Assessment and Treatment. Delivery and improvements will be measured against the agreed Planned Care Measures, and quarterly qualitative reports.

Part Two: Three Year Plan for Planned Care

2. In 2019/20 DHBs are required to plan, design and start implementation of a Three Year Plan to improve Planned Care services. The plan is required to include a description of actions that demonstrate how DHBs will address the five Planned Care Priorities of:
   - Gain an improved understanding of local health needs, with a specific focus on addressing unmet need, consumer's health preferences, and inequities that can be changed.
   - Balance national consistency and the local context
   - Support consumers to navigate their health journeys
   - Optimises sector capacity and capability and
   - Ensures the Planned Care Systems and supports are designed to be fit for the future.

DHBs are expected to engage with DHB Consumer Councils and other key stakeholders in the development of their plan.

Equitable outcomes action are identified with an EOA in the Milestone column

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have improved quality of life	**Part One: Current Performance Actions** Hauora Tairāwhiti will deliver against the agreed volume schedule for our planned surgical discharges by maximising capacity in all areas of the DHB e.g. clinic based, primary care and theatre. Hauora Tairāwhiti will continue to utilise National Prioritisation tools to support a reduction in variation in prioritisation to improve equity. Hauora Tairāwhiti DHB will monitor the timeliness of patient's access to services and treatment and address barriers that impact on meeting the four month timeframes for assessment and treatment. As part of this initiative Hauora Tairāwhiti will undertake to look at the equity of patient access to planned care in 19/20 by:- • Ethnicity • Rurality • Age • Deprivation • Primary Care practice This will be matched by looking at Primary Care practice data consultation to ensure access levels are equitable across the district. (**EOA**) **Right care right place** Review community delivered skin lesion removal targeted to Maori and CSC card holders –This bring services closer to home and improve equity of access for Maori. Providers will be required to report on ethnicity data and deprivation data. Hauora Tairāwhiti DHB will investigate the feasibility of virtual consults with rural facilities on the east coast to reduce the need for patient travel and increase the access to service of this population. This initiative will also look to increase opportunities for staff training. Hauora Tairāwhiti supports national quality improvement initiatives around planned care • Current performance template (2019/20 Planned Care Funding Schedule) submitted and approved. As a result of the successful recovery programme last year for orthopaedics the DHB will implement the same methods to review OPD services to improve accuracy of data, referral pathways, and improved timeliness of service within expected wait time. Improved service delivery will be achieved by reducing waiting times and increases access to services with specific focus on ENT, Ophthalmology (including follow up) and Urology services	2,359 publicly funded elective and arranged discharges for people living within Hauora Tairāwhiti by 30 June 2019. Ongoing Review complete Q2 Review complete Q4 Review complete Q3 Ongoing from Q1 Q3 review complete Q4 improved pathways implemented	**National Measure** SS07: Planned Care Measures **Local Measure** Compliance with MoH roll out plan. Equity response plan for planed care will be developed Increase of virtual clinics for coast community ESPi 2 compliance will be achieved.

		Hauora Tairāwhiti supports national quality improvement initiatives around planned care with Current performance template (2019/20 Planned Care Funding Schedule) submitted and approved. **Diagnostic Services** Under the Radiology users group Hauora Tairāwhiti will working with refers to:- • Establish a teleradiology contract with external provider for MRT, PT and CT modalities, this will improve access particularly for planned care patients and improve access through radiology for the virtual patient's pathway • Review activity around acute and planned referrals to radiology services to ensure timely access to diagnostic services. • Following review, the team will work with all referrers to ensure timely access to diagnostic services. Hauora Tairāwhiti's endoscopy project, part of its readiness for the local roll out of the Bowel Screening programme, will ensure that these diagnostic pathways are complainant and maintain targets throughout 2019/20. **<u>Part Two: Three Year Plan for Planned Care</u>** In 2019/20 Hauora Tairāwhiti will plan and begin the design and implementation of its three year plan to improve planned care services. This plan will look to improve the pathways through surgical and non-surgical services, which will help navigate the patient journey for these patients. The plan will look to improve current discharge documentation to primary care and other support services. Our plan will be guided by MoH evolving advice. Three year plan is developed that will address priorities of: • Develop a project plan for to assist in the development of the full three year plan • Gain an improved understanding of local health needs, with a specific focus on addressing unmet need, consumer's health preferences, and inequities that can be changed, and baselines established • Through consultation with stakeholders on approach and key objectives Hauora Tairāwhiti will balance national consistency and local context , specifically how local consumers are supported to navigate their health journeys • The plan will consider sector capacity and capability and how this is best optimised to ensure the Planned Care Systems and supports are designed to be fit for the future and following engagement with stakeholders the plan will be submitted to the MoH	Q2 Q3 - ongoing Q1 Oct 2019 Dec 2019 March 2020 During Q4	

DISABILITY

- Commit to ongoing training for front line staff and clinicians that provides advice and information on what needs to be considered when interacting with a person with a disability. Report on what percentage of staff have completed the training by the end of quarter 4 2019/20.
- Outline in your plan how the DHB collects and manages patient information to ensure your staff know which patients have visual, hearing, physical and/or intellectual disabilities

Equitable outcomes action are identified with an EOA in the Milestone column

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

Priority	Outcome	DHB activity	Milestone	Measure
Ensure everyone who is able to, is earning, learning, caring or volunteering	We have improved quality of life	Identify gaps in resources available for people with disabilities when accessing Hospital and Specialist Services **(EOA)** Through utilising our clinical coaches Hauora Tairāwhiti will implement Disability Responsive training (on-line module and TDIC Practical) and develop a training plan for front line staff and clinicians **(EOA)** Review how the DHB collects and manages patient information to ensure staff know which patients have visual, hearing, physical and intellectual disabilities and determine the effectiveness of the system. A specific focus of this review will be looking at Māori with disabilities, with information being captured in the Admission to Discharge planning document assessment section on disability. **(EOA)** Hauora Tairāwhiti will develop an action plan to implement improvements which will assist with identifying people who have visual / hearing / physical and or intellectual impairment and to make available this available to staff as part of the patients assessment, care planning and treatment. **(EOA)**	Q2- Gap analysis completed Q2-Training programme developed Q4-Report on % staff that have completed training Q3-Review completed Q2-Action Plan developed	**National Measure** SS: Strong and equitable public health system Q4 report on percentage of staff have completed the training **Local Measure** Quarterly report on percentage of staff have completed the training

ACUTE DEMAND

Acute Data Capturing:

- Please provide a plan on how the DHB will implement SNOMED coding in Emergency Departments to submit to NNPAC by 2021. For example, this should include a description of the information technology actions and ED clinical staff training actions, milestones and timeframes.

Patient Flow:

- Please provide an action that improves patient flow for admitted patients
- Please provide an action that improves management of patients to ED with long-term conditions

Equitable outcomes action are identified with an EOA in the Milestone column

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have improved quality of life	**ACUTE DATA CAPTURING** SNOMED – Hauora Tairāwhiti are liaising with IS services to determine how and what mechanisms are required to enable a staged introduction of SNOWMED to the DHB. Investigating what resourcing and associated system redesign will be required. PATIENT FLOW - Models of service coordination. Following the success of the orthopaedic recovery programme, the model of service coordination across other specialties is being developed. A key benefit is the coordination across the care journey. Technology advances. Reverse BPAC, e-letters, clinical care forms, and Telehealth. **Access equity**. Through improving access criteria and there application will assure improve equity of access for those with greatest need that can be achieved within the available resource. **Acute demand** Hauora Tairāwhiti will be implementing health pathways. These support the right service in the right order. They are achieved through a collaborative approach between primary and secondary care which, when applied consistently, this will reduce waiting time and unnecessary interventions. Winter 20 - Based on outcome of the Winter 18 programme. There is further opportunity to work on initiatives to reduce ASH rates for 45-65 age group, particularly with respiratory and cardiac conditions. Emergency Department Flow - Through a Pareto approach, the Emergency Department team will identify the most common cause of discharge from ED delays to focus the attention on addressing the barriers those areas that will have the greatest benefit to ensure patients requiring admission get to the right place for ongoing care.	Q3 Ongoing Q1 Q3 Q2	**National Measure** OS8: Reducing Acute Readmissions to Hospital PP29: Improving waiting times for diagnostic services SS05: Ambulatory sensitive hospitalisations (ASH adult) SS10: Shorter stays in Emergency Departments SS13: Improved management for long term conditions (CVD, Acute heart health, Diabetes, and Stroke

RURAL HEALTH

Please outline in your plan how the DHB has considered the health needs and the factors affecting health outcomes for rural populations when making decisions regarding access

Equitable outcomes action are identified with an EOA in the Milestone column

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have health equity for Māori and other groups	**Ngāti Porou Mahi Tahi (East Coast)** While initially this working group will focus specifically on the provision of services by Ngāti Porou Hauora and Hauora Tairāwhiti, there is an intention to bring together health service providers in this rohe to ensure improved coordination of all services provided. This will ensure providers will be informed of changes and solutions for issues identified. **(EOA)**	Ongoing Q4 other health providers engaged	**National Measure** Annual Plan Action
		Service Agreement review Ngāti Porou Hauora and Hauora Tairāwhiti will continue to work together to develop a service agreement to ensure that the agreement for services has the flexibility to develop a sustainable model of practice. This will be part of the agenda for Ngāti Porou Mahi Tahi in the first half of 19/20. **(EOA)**	Q3 Agreement Approach agreed for 20/21	
		Patient Survey Ngāti Porou Hauora will be undertaking a HQSC patient survey requirement and actively encouraging rural patients to participate. This information will be used to inform their improving model of practice.		
		Adolescent Dental Provision of oral health services to adolescents within rural communities within Tairāwhiti has been difficult, which has resulted in poor coverage. Hauora Tairāwhiti will be undertaking a service review of appropriate rural oral health service models in the first half of 2019/20 for the start of the academic 2020 year. **(EOA)**	Q2 model agreed Q3 model Implemented	
		Long term Conditions During 2019/20 additional provision has been agreed for podiatry to rural population **(EOA)**	From Q1 19/20	
		Implementation of Kia Ora self-management programme in rural communities, which will enable community champions and others impacted by long term conditions to support each other to assist in the management of their conditions. **(EOA)**	From Q3 19/20	**Local Measure** Reduction in missed appointments
		Secondary Care Hauora Tairāwhiti Outpatients Department will ensure appointments are convenient for people who live rurally and try to remove any barriers to access, including time and day of week, other appointments, transport.	**Ongoing**	Joint education sessions
		Hauora Tairāwhiti District Nursing team will work alongside Ngāti Porou Hauora and Western Rural providing support with learning opportunities, consultation and support for people with complex care packages, advice on product selection and purchase.	**Ongoing**	Virtual and telehealth clinics
		Hauora Tairāwhiti Allied health teams will identify opportunities for virtual and telehealth utilising technology such as zoom to assist and support rural nurses with care	**From Q1 2019/20**	

HEALTHY AGEING

Implement actions identified in the Healthy Ageing Strategy 2016 and contribute to the Government's priority of 'Improving the wellbeing of New Zealanders and their families', as follows:

- working with ACC, HQSC and the Ministry of Health to promote and increase enrolment in S&B programs and improvement of osteoporosis management especially in alliance with Primary Care as reflected in the associated "Live Stronger for Longer" Outcome Framework (This expectation aligns most closely to the Government's 'Prevention and Early Detection' priority outcome; and the Ageing Well and Acute and Restorative Care goals of the Healthy Ageing Strategy)
- aligning local DHB service specifications for home and community support services (HCSS) to the vision, principles, core components, measures and outcomes of the national framework for HCSS (This expectation aligns most closely to the Government's 'Health Maintenance and Independence' priority outcome; and the Living Well with Long-Term Conditions goal of the Healthy Ageing Strategy)

In addition, please outline current activity to identify and address the drivers of acute demand for people 75 plus presenting at ED (or at lower ages for disadvantaged populations) (This expectation aligns most closely to the Government's 'Prevention and Early Detection' priority outcome; and the Acute

Equitable outcomes action are identified with an EOA in the Milestone column

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We live longer in good health	**Health Literacy** To increase the health literacy of our older people so they can self-determine and self-manage their health needs and empower Māori to engage in their health care, feel more comfortable to ask questions, are involved in their whānau care Hauora Tairāwhiti will **(EOA)** • Hold a minimum of 2 Serious Illness Conversations (SIC) within the DHB. • Hold a minimum of 2x Health Literacy workshops. • Include health literacy to HCSS contract agreement (under the restorative model of care) and other contract agreements as they arise for renewal. • Include ACP to HCSS contract agreement as a performance monitoring outcome measure, and other contract agreements as they arise for renewal. • Run a minimum of 3x L1 ACP training for health professionals and community organisations. **Workforce** Over the course of 2019/20 Hauora Tairāwhiti aims to improve the skill base of the Workforce to meet the needs of the ageing population. In particular we will focus on enabling Māori to gain higher qualifications for sustainable employment. To progress these objectives we will **(EOA)** • Include workforce development into the Home and Community Support Service contract and other contract agreements as they arise for renewal. • Hauora Tairāwhiti to promote the funded Learning and Development opportunities for staff. • Develop a workforce strategy.	From Q1 2019/20 From Q1 2019/20 Q4 2019/20	**National Measure** Annual Plan Action **Local Measure** No. of ACPs recorded on interRAI by NASC increases by 5% Hauora Tairāwhiti report on use of Learning and Development and post-graduate funding. All funding streams are utilised by

		Co-ordinated and integrated services To ensure people live independently, safely for longer in their own home and make access and referral pathways easier for Māori to navigate, Hauora Tairāwhiti will **(EOA)** • Establish a Health of Older Person's service which will create a single pathway into secondary services, which will encompass a multidisciplinary approach. Services across the directorates will be aligned to develop a health of older people's services within the DHB provider arm, which encompasses orthopaedic, rehabilitation, stroke, medicine and mental health services for older people. • Implementation of the new Home Care Support Service model, which will bring a restorative approach to home support services. Under this new service the service co-ordination component of care allocation will move from the Needs Assessment and Service Coordination team to the new service provider to allow care to be adjusted to individual needs and maximise their ability to maintain independence. • Run quarterly engagement workshops with providers to understand each other's service delivery and to understand current gaps and overlaps in service coverage. These workshops will bring providers together to ensure the success of the new HCSS service. • Coordinated community approach to ensure Pressure Injuries identified and managed earlier. • Further imbed the Fracture Liaison and Falls Prevention Service.	New service implemented Q4 2019/20 From Q1 2019/20 Ongoing Quarterly Ongoing Ongoing	Māori staff. ED admissions or re-admissions reduced.

IMPROVING QUALITY

Identify actions to improve equity in outcomes and patient experience by demonstrating planned actions to:

- work to improve equity in outcomes as measured by the Atlas of Healthcare Variation (DHB to choose one domain from: gout, asthma, or diabetes)
- improve patient experience as measured by your DHB's lowest-scoring responses in the Health Quality & Safety Commission's national patient experience surveys

Note: Please reference your jointly developed and agreed System Level Measure Improvement Plan that is attached as an Appendix.

System Level Measures

Implementation of the System Level Measures (SLMs) continues in 2019/20. The *Guide to Using the System Level Measures Framework for Quality Improvement* (SLM guide), which has been updated and should be used for the development of the Improvement Plans and should be used in conjunction with *The System Level Measures – Annual Plan guidance 19/20*.

Antimicrobial resistance

High quality health care needs to address the challenge posed by antimicrobial resistance to current and future care pathways. Hospitals, primary care and residential care settings all need to ensure that front-line infection prevention and control practices are implemented continuously, effectively and consistently.

DHBs need to continue to align their activities with the *New Zealand Antimicrobial Resistance Action Plan* (MoH 2017).

Equitable outcomes action are identified with an EOA in the Milestone column

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have improved quality of life	**Improve equity outcomes** Hauora Tairāwhiti Clinical Governance has chosen Gout as the domain most applicable to Tairāwhiti, as this has the largest equity gap between Māori and Non Māori**(EOA)** • Investigate current gout practise across primary care within Tairāwhiti. • Link in to Ngāti Porou Hauora Gout patient experience project to learn what works for patients within this rohe. • Through existing governance and operational networks, clinical governance will work with primary care to identify the most appropriate programme of care for people suffering with gout. • Implement the agreed programme across the system with the support of clinical governance team. **Improve patient experience** Communication is an area that is most relevant to Hauora Tairāwhiti. This also links to the Health Literacy work that will be done. Currently, 80% of Hauora Tairāwhiti patients are not completing the survey. Of those that do start the survey, around 63% do not complete it. The current survey adds no value to improvements to Hauora Tairāwhiti, despite us trying different strategies to engage our patients for example by expanding the 2 weeks survey period to 4 and sending out postal surveys. As has been found by other smaller DHBs, the current patient experience survey does not meet the needs of our population and Hauora Tairāwhiti will consider joining other DHBs of similar size in doing a survey while the patient is still in hospital, and addressing issues as they arise. This will be a real survey/feedback time, not in retrospect of 4-6 weeks in which information can be lost. To assist in obtaining a patient voice and improve the patient experience Hauora Tairāwhiti will • Develop and utilise a variety of communication modes to inform patients of when the survey will occur (brochures,	Q1 Q1 Q1 Q2 Q4 Quarter 2	**National Measure** Annual Plan Action

		posters during the survey weeks and when patients are being discharged. Including the option for patients to fill in the form online at hospital)/		
		• Develop staff awareness strategies to promote the survey i.e. email, staff WAKA Weekly, discussions with ward CNM's.	Quarter 1	
		• Advocate for a review of the current national adult inpatient survey with the other DHBs and HQSC.		
		• Send out a second round of paper surveys, on top of email and SMSs, and a follow up with a phone call a week later, to assess if this makes a difference to survey completion.	Quarter1 Quarter 1	
		Antimicrobial resistance Hauora Tairāwhiti will look at actions currently underway and steps it can take to implement recommendation against the New Zealand Antimicrobial Resistance Action plan. This will see a number of activities against each of the 18 priority areas under each of the 5 priority areas.		
		• Objective 1: Awareness and understanding ○ Local hospital and community laboratory (TLab) will continue to supply an annual antibiogram report to support best antibiotic usage. An overall report will be presented to the IPC committee and Clinical Governance. Each department will be supplied with their specific report and circulated to all doctors via email.	Quarter 1	
		• Objective 2: Surveillance and research ○ 2019/2020A biannual antibiotic compliance survey will be carried out across the hospital.	Quarter 3	
		• Objective 3: Infection prevention and control ○ Hauora Tairāwhiti has agreed to use Waikato guidelines, and will be available on e-devices application, which we will ensure will be available for appropriate clinical staff. We will work through the IPC committee and Clinical Governance to ensure staff are aware and install the app.	Quarter 2	
		• Objective 4: Antimicrobial stewardship	Ongoing	
		○ Hauora Tairāwhiti will follow Waikato guideline for use of prophylactic antibiotics. Hauora Tairāwhiti follows the HQSC guidelines for Orthopaedic joint replacements.	Quarter 4	
		○ Annual audit of Caesarean deliveries to be conducted.	Ongoing	
		○ Hauora Tairāwhiti will continue to follow local sepsis guidelines.		
		• Objective 5: Governance, collaboration and investment		
		○ While Hauora Tairāwhiti currently holds regular infection control meetings which incorporate all local residential care facilities, during 2019/20 Hauora Tairāwhiti will look to re-establish formal linkages with primary and residential care and work towards a single infection control group for the district. This will assist in ensuring that common policy and procedures are followed.	Integrated Infection control group established Quarter 2	
		○ Hauora Tairāwhiti will support primary and aged care providers requiring upskilling in infection prevention and control.	Quarter 4	
		○ The local infection control nurse supports activities which continue to see the implementation of the Gisborne Hospital infection prevention and control plan. This includes the promotion, staff training and auditing against the	Ongoing	

		local hand hygiene plan. We will also look to ensure that post discharged patients' infections are incorporated, with the support of primary care ○ The hospital infection prevention and control plan will be extended to support primary and aged care providers' requirements	Quarter 4	
		2019/20 will see additional auditors trained and in place to enable additional hand hygiene audits to occur.	Ongoing	
		Local Medical Officers of Health continue surveillance of notifiable diseases and work across all setting to ensure the protection of the local population.	Ongoing	

CANCER SERVICES

Further guidance on the Standards of Care for cancer will be included in the February 2019 update.

Cancer is the leading cause of morbidity in New Zealand, accounting for nearly one third of all deaths with 22,000 new cases diagnosed each year. Inequalities between Māori and non-Māori persist. Māori have a higher incidence of many cancers, are diagnosed with more advanced cancers, experience issues that impact on treatment options and are 1.7 times more likely to die from cancer than non-Māori New Zealanders.

Key strategies and plans to help inform DHB Annual Plans are listed below:
New Zealand Cancer Plan
Cancer Health Information Strategy
National Radiation Oncology Plan

DHBs will describe and implement improvements in accordance with national strategies and be able to demonstrate initiatives that support key priority areas as outlined below. All initiatives will demonstrate clear strategies for addressing Māori health gain, equitable and timely access to services and the use of data to inform quality improvement across those initiatives.
DHBs will describe actions to:

- ensure equity of access to timely diagnosis and treatment for all patients on the Faster Cancer Treatment (FCT) pathway (e.g. system/service improvements to minimise breaches of the 62 day FCT target for patient or clinical consideration reasons)
- each DHB is expected to identify two priority areas for quality improvement identified in the Bowel Cancer Quality Improvement Report 2019 (the Report). DHBs received the draft Report in October 2018. Each DHB is expected to review their results and identify two areas for service improvement that are focused on improving outcomes for people with bowel cancer in their DHB area. DHBs are required to provide evidence that priorities have been identified and will be addressed. These activities could include service improvement initiatives undertaken at a regional or national level; particularly where the DHB relies on the wider region to undertake improvements in the areas it has identified.
- Commit to working with the Ministry of Health to develop a Cancer Plan. Commit to implement and to deliver on the local actions from within the Cancer Plan.

Equitable outcomes action are identified with an EOA in the Milestone column

Government theme: Improving the well-being of New Zealanders and their families				
Priority	**Outcome**	**DHB activity**	**Milestone**	**Measure**

Support healthier, safer and more connected communities	We live longer in good health	**Faster Cancer Treatment (EOA)** • Continue to monitor breaches, identify and implement service improvements along the cancer patient pathway. • Review and update the Hauora Tairāwhiti FCT work group Terms of Reference to a whole of cancer service improvement focus that includes measuring and improving outcomes. • Support implementation of the National Early Detection of Lung Cancer Guidance (EDLC) to improve Tairāwhiti outcomes. • Continue to embed the new model of Cancer Nurse Coordination (CNC). • Embed the new model of cancer psychological and social support (with a more varied workforce). • Continue to implement the Hauora Tairāwhiti AYA action plan and monitor. Implement the regional AYA ALL service change to business as usual to improve outcomes. • Participate in HQSC/MCN patient co-design training service improvement project (tbc). • Continue to support the Midland Cancer Network regional work programme (tbc). **Bowel Cancer (EOA)** • Develop a Hauora Tairāwhiti bowel cancer quality improvement plan, based on 2018 bowel cancer QPIs report, implement and monitor. • Support the development and implementation of a Midland Clinical Pathway and MDM Management system for lung and bowel cancer (tbc). **Palliative Care(EOA)** • Support the Cancer Society delivery of one Kia ora e te Iwi (KOETI) person, whānau and community health literacy programme. • Implement the Midland Palliative Care Workforce Plan recommendations for Hauora Tairāwhiti as able within resourcing (tbc). • Continue to implement the Midland palliative care Te Ara Whakapiri programme. • Continue to implement the Midland palliative care Community Health pathways.	FCT governance updated by Q4 EDLC project plan developed. AYA ALL service change implemented Consumer co-design project implemented BC QPI Action Plan developed KOETI programme by Q4	**National Measure** SS01: Faster cancer treatment - 90% of people referred with a high suspicion of cancer and a need to be seen within 2 weeks have their first treatment (or other management) within 62 days. 15-25% of new cancer registrations are within the 62 day cohort. SS11: Faster cancer treatment - 85% of patients with confirmed diagnosis of cancer receive their first treatment (or other management) within 31 days of decision-to-treat. PV01: Improving breast screening coverage and rescreening SS08: Improving Cervical Screening coverage

BOWEL SCREENING

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

Achieving equitable access is a key priority for the bowel screening programme because participation rates for Māori, Pacific and people living in our most deprived areas remain lower than other ethnic groups. A focus on equity is expected throughout the screening pathway.

DHBs will describe and implement initiatives that support the National Bowel Screening Programme's priority areas outlined below (depending on their implementation stage). All initiatives will demonstrate clear strategies for increasing health gains for priority groups and improving equitable participation and timely access to services. Depending on implementation stage:

ALL DHBs will describe actions to:

- Ensure colonoscopy wait time indicators are consistently met regardless of implementation stage; this requires active management of demand, capacity and capability.
- Ensure equitable access throughout the screening pathway; this must be supported by visible leadership, effective community engagement, resources and clear accountability for equity at all levels.

All DHBs

The National Bowel Screening Programme has adopted the 2018/19 Elective Funding and Performance Policy to monitor and manage the urgent, non-urgent and surveillance diagnostic colonoscopy wait time indicators. The Policy's escalation process has been adapted to:

- Include an Amber (tolerance period) and
- Enable alignment with DHB non-financial quarterly reporting requirements

Equitable outcomes action are identified with an EOA in the Milestone column

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have health equity for Māori and other groups	**Bowel Screening Programme (EOA)** Hauora Tairāwhiti will - • Complete phase 2 NBSP implementation by January-February 2020. • Achieve readiness assessment by December 2019 (tbc). • NBSP Go live by February 2020 (to be confirmed). • Participate in National Bowel Screening Māori and Pacific Network.	Phase 2 NBSP requirements completed by Q3 19/20 DHB achieves NBSP readiness assessment Q2 19/20 DHB NBSP Go Live Q3 19/20 **(EOA)**	**National Measure** 90% of people accepted for an urgent diagnostic colonoscopy will receive their procedure within two weeks, 100% within 30 days 70% of people accepted for non-urgent diagnostic colonoscopy will

		Midland Bowel Screening Regional Centre (EOA) Hauora Tairāwhiti will also - • Participate in the Midland DHB colorectal/ colonoscopy service improvement project. • Participate in the Midland BSRC colonoscopy/endoscopy workforce planning project. • Implement the Midland Colorectal Community Health Pathways. • Continue to implement the Midland direct access to colonoscopy pathway and e-referral. • Continue to participate in the Midland Bowel Screening Regional Centre work programme.	Midland Colorectal Community Health Pathways implemented Midland direct access to colonoscopy e-referral implemented	receive their procedure within six weeks, 100% within 90 days Surveillance colonoscopy – 70% of people waiting for a surveillance colonoscopy will wait no longer than 12 weeks beyond the planned date, 100% within 120 days.

WORKFORCE

In responding to this priority area please cross-reference to Section four: Stewardship - Workforce section

DHB workforce priorities

Set out any workforce actions, specific to your DHB that you intend to work on in the 2019/20 planning year. Outline how these actions relate to both a strong public health system and EOA focus area actions. Ensure that you have considered workforce actions for the priority areas in your plan, especially mental health and child health.

Any workforce actions should be mindful of:

- Ongoing responsibilities for the upskilling, education and training of health work forces
- The population health need that initiatives are designed to address
- The desired health outcomes the initiatives will help to address, including equitable outcomes for populations
- An assessment of how the initiatives align with the priority areas of strong fiscal management, strong public health system, and primary care
- Evidence that consideration has been given to making best use of the service delivery mechanisms that make best use of interdisciplinary teams to support health workforces in their roles across primary, secondary and tertiary settings.

DHBs are expected to develop a sustainable approach to nursing career pathways.

- In 2019-20, it is expected that DHBs will develop actions that support equitable funding for professional development for nurse practitioners.

Workforce Diversity

This action area builds upon actions set out in the 2018/19 Regional Services Plans to better understand the workforce intelligence gathered at local, regional and national levels and how this intelligence assists DHBs in workforce planning.

Equitable outcomes action are identified with an EOA in the Milestone column

DHBs will work in collaboration with DHB Shared Services and, where appropriate, with the Ministry of Health to:

- identify workforce data and intelligence that is collected across services and DHB areas, understanding workforce trends to inform workforce planning
- understand the workforce data and intelligence requirements that best supports DHBs in order to undertake evidence-based workforce planning
- support your responsibility to upskill, provide education and train health work forces
- provide training placements and support transition to practice for eligible health work force graduates and employees. Planning must include PGY1, PGY2 and CBA placements, and how requirements for nursing, allied health, scientific and technical health work forces in training and employment will be met
- form alliances with training bodies such as educational institutes (including secondary and tertiary), professional colleges, responsible authorities, and other professional societies to ensure that we have a well trained workforce.

Health Literacy

The purpose of the actions set out in this advice is to build upon the health literacy review that your DHB completed in the 2018/19 planning year towards developing a health literate organisation.

As a result of the health literacy review, and if you do not have one already in place, develop a Health Literacy Action Plan that describes the service improvements you plan to make in the short, medium and long term.

Outline any actions within the Health Literacy Action Plan that support a health system focus on:

- services being easy to access and navigate
- effective health worker communication
- clear and relevant health messages that empower everyone to make informed choices.

Where health literacy actions are set out in other sections of the annual plan ensure that these are considered within the Health Literacy Action Plan, as well as briefly cross-referencing these actions in this section.

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have improved quality of life	**DHB workforce priorities** During 2019/20 Hauora Tairāwhiti will develop a workforce strategy which will look to identify key vulnerable workforce areas and strategies to address these issues, this will include specific focus on key clinical workforce, specifically nursing. Following this strategy, workforce plans will be developed based on the identified workforce needs and gap analysis. This includes identification of options **(EOA)** • To support an ageing workforce. • Identify specialised nursing workforces to support improved patient outcomes, for example nurse practitioner roles. WAKA values will be utilised to embed a number of organisation culture changes to improve the work environment across the organisation and provide tools to empower staff to address negative behaviours. These include **(EOA)** • Speaking up for Safety • Health and Safety representative training • Leadership training Hauora Tairāwhiti commits to meeting its obligations under nationally agreed MECA accords e.g. safe nursing/ CCDM/New	Q4 2019/20 Q4 2019/20	**National Measure** Annual Plan Action

		graduate placements. Hauora Tairāwhiti will continue to support PGY1, PGY2 and CBA placements Hauora Tairāwhiti values its workforce and will be exploring opportunities to develop wellbeing programmes. These will include • Achieving Bronze accreditation in the WorkWell programme • Programme of non-work programmes to support the wellbeing of staff, this includes home budgeting, retirement planning etc. • Programmes to promote and support individual and team self-care across Tairāwhiti's health care team Hauora Tairāwhiti will be addressing the inequity caused by the national MECA for Nurse within the community nursing workforce. Hauora Tairāwhiti will be cognisant of the impacts that other workforce settlements may have. **Workforce Diversity** Hauora Tairāwhiti will continue to contribute to national workforce data which we will use to inform our own analysis. **(EOA)** Develop and grow Māori workforce across all disciplines, initiatives for the 2019/20 year include • Kia Ora Hauora coordinator was brought within the Hauora Tairāwhiti organisation in 2018/19. This was combined with the local Hauora Māori training fund role. During 2019/20 the combining of these two roles will enable better coordination for Māori looking to develop in a health career. We will continue to support promotion of health careers within local schools and other programmes through Kia Ora Hauora. • Hauora Tairāwhiti will work with the regional Kia Ora Hauora programme to identify opportunities to link with those about to graduate to highlight career opportunities across Tairāwhiti. To assist in the development of the Tairāwhiti Health Workforce, Hauora Tairāwhiti will, wherever possible, bring training opportunities to the District. This includes the Leadership in Practice programme and Health and Safety representative training, both of which have been extended to other social organisations. **(EOA)** Hauora Tairāwhiti is looking to develop a Health Workforce framework which will provide those within the health sector opportunities to identify and potentially develop a career pathway. **Health Literacy** Discussion has been held with Planning and Funding and Quality to establish a working group to develop a Health Literacy Strategy. The group will develop an Action Plan that will describe the service improvements we plan to make in the short, medium and long term. This plan will include work streams targeting specific services of known gaps such as • FSA, • communication between health professionals and patients, patients' whānau/family, • written and oral information provided to patients, patients' family/whānau, • review of our current consumer rep strategy.	Ongoing Ongoing Q4 2019/20 Start Q1 2019/20 Q1 2019/20 Ongoing Ongoing By Q4 2020 will be ready for December 2020 graduates Plan developed Q4 2020 Draft Action Plan by Q1 2019/20 Action plans by Q1 2019/20 Implementation Q2 2019/20	

DATA AND DIGITAL

In responding to this priority area please cross-reference to Section four: Stewardship - IT section

All DHBs:

- Demonstrate how you are improving equity in your current and future digital systems/investments
- Indicate plans for complying with approved standards and architecture in all future systems/investment
- Indicate plans for the provision of health services (such as public health, mental health, child wellbeing, primary care) via digital technology across the health system; for example telehealth, integrated care and working remotely.
- Explain how your IT Plan is aligned with the Regional ISSP including your risk mitigation.
- Demonstrate where you are aligning with national/regional initiatives and those leveraging investments.
- Demonstrate how you plan to implement Application Portfolio Management including the lifecycle for IT systems i.e. planned upgrades, support, licence renewal, etc.
- Submit quarterly reports on the DHB ICT Investment Portfolio to Data and Digital to support decision making and to maximise the value of sector ICT investment.

Demonstrate how you will incorporate IT security maturity improvement across all your digital systems.

This component should be read in conjunction with Section 4 – Information Technology

Equitable outcomes action are identified with an EOA in the Milestone column

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have improved quality of life	**Improving equity with current and future digital systems/investments** The focus on investment and development of digital systems is to support co-ordinated care and ensure that comprehensive information is quickly available, and easily accessed by duly authorised parties, and contains the necessary elements. The various developments detailed in Section 4 below are being progressed on these principles. The high percentage of Māori in Tairāwhiti (>50%) have, as their first point of contact with Health, the various Primary Care practitioners within the region. Notwithstanding a very large investment (in both time, resource and funding) in the Midland Region E-Space programme, which is based around connecting the five secondary care DHB systems in the region, Hauora Tairāwhiti is maintaining a focus and effort of "connecting" with local Primary Care and improving exchange of information and shared care functionality. Examples of these developments are below in Section 4. Improvements in these systems produce better information availability to both local Primary and Secondary care and effect and support improvements in patient care and outcome. **Indicate plans for complying with approved standards and architecture in all future systems/investment** Hauora Tairāwhiti has always complied, and will continue to comply, with the relevant approved standards and architectures in its system investments. Areas where this becomes difficult are largely related to vendor compliance with those standards and architectures, especially where the vendor is the sole vendor, or has a large percentage of the "market".		**National Measure** PH02: Improving the quality of ethnicity data collection in PHO and NHI registers SS09: Improving the quality of identity data within the National Health Index (NHI) and data submitted to National

Indicate plans for the provision of health services (such as public health, mental health, child wellbeing, primary care) via digital technology across the health system; for example telehealth, integrated care and working remotely.
Please see Section 4 below which details a variety of initiatives support this.

Explain how your IT Plan is aligned with the Regional ISSP including your risk mitigation
Hauora Tairāwhiti engaged with other Midland DHB in the development of the Regional ISSP

Demonstrate where you are aligning with national/regional initiatives and those leveraging investments.
The table below describe the Objectives of the Regional ISSP and National Initiatives and details the Hauora Tairāwhiti responses

RISSP Objectives			
Objective One: eSpace Programme			
Initiative	Theme	Activities	Hauora Tairāwhiti Response
1.Patient Workstream	Smart System	Delivery of MCP Integration to St Johns, NCHIP, TestSafe, CTAS, Starship, NZePS. Also includes eWhiteboards,	Hauora Tairāwhiti is programme to be the first Midland DHB to move onto the live Midland Clinical Portal which incorporates all these components.
2.Clinical Workstream	High Performance	Development of eForms and Pathways, Mental Health and	As above
3.Results Workstream	High Performance	Delivery of Regional Results and eOrders	As above
4.Technical Enablers	Smart System	Includes implementing Messaging Gateway, New PAS Feeds, Regional lAMS, Enhanced Audit Capability,	As above
5.Transition Workstream	High Performance	Including delivery of Phase 2 Release 1plus transition into MCP for Hauora Tairāwhiti and	As above
6.Medicines Workstream	Smart System	Including Allergies's and Alerts	As above
Objective Two: Effective Decision Support			

Collections

7.Information is collected consistently, accurately and aligned to national standards, thus enabling the implementation of a single eHR	High Performing	National metadata standards to be adopted. Creation of data management functions to drive the adoption and alignment of national datasets and regionalisation of datasets	Hauora Tairāwhiti complies with all relevant and applicable data standards		
8.Enabling informed decisions through sharing of information across the Midland region and continuums of care	High Performing	Enhance regional reporting capability to expand across all regional systems	Developing under the E-Space Midland Clinical Portal programme		
9.Utilise Regional Reporting capability to gain more extensive reporting from data captured from regional			Supporting Healthshare – our regional shared services provider to develop regional reporting capabilities.		
Objective Three: Healthcare Integration					
10.Enable two-way access between community, primary and secondary to share data/information related to clinical interactions	One Team	Review current state and provide enablers to allow data and information to flow across Midland Region health providers, extending access to primary and community datasets eg St Johns, Community Pharmacy, Hospice, NGOS, Blood Services	HT has progressed and is progressing multiple initiatives and development particularly to improve the exchange between Primary Care and Secondary care where the biggest "flow" of patients occurs. Examples include: <u>Access</u> provision to all GPs, Community Pharmacists and Hospice to HT Clinical Workstation <u>Introduction</u> of BPAC referral system across all specialties and the development and introduction of "reverse BPAC" – providing immediate feedback to referrer electronically within the referral. <u>Creation</u> and use of electronic "Clinical Care Form" providing point of contact update information electronically (HL7) to GPs		
Objective Four: Digital Hospitals					

11.To achieve EMRAM Level 5	Smart System	e-referrals – achievement of 95% referrals electronically across the Midland region, and enabling the capture of nursing notes	HT has exceed the target and now has 100% of referrals from Primary Care as electronic referrals (BPAC), further as above, HT has instituted "reverse BPAC" whereby the referrals are responded to electronically back to the referrer within the context of the original referral Electronic nursing notes have not been developed locally and are a component of the E-Space program noted above.
Objective 5 :Virtual Healthcare			
12. Virtual Care and Telehealth	Closer to Home	Continue building on technologies introduced within the Midland Region to enable virtual care and equality across our population including enhancing regional video services	HT has selected ZooM as a replacement for existing technologies to support both corporate and clinical communications. Clinical uptake is progressing and the uses for ZooM are expanding as confidence, understanding and usage grows. HT sees potential for usage of Zoom for direct clinician to patient contact in the home setting, and will be exploring this in the coming year.
Objective Six: IT Enablement			
13.Cloud enabled regional IT delivery	High Performance	Migration to IaaS to meet DIA requirements Development of Cloud Strategy Identity Management Mobile (roaming workforce	Supporting Healthshare
14.Regional Network	High Performance	Review and implement recommended option	Supporting Healthshare

15.Lifecycle management	High Performance	Upgrade of Citrix Replacement of NetScalers SQL Upgrade Upgrade of ePharmacy Upgrade of Datix Upgrade of Rhapsody	Supporting Healthshare	
16.Regional ITSM	High Performance	Review options for regional IT toolset to support regional support and service management. implement preferred solution	Supporting Healthshare	
17.Review current PACS/RIS system	One Team	Review and implement recommended option	HT instituted and joined BoP and Waikato on a shared instance of the Philisp RIS/PACS system as a single instance several years ago. This system is now the regional system and HT has supported the uptake by both lakes and Taranaki DHB.	
18.eHealth Discovery	High Performance	Scoping and discovery of technology stack options to ensure the best regional approach across all spectrums .		
National Initiatives				
Digital Health 2020 Core Component- Health and Wei/ness Dataset				
Initiative	Theme	Activities	Hauora Tairāwhiti Response	
National Maternity Record (NMR) enabling woman to direct access to their own information	One Team	Support this national initiative by implementing the agreed solution and/or integration within each DHB.	HT was one of the "early adopters" of the system and is the DHB with the most extensive implementation. Further HT integrated the Independent Midwives into the system	
Newborn Hearing Information Management system (NHIMS)	Smart System	Support this national initiative by implementing the agreed solution and/or integration within each DHB.	HT is the only DHB to implement this system and integrate with NMR	
National Child Health Information Platform (NCHIP)	Smart System	Support this national initiative by implementing the triple electronic enrolment in the Waikato and Taranaki districts.	HT has not implemented this system	

Implement B4School checks and oral health interfaces	Smart System	Support this national initiative by implementing the agreed solution and/or integration within each DHB	HT has implemented
Digital Health 2020 Core Component- Regional IT Foundation			
National Oracle Solution	High Performing	Support this national initiative by implementing the agreed solution and/or integration.	HT has not supported this solution and remains with other DHB opposed to moving to NOS due to expense and complexity and having a solution (Tech1) in place that can meet the identified aims of the NOS program
National Bowel Screening	Smart System	Support this national initiative by implementing the agreed solution and/or integration.	HT is engaged with the National program roll-out and is scheduled for implementation in the 20/21 year.

Demonstrate how you plan to implement Application Portfolio Management including the lifecycle for IT systems i.e. planned upgrades, support, licence renewal, etc.

This is "business as usual" for Hauora Tairāwhiti, with systems in place and linked to budget and capital expenditure cycles and programmes, and annual plans for activities such as upgrades etc. vendor relationships either at the local, regional or national level are maintained., and we work in concert with other DHB where we share instances of applications. We work co-operatively with national initiatives eg Microsoft Licensing under AoG etc to ensure currency and expedience.

Submit quarterly reports on the DHB ICT Investment Portfolio to Data and Digital to support decision making and to maximise the value of sector ICT investment.

This is in place

COLLECTIVE IMPROVEMENT PROGRAMME

- Commit to supporting a collective improvement programme

Equitable outcomes action are identified with an EOA in the Milestone column

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

Priority	Outcome	DHB activity	Milestone	Measure
		Hauora Tairāwhiti works and collaborates with a number of external organisations and entities, including: • Matai Medical Research Institute, where a Memorandum of Understanding is being developed that will see the Matai Medical Research Institute being located on DHBs Hospital campus, providing a Magnetic Resonance Imaging (MRI) lab in Gisborne to get a better understanding of the brain, heart and body, with a focus on the fast-emerging field of traumatic brain injury. MRI uses harmless magnetic fields to see inside the body. This allows non-invasive insights into injury and disease. The centre is expected to bring up to 25 new jobs and economic stimulus to the region, and undertake research that has the potential to better understand, diagnose and treat traumatic brain injury, which is believed to have an impact on crime, unemployment and mental health in New Zealand and worldwide. • Chelsea Hospital Trust, where a Memorandum of Understanding is being developed that will investigate the feasibility of a new Chelsea Hospital being located on DHBs Hospital campus. Chelsea Hospital Trust is a private surgical hospital located in the heart of Gisborne, offering the latest surgical techniques in a caring and supportive environment. There are a number of benefits to the DHB and wider community including, attracting specialists to our district, minimising the waste in travel of patients and staff between private and public, utilising theatre capacity and sharing resources for the betterment of healthcare in our community. In the long term, there might be a lease of land but the DHB will seek Ministerial approval to the arrangement as required under clause 43 of schedule 3 of the NZPHD Act. Hauora Tairāwhiti commits to support collective improvement programme which benefit its population.	Quarter 2 Quarter 4	**National Measure** Annual Plan Action

DELIVERY OF REGIONAL SERVICE PLAN (RSP) PRIORITIES

Identify any significant actions the DHB is undertaking to deliver on the Regional Service Plan.

Please provide actions for the following:

- Implementation of the New Zealand Framework for Dementia Care
  - provide input into a regional stocktake of dementia services and related activity, which will be completed and provided to the Ministry by the end of quarter two (via the S12 measure).
  - using the stocktake, work with your regional colleagues to identify and develop an approach to progress your DHB's priority areas for implementing the Framework by the end of quarter four.

Equitable outcomes action are identified with an EOA in the Milestone column

		○ report on work to progress the implementation of the New Zealand Framework for Dementia Care in quarters three and four. Hepatitis C ○ DHBs are asked to identify their role in supporting the delivery of the regional hepatitis C work and objectives. Action include for example how DHBs will: work in collaboration with other DHBs in the region to implement the hepatitis C clinical pathway work in an integrated way to increase access to care and promote primary care prescribing of the new pangenotypic hepatitis C treatments.		
Government theme: Improving the well-being of New Zealanders and their families				
Priority	**Outcome**	**DHB activity**	**Milestone**	**Measure**
Support healthier, safer and more connected communities	We have improved quality of life	In addition to those activities outlined in the Midland Regional Services Plan 2019/20 and a part of Midland Region District Health Boards, Hauora Tairāwhiti in 2019/20 will • Implement year 2 of the eliminating Hep C by 2030 programme of work, this will include **(EOA)** ○ Extending option of Point of Care testing for Hepatitis C to more community pharmacies in Tairāwhiti to help eliminate Hepatitis C within Tairāwhiti. ○ Ongoing progress of Hep C working group. ○ Continued support to primary care and advice regarding the management, treatment and cure of patients with Hep C. • The local implementation of the Midland Regional Alliance Leadership Meeting (MURIAL) work programme to improve child health outcomes from pregnancy through to the first year of life. This work programme is strongly community and primary care focused, extending option of Point of Care testing for Hepatitis C to more community pharmacies in Tairāwhiti to help eliminate Hepatitis C by 2025 within Tairāwhiti. **(EOA)** Implementation of the New Zealand Framework for Dementia Care • Hauora Tairāwhiti will provide input into a Midland regional stocktake of dementia services and related activity. • Using the stocktake, Hauora Tairāwhiti will work across the Midland region to identify and develop an approach to progress priority areas for implementing the New Zealand Framework for Dementia Care.	Ongoing Ongoing Complete by Q2 2019/20 Report on progress in Q3 and Q4 2019/20 Stocktake complete by Q4 2019/20	**National Measure** SS2: Delivery of Regional Service Plans **Local Measure**

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

DHBs are expected to continue to work with their district alliances on integration including (but not limited to):

- strengthening their alliance *(eg, appointing an independent chair, establishing an alliance programme office, expanding the funding currently considered by the alliance)*
- broadening the membership of their alliance *(eg, pharmacy, maternity, public health, WCTO providers, mental health providers, ambulance)*
- developing services, based on robust analytics, that reconfigure current services and address equity gaps
- describe at least one action you are taking with your rural Service Level Alliance Team to develop resilient rural primary care services.

In addition, please identify actions you are undertaking in the 2019/20 year to:

- assist in the utilisation of other workforces in primary health care settings
- *this section will be finalised when final Government decisions are made. However all DHBs are expected to describe at least one action they are taking with their primary care partners that improves access to primary care services, particularly for high needs patients.*
- ***Note:** Some or all of the actions in this section may form part of your System Level Measure Improvement Plan. If this is the case it is not necessary to provide that information here but rather indicate that the assessor should refer to the SLM Improvement Plan.*

Equitable outcomes action are identified with an EOA in the Milestone column

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We live longer in good health	Children 14 and under across Tairāwhiti will continue to have zero fee access to primary care. Hauora Tairāwhiti will maintain **(EOA)** • Zero fee access to general practice and prescriptions during regular hours within 30 minutes travel time • Zero Fee access to general practice services and prescriptions for after-hours care within 60 minutes travel time. Hauora Tairāwhiti will ensure that the information on the fee structure within primary care is widely available by ensuring Primary Health Organisations, Primary Health Centres, Emergency Department and the District Health Board all publicise this information. **(EOA)**	Ongoing Quarterly review to ensure that fee structures, especially in	**National Measure** PH01: Improving system integration and SLMs PH02: Improving the quality of

		All primary care practices in Tairāwhiti are very low cost access practices (VLCA), we will continue to support local practices maintaining VLCA status, as well as any other additional local initiatives which maintain or reduce access fees to primary care. Hauora Tairāwhiti continues to be committed to working in partnership with a variety of stakeholders. Hauora Tairāwhiti continues to be engaged with: The **Regional PHO Alliance** represents Pinnacle PHO and Tairāwhiti, Waikato, Lakes and Taranaki District Health Boards. **Midlands United Regional Integration Alliance Leadership (MURIAL)** – Membership includes all the region's PHOs and DHBs. MURIAL is a strategic leadership partnership although not a formalised 'Alliance'. It is led by the Hauora Tairāwhiti CE and includes DHB/ PHO/ NGO/ consumer leaderships across the Midland Region health sector and agrees high level direction for local alliances. Principle focus is a Child Health Project. **(EOA)** **Te Tukutahi** consists of the Hauora Tairāwhiti, Ngāti Porou and Pinnacle PHO CEs. They have a shared work plan and have oversight of the following working groups: **(EOA)** • Flexible Funding Pool • Demand Management • System Level Measures Youth, mental health, older peoples, community pharmacy, dental, aged related residential care and rural Mahi Tahi groups have been established. We will establish Diabetes and Saving 1000 Lives Mahi Tahis. **(EOA)** The Rural SLAT Mahi will investigate and implement IT capability for telehealth clinics as part of workforce development for clinical staff. **(EOA)**	relation to those 14 and younger, are widely available FFP plan to be signed off by Q1 SLM plan to be signed off by Q1 Diabetes and Saving 1000 lives established Q1 - Clinics established by Q2 19/20 -	ethnicity data collection in PHO and NHI registers PH03: Improving Māori enrolment in PHOs to meet the national average of 90% **Local Measure** Improvement across and within SLM measures

PHARMACY

- Continue to support the vision of the Pharmacy Action Plan and the Integrated Community Pharmacy Services Agreement (ICPSA) by working with pharmacists, the public, primary care and the wider health care team to commission integrated local services that prioritise local need and support equitable health outcomes.
- Support the work to enable the separation of dispensing into separate ICPSA schedules (medicine and supply and clinical advice) by June 2020.
- Develop local strategies that support pharmacy and other immunisation providers to work together to improve influenza vaccination rates in Māori, Pacific and Asian people over 65 years of age.
- We recommend that you work with your district alliance System Level Measure (SLM) team(s) to investigate if influenza vaccination rates for those populations should be part of the SLM Improvement Plan. In particular those working groups developing actions for the ASH for 0-4year olds, Acute hospital bed days and Patient experience of care SLMs. If the vaccination rates of these populations are seen to impact any of these SLMs, specific actions to improve influenza rates could be part of your SLM Improvement Plan.

Equitable outcomes action are identified with an EOA in the Milestone column

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

Priority	Outcome	DHB activity	Milestone	Measure

Support healthier, safer and more connected communities	We live longer in good health	Delivering the Integrated Community Pharmacy Services Agreement (ICPSA) vision will take time, and it is anticipated the vision will be full realised by 2025.
		
		We will be developing and implementing a Tairāwhiti Pharmacy Strategy during the 2019/2020 year.
		
		We continue to support the vision of the Pharmacy Action Plan by working with pharmacists, consumers, primary care and the wider health care team to commission integrated local services that prioritise local need and support equitable health outcomes. We continue to plan a range of activities involving community pharmacists that integrate pharmacy into the wider health sector, these include **(EOA)**
		• Community pharmacy representation in the Demand Management Group (see primary health care integration) to inform on population wide programmes of work such as:
		  • Acute demand
		  • Primary Options Acute Care (POAC)
		  • Ambulatory Sensitive Hospitalisations (ASH)
		• Continuing support for the Pharmacy Mahi Tahi forum to enable community pharmacies to discuss, plan and provide input into wider population programmes and have regular, consistent communications with DHB.
		
		We will support the work to enable the separation of dispensing into separate ICPSA schedules (medicine and supply and clinical advice) by June 2020.
			Strategy by Q1 2019/20
			
			By Q1 19/20 community pharmacy representation
			
			Ongoing
			
			Participate in work streams as required the separation of dispensing into separate ICPSA schedules. Milestones
				National Measure
				PH01: Improving system integration and SLMs
				
				PH02: Improving the quality of ethnicity data collection in PHO and NHI registers
				
				PH03: Improving Māori enrolment in PHOs to meet the national average of 90%
				
				Reported through the national process.
				
				See SLM plan

		We will support our Alliance's SLM plans to develop local strategies that support pharmacy and other immunisation providers to work together to improve influenza vaccination rates in Māori and Pacific people over 65 years of age. (EOA) Extending option of Point of Care testing for Hepatitis C to more community pharmacies in Tairāwhiti to help eliminate Hepatitis C by 2025 within Tairāwhiti **(EOA)** Extend the falls assessments programme to community pharmacy and providing them with the ability to refer to community strengthening and balance service. **(EOA)**	and Reporting through the SLM plan Programme in place for the 2020 flu session (Q3). Implement Hep C POC site to interested pharmacies by Q2. By Q2 community pharmacies provide integrated into the falls assessment programme.	**Local Measure** Increase in referral for falls assessment programme Increased Immunisation coverage for Flu.

DIABETES AND OTHER LONG-TERM CONDITIONS

- Identify the most significant actions the DHB will take across the sector to strengthen public health promotion to focus on the prevention of diabetes and other long term conditions.
- Identify how the DHB will ensure all people with diabetes will have equitable access to culturally appropriate diabetes self-management education (DSME) and support services and how the DHB will measure programme outcomes or evaluate the effectiveness of the DSME.
- Monitor PHO/practice level data to improve equitable service provision and inform quality improvement.
- Improve early risk assessment and risk factor management efforts for people with high and moderate cardiovascular disease risk by supporting the spread of best practice from those producing the best and most equitable health outcomes.

Equitable outcomes action are identified with an EOA in the Milestone column

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

Priority	Outcome	DHB activity	Milestone	Measure
Ensure everyone who is able to, is earning, learning, caring or	We live longer in good health	Improving whānau understanding and engagement of long term conditions is a focus area for Hauora Tairāwhiti. As part of our health literacy programme we will be developing and implementing consistent and simple language in all health promotion material developed for long term conditions. This will be included in: **(EOA)** • Collaborative programmes of work with internal and external providers. • On website and social platforms.	Promotional information available from Q2 19/20	**National Measure** SS13: Improved management for long term conditions (CVD, Acute heart health, Diabetes, and Stroke)

volunteering		• At health promotional events. Hauora Tairāwhiti will implement the Hawkes Bay DHB Kia Ora Self-Management programme in Tairāwhiti to establish local chronic condition groups. To enable a local sustainable approach Tairāwhiti will: **(EOA)** • Designate a resource to manage the self-management programme. • Local Master trained to enable Train the Trainer workshop. Hauora Tairāwhiti will implement a co design approach to improve the heart health of the Tairāwhiti community. This will encompass community engagement to determine the priorities of "Saving 1000 lives". Across the continuum this will support early detection and prevention of cardiac disease. **(EOA)** Under the Saving 1000 lives work programme Hauora Tairāwhiti will also implement the Cardiovascular Disease Risk Assessment and Management for Primary Care plan. The collaboratively developed plan will target Māori males aged 30-44 years, and will adopt the Cardiovascular Disease Risk Assessment and Management for Primary Care guidelines released by Ministry of Health in 2018 will be implemented. **(EOA)** Work with tertiary providers to deliver services closer to home, including endocrinology and respiratory interventions. Hauora Tairāwhiti will support the development of nurse led clinics and nurse prescribing to improve access to specialist services. Work will continue with PHOs to ensure the Flexible Funding Plan (FFP) has appropriate focus on Planning for the population of people with diabetes and long term conditions. The FFP plan for the 19/20 year will feature the implementation of self-management programmes, development of nurse led clinics looking at Diabetes and increased focus on education support for prescribers. The cross sectoral Tairāwhiti Diabetes Leadership Group will, during 2019, implement its 2019/20 work plan. This work plan specifically focuses on the needs of Māori and people living in rural settings, activities in 2019/20 included - **(EOA)** • Working towards the establishment of a local diabetes register. • Establishing of non-clinical lead self-management services for individuals and whānau • Reviewing current information from each PHO against the current diabetes clinical guidelines to identify areas of high risk and working towards a single best practice approach. • Development of long term condition nurse led clinics for insulin initiation and other long term condition self-management. • Development of education support for primary care prescribers and patients around renal screening.	Local self-management group est Q4. Master training competed Q2 19/20. Co-design Q2 2019/20 Implementation Q4 2019/20 Plan Developed Q1 2019/20 Planned implemented Q2 2019/20 Ongoing Q3 2019/20 FFP approved by Q1 2019/20 Q4 2019/20 Q3 2019/20 Q2 2019/20 Q3 2019/20 Q2 2019/20	

SECTION 3– Whirihoranga
Ratonga | Service Configuration

RATONGA ROHE | SERVICE COVERAGE

RITORITO - Whanau Flax Centre - (The centre flax shoots).
The Rito are the three centre shoots of a flax plant, that represent the two parents flanking their child. It is symbolic of whanau/family. "He Pa-harakeke nui toona." "He/she has a large family". In this concept whanau is more than just parents and children but an extensive weave of relationships and connections.

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. Hauora Tairāwhiti 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.

Hauora Tairāwhiti is not able to take on the role as provider of last resort for Primary Maternity Services as noted in the Operational Policy Framework, given our financial deficit situation and the need for the organisation to prioritise its funding resources into areas it has full responsibility for under the national service specification framework requirements. If becoming the provider of last resort for community primary maternity services is required (including diagnostic services), Hauora Tairāwhiti will work with the Ministry to agree a delivery and funding plan. Hauora Tairāwhiti is continuing those exemptions to the Service Coverage Schedule that have been agreed in prior years.

During 2019/20 Hauora Tairāwhiti will be changing its Pregnancy and Parenting Information and Education services provider, which may present some service coverage issues while the new service provider increases capacity during the initial stages of implementation. While alternative services will be utilised to provide cover during the interim, there is potential that the minimum of 30 percent of pregnant women will not be able to access services during the transition.

Our plan is to deliver services that are closer to home and that benefit our community and population as a whole. Changes to services are always carefully considered, not only for the benefits they can bring, but also the impact they may have on other key stakeholders.

All service reviews/changes with likely material impacts must be/are signalled to the Ministry of Health (MoH) for an opinion about whether or not they can or should be actioned. Ultimately, if the impact is significant, consultation with key stakeholders, including our community, may be required before Ministerial approval is given.

HURI RATONGA | SERVICE CHANGE

The following services have been highlighted to the MoH as potential areas of service change.

Description of change	Benefits of change	Change due to Local, regional or national reasons?
Tamariki *Healthiest, Happiest children in the world* Hauora Tairāwhiti is reviewing child health services with the aim of providing a tamariki hauora service which meets the needs of the children most at risk of not achieving their potential in our communities through providing the highest quality integrated care as close to the whānau as possible.	Reduce disparities, improved access, reduced cost, earlier intervention, improvement of long term outcomes	Local
Health of Older People Services for older people in our community can be fragmented	Improved outcomes, increased quality, improved access and	Local

Description of change	Benefits of change	Change due to Local, regional or national reasons?
and do not always provide a consistent quality service across different disciplines. A one team approach to service provision will increase the effectiveness of delivery and ensure older people maintain their independence and functionality for as long as possible.	reduced cost	
Rehabilitation In conjunction with the health of older people change we will be setting out a new way of working within rehabilitation services. It is expected that this change will see more services delivered closer to the people requiring them.	Improved outcomes, increased quality, improved access and reduced cost	Local
Health of Older People – Home Care Support Services Hauora Tairāwhiti is locally looking to procure a new approach to home care support services. During 2019/20 we will begin the process of integrating clinical services into the provision of home care support services.	Improved outcomes, increased quality and improvement of long term outcomes.	Local
Pain Intervention Service Provision of a service to the people of Tairāwhiti with chronic pain who have been seen by multiple clinical services has been a long term issue. During 2019/20 Hauora Tairāwhiti will implement a model of care and for these people which provides the right service level and mix going forwards at a sustainable price	Improved outcomes, increased quality and reduced cost	Local
Retinal Screening Retinal screening services for people with diabetes have been identified as a service where flow could be improved. We are currently reviewing the existing system flow and during 2019/20 look to implement a service design which simplifies the current system for both people and referrers while also improving the coverage of this service to the local population with diabetes.	Simplification of referral system and improved access	Local

SECTION 4– Whakapūmautanga | Stewardship

TAURAPA - The Stern
The stern of the waka is where the Tohunga stands to observe the elements, the stars, clouds, winds, currents and navigate the safest, surest path forward.

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

Te Whakahaere I To Tātou Pakihi | Managing Our Business

The environment in which we are operating is constantly changing and the level of our success over the next few years will depend on our ability to adapt to this changing environment. We acknowledge that iwi leadership is fundamental to improving the existing inequities in the health and well-being of the people of te Tairāwhiti. Whānau and community are central: we are committed to supporting and building on the strength of whānau and of communities.

Hauora Tairāwhiti has a statutory responsibility to improve, promote and protect the health of people and communities within te Tairāwhiti. To enhance the effectiveness of health services in these areas Hauora Tairāwhiti maintains its Population Health team in Te Puna Waiora Group. This group, which includes the Planning and Funding team, assists in supporting the Population Health team's regulatory function in protecting our community. This is achieved through participation in service planning that ensures health promotion and preventative services are at the forefront of all the district's health improvements and initiatives.

Organisational Performance Management

Hauora Tairāwhiti performance is assessed on both financial and non-financial measures, which are measured and reported at all levels of the organisation. These are reported daily, weekly, fortnightly, monthly or quarterly, as appropriate.

Funding and Financial Management

Hauora Tairāwhiti's key financial indicators are comprehensive income (surplus/deficit), financial performance (surplus/deficit), financial position and cash flows. These are assessed against and reported through the Hauora Tairāwhiti performance management process to the Board, Board Committees, and the Ministry of Health on a monthly basis. Further information about the Hauora Tairāwhiti planned financial position for 2018/19 and out years is contained in the Financial Performance Summary section of this document on page 19, and in Appendix A: Statement of Performance Expectations.

Investment and Asset Management

All DHBs are required to complete a 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. The Hauora Tairāwhiti DHB LTIP was completed in November 2016 and the DHB contributes to the National Asset Management Plan which assesses the DHBs assets by importance and service criticality. The DHBs Asset Management Plan is scheduled for update by June 2019.

Shared Service Arrangements and Ownership Interests

Hauora Tairāwhiti has a part ownership interest in HealthShare Limited the Midland Shared Services Agency and New Zealand Health Partnerships Limited the National Shared Services Agency. The DHB does not intend to acquire shares or interests in other companies, trusts or partnerships at this time.

Risk Management

Hauora Tairāwhiti has a formal risk management and reporting system, which entails Executive and Board reporting. 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). Hauora Tairāwhiti is working on a regional DATIX Risk Module that will allow comparisons between DHBs. We have a three year roadmap to fully implement a 'whole of organisation approach'.

QUALITY ASSURANCE AND IMPROVEMENT

The Hauora Tairāwhiti 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. We also have a fourth aim (quadruple aim) which includes attention to the health care workforce. Built into the approach are critical connections that enable continuous quality improvement cycles. Continuous Quality Improvement is delivered at a Service Level along with Clinical Audit. Contracted services are aligned with national quality standards and auditing of contracted providers includes quality audits.

BUILDING CAPABILITY

Workforce

Below is a short summary of the Hauora Tairāwhiti organisational culture, leadership and workforce development initiatives. Further detail about the Midland regional approach to workforce is contained in the 2019/22 Midland Regional Service Plan.

Workforce development and organisational health are central to Hauora Tairāwhiti to ensure the provision of high quality and effective services that meet the health needs of our community. We are committed to promoting a positive culture for our organisation and ensuring our workforce reflects the cultural mix of our service users. Through supporting flexibility and innovation; providing leadership and skill development opportunities and being a ‘good employer’ we continue to attract and retain a skilled workforce. The 2018 Health Round Table Staff Survey results for Hauora Tairāwhiti will provide the opportunity to benchmark against the Midland DHB results.

Our key mechanisms are the continued consolidation of the clinical governance structure, the continuation of Quality and Safety Walk-rounds and the well embedded learning and development systems for staff. Leadership development for clinical and non-clinical staff is provided through the well-established and successful Midland Leadership Programmes, the implementation and extension of leadership initiatives that fit with the Leadership Domains Framework as well as the national State Services Commission leadership and talent management processes.

We continue to build capacity with the strategic promotion of health careers through local / regional / national, opportunities for example the Kia Ora Hauora programme and the national job portal (Kiwi Health Jobs), and other appropriate opportunities thereby increasing the numbers of key workforces as required, i.e. medical; mental health; rehabilitation; cancer and emergency department. We have a developed programme of “growing our own”, in 2019/20 we will continue to the “grow our own” programme to develop the talent we have in the Tairāwhiti community, reduce inequity, and reduce reliance on out of Tairāwhiti trained clinicians.

Hauora Tairāwhiti also enables and enhances our workforce through leveraging off technology and other system opportunities wherever these present.

Co-operative developments

Hauora Tairāwhiti works and collaborates with a number of external organisation and entities, in fact, our kaupapa, “Whāia te hauora i roto I te kotahitanga” (“A healthier Tairāwhiti by working together”) sends a

strong signal with regard to our cross agency partnership. These relationships include but are not restricted too:

- **Iwi** – Te Rūnanganui o Ngāti Porou and Te Rūnanga o Tūranganui a Kiwa
- **State Sector** – Department of Corrections, Ministry of Justice, Ministry of Social Development, Ministry of Education, New Zealand Police, Ministry of Health
- **Crown Agents** – Accident Compensation Corporation, Health Promotion Agency, Health Quality and Safety Commission, Health Research Council of New Zealand, Health Workforce New Zealand, Housing New Zealand Corporation, Pharmaceutical Management Agency, Other District Health Boards
- **Council** – Gisborne District Council
- **Tertiary education institutions** – University of Otago, Eastern Institute of Technology
- **DHB Shared Services** – HealthShare Limited, Central Technical Advisory Service, health Alliance
- **Schools, Early Education Centres , Kura Kaupapa Māori and Kōhanga Reo**
- **Cross sectorial development agency** – Manaaki Tairāwhiti

WORKFORCE

Healthy Ageing Workforce

The 19-20 Hauora Tairāwhiti Annual Plan builds on foundations set out in the 19-22 Midland Regional Services Plan (RSP). The primary piece of work in the 19-22 Midland RSP related to identifying workforces working with older people and their whānau, and developing a sustainable mechanism for collecting a minimum workforce data set outside of the DHBs provider functions.

Central Technical Advisory Services (CTAS) shared service agency takes the national lead for this work. The group is identifying the data set, reporting timeframes, collection process, data repository, and analytics and reporting.

Midlands DHBs will utilise the outcome from the national work to develop any sector wide workforce plans for the older persons' workforce. Hauora Tairāwhiti will determine how best to map its workforce to develop an understanding of the specialist and non-specialist workforce it provides, and will map the workforce it provides to older people by 30 June 2019.

Hauora Tairāwhiti is supportive to the wider sector providers, including age care, in including these partners in learning and training opportunities which are available within the organisation. We encourage inter provider professional development.

Health Literacy

Improving health literacy for our whānau remains a challenge and an opportunity for our clinicians, and will contribute towards improving health literacy for people across Tairāwhiti. Some of the initiatives that are planned or ongoing in this area are:

- Training of staff on the need to deliver key health messages in a manner that is understood by all.
- Reviewing existing and future patient education resources to remove jargon.
- Co-designing services with whānau input (consumer and community involvement) at every level.
- Enable opportunities for people to seek support when they are unfamiliar with health information.

Community Based Attachments

Hauora Tairāwhiti is fully committed to the intent and application of the Medical Council's requirement for all interns to complete a three month attachment in a community setting at some point during their first two post graduate years. Currently there is an attachment of one run across the year within General Practices in Gisborne. From November 2019 there will be a third and final run in another community based disciple that will then complete the requirements to make the runs available for all Resident Medical Officers.

Care Capacity Demand Management

Hauora Tairāwhiti remains committed to rolling out all programme elements for Care Capacity Demand Management (CCDM) to achieve business as usual status by June 2021. Scheduled reports will be provided to the Safe Staffing Healthy Workplace Unit and Ministry of Health.

TrendCare will enable Hauora Tairāwhiti to implement Hospital at a Glance (HaaG) to indicate the staffing resource available and utilised in each ward for patient care, and work on this continues. This will also enable staff to quickly assess at any time of the day what the hospital capacity is, what mix of patients there is across all specialties and wards, plus it traces patients' progress through their stay.
Hauora Tairāwhiti continues to work collaboratively with local unions on the programme's implementation.

INFORMATION TECHNOLOGY

To support this Annual Plan, and as part of a longer strategic view, IT services at Tairāwhiti are engaged in progressing the following, please note milestones italicised and bracketed):

Primary Care Integration

With the vast majority of care contacts and care taking place at the local level, significant impetus needs to be given to improving (or removing) the interface between Primary and Secondary care and supporting the move to an integrated shared care model supported by linked/shared information systems and processes.

IS Initiatives

- Primary Secondary information systems integration – Indici (*expect to have integrated care plans by December 2020)*
- BPAC Referrals Response – direct electronic link back to primary care on referrals for care *(completed for all services by Dec 2020 with sequential service by service roll-out)*

Service Efficiency & Effectiveness

This provides for systems and processes, data and tool access to ensure we are achieving our aims and being able to quickly and easily recognise deviation and or opportunities both from a care and operational management perspective. It promotes the optimal use of resources and their application and effectiveness by strengthening the use of analytics to support service planning, risk identification & mitigation and service demand management.

IS Initiatives:

- Hospital at a Glance (*complete by 30 September 2019*)
- Care Capacity Demand Management (*complete by 30 December 2019)*
- Business Intelligence (*ongoing development responding to needs*)
- Video-conferencing *(full utilisation of ZooM to support business VC by 30 December 2019)*
- Virtual clinics to reduce regional travel & rural isolation *(full utilisation of ZooM to support remote clinics by 30 December 2019)*
- Telehealth/Virtual Health service established & resourced *(full utilisation of ZooM to support by 30 December 2019)*
- Secondary / Tertiary Video Conference enabled service delivery *(full utilisation of ZooM by 30 December 2019)*

Engagement

Providing for people receiving care to access/receive information and services, and the ability to participate in their care. Enabling transactional activities such as bookings to be undertaken and enabling self-care and supporting "health in the home"

IS Initiatives:

- Patient portals/Shared Care plans (*regional Clinical Portal due for Go-live April 2020)*
- On line booking systems (*regional Clinical Portal due for Go-live April 2020)*

- Electronic communications - letters, appointment reminders, alerts, instructions, guidelines, prescriptions. (*regional Clinical Portal due for Go-live April 2020)*
- Targeted health programmes/patient cohorts support. (*development and roll out of a variety of Registers – Rheumatic Fever, Vulnerable People, Cardiology, HEEEADSSS by 30 Dec 2019*)

Virtual Healthcare

Health solutions are available to support healthcare in the home and community settings, and access to specialist services is not dependent on location of either the person or the specialists

IS Initiatives:

- Home Care applications (*not yet clinically identified*)
- Virtual clinics/telemedicine (*mobile ZooM implementation and uptake – incremental throughout year*)

Mobility

Supporting an increasingly mobile and flexible workforce, with access to data, information and systems to be provided regardless of locations of either systems or users.

IS Initiatives

- Mobilised applications for point of care decision support and transactional activities *(roll-out of mobile access to Patient Management System for selected allied health services by October 2019*)
- Technology options (*deployment of appropriate technology to users*)
- Communications links and services (*upgrade to comms links and services as required to support above)*

Electronic Medical Record (EMRAM)

This aims to address the difficulties and inefficiencies inherent in manual and paper based systems, and provide instead digital and online systems. It involves adopting an ethos of "Digital by Default" and a programme of increasing digital utilisation and reducing/removing non-digital options to improve service delivery and workflows. It requires a programme of system replacement /upgrade to expand on digital opportunity. Note: In assessing NZ hospitals' use of digital technology, the Ministry of Health has adopted the international Healthcare Information and Management Systems Society's (HIMSS) seven step framework for digital capability – the Electronic Medical Record Adoption Maturity (EMRAM) model. This initiative will see progression to higher levels of that framework

IS Initiatives:

- Electronic prescribing and administration (*regional Clinical Portal due for Go-live April 2020)*
- Electronic referral and response system *(completed for all services by Dec 2020 with sequential service by service roll-out)*
- Electronic orders for Radiology (*regional Clinical Portal due for Go-live April 2020)*
- Digital documents – Outpatient clinic letters (*regional Clinical Portal due for Go-live April 2020)*

Infrastructure & Security

This requires ensuring a sound and commensurate infrastructure is efficiently maintained while protecting ourselves and the information we hold against threats to security. It means quality and value based investment decisions are made ensuring that the output aligns to the organisations strategic aims. It incorporates and seeks to limit our reliance on locally owned and operated software/hardware where this is appropriate and efficient.

IS Initiatives:

- IS Asset management
- Infrastructure/Software as a Service
- Adoption of Cloud Based Services
- Security Awareness/Security Assurance programmes

- Unified Communications
- Mobile device strategy
- Windows Migration
- Clinical Device Integration
- Video Conference expansion

Operating Parameters and Principles

The development, building, maintenance and deployment of these initiatives must occur within a number of parameters and be the subject of a number of principles. Bespoke systems and processes that do not align to these are unlikely to be either successful or supported for implementation.

In an environment characterised by shared service and multiparty participation, of particular relevance will be adherence to:

NZ Health Information System Framework (HISF) – which is designed to support health and disability sector organisations and practitioners holding personally identifiable health information to improve and manage the security of that information.

NZ Health Information Governance Guidelines (HIGG) - provide guidance to the health and disability sector on the safe sharing of health information. The Guidelines outline policies, procedures and other useful details for health providers who collect and share personal health information, enabling them to do these legally, securely, efficiently and effectively. The four major subject areas in the guidelines include:

- maintaining quality and trust
- upholding consumer rights and maintaining transparency
- appropriate disclosure and sharing
- ensuring security and protection of personal health information.

Initiative	Planned Delivery in 2019-20
Primary Care Integration	
Primary Secondary information systems workforce integration	Dependent upon the PHO acceptance and uptake of Indici. Hauora Tairāwhiti will work with Pinnacle to encourage PHO uptake, and then jointly to initiate connectivity to progress shared care plans
BPAC Referrals Response – direct electronic link back to primary care on referrals for care	Successful implementations in 2018-19 have led to a demand for the system to be further rolled out.
Service Efficiency & Effectiveness	
Hospital at a Glance	Delivered in the 2018-19 year, but the requirement to upgrade Trendcare and its use will mean further development of the system.
Care Capacity Demand Management	Reliant upon upgrade and refreshed utilisation of Trendcare.
Business Intelligence	Expansion of access to and variety of reports and data sets - EDD ongoing
Video-conferencing	Improve access to and utilisation of VC to offset travel costs and improve shared capabilities and information. Incorporates expansion of ZooM implementation completed in 2018-19.
Telehealth/Virtual Health service established & resourced	Priority is to establish specific needs and services to be supported and have clinical engagement and agreement. Largely people and process issues to be resolved first, followed by the implementation of

Initiative	Planned Delivery in 2019-20
	appropriate technology solutions.
Application and System Upgrades	Multiple system and application upgrades, either to remain within contracted support criteria or to take up and utilise new features and products sets.
Secondary / Tertiary Video Conference enabled service delivery	As above.
Engagement	
Patient portals/Shared Care plans	Midland Clinical Portal being delivered by E-Space programme under Healthshare Ltd. EDD is April 2020. Noting that Shared care plans are of bigger significance between Primary and Secondary – *see above.*
Electronic communications - letters, appointment reminders, alerts, instructions, guidelines, prescriptions.	*As for patient portal above, and noting also development of BPAC referrals response above*.
Targeted health programmes/patient cohorts support.	Multiple items here, including: National Bowel Screening Programme – timetable yet to be agreed with MoH. Hep C treatment programme – in progress.
Virtual Healthcare	
Home care applications - remote monitoring of chronic conditions	Focus in year will be on identifying with the relevant services the needs and developing plans to address.
Virtual clinics/telemedicine	*See above*
Mobility	
Mobilised applications for point of care decision support and transactional activities	Examining a variety of technology options with clinical staff to support care at the bedside
Technology options	Device reviews, smartphones, Internet of Things, tracking devices etc
Communications links and services	Review of VPN services to diversify the media to be used to access applications.
Electronic Medical Record (EMRAM)	
Electronic prescribing and administration	Incorporated within the E-Space programme – but no reliable information on timeline at this stage.
Electronic referral and response system	Further development and implementation of BPAC and the local electronic response system
Electronic orders for Radiology	Now incorporated as part of the E-Space program.
Other electronic documents	Notwithstanding the inclusion of this within the E-Space program, failure to deliver has prompted Hauora Tairāwhiti to re-visit is developments previous put on hold. In particular HT will progress the development of electronic Outpatient letters.

SECTION 5: NGA WHAAINGA MAHI | PERFORMANCE MEASURES

UNAUNAHI - Fish Scales
Nga Ika a Rongo/The Patients of Rongo/ Health Service Users
The fish scale design is a decoration that can symbolise Maui fishing up his fish – Te Ika a Maui. But it can also represent the victims of battle – Te Ika a Tu (The Victims of Tu) or, as in this case, Nga Ika a Rongo.

2019/20 PERFORMANCE MEASURES

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

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

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

Code	Dimension
SS	Strong and equitable public health and disability system
MH	Mental health and addiction care
CW	Child wellbeing
PH	Primary health care
PE	Public health and the environment.

Inclusion of 'SLM' in the measure title indicates a measure that is part of the 'System Level Measures' identified for 2019/20.

There are six System Level Measures:

- **Ambulatory Sensitive Hospitalisation (ASH) rates for 0–4 year olds** – reporting through SLM improvement plans
- The other System level measures were incorporated in Performance measure "PH01 - Delivery of actions to improve system integration and SLMs":
    - Acute hospital bed days per capita
    - Patient experience of
        - adult inpatient patient experience surveys
        - adult primary care patient experience surveys – See PH01
    - Amenable mortality rates
    - Babies living in smoke-free homes
    - Youth access to and utilisation of youth appropriate health services

Performance measure		Expectation		
CW01	Children caries free at 5 years of age	Year 1	49%	
		Year 2	49%	
CW02	Oral health: Mean DMFT score at school year 8	Year 1	0.75	
		Year 2	0.75	
CW03	Improving the number of children enrolled and accessing the Community Oral health service	Children (0-4) enrolled	Year 1	≥95%
			Year 2	≥95%
		Children (0-12) not examined according to planned recall	Year 1	≤10%
			Year 2	≤10%

Performance measure		Expectation	
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 fully immunised.	
		95% of five year olds fully immunised.	
		75% of boys and girls fully immunised – HPV vaccine.	
		75% of 65+ year olds immunised – flu vaccine.	
CW06	Child Health (Breastfeeding)	70% of infants are exclusively or fully breastfed at three months.	
CW07	Newborn enrolment with General Practice	55% of newborns enrolled in General Practice by 6 weeks of age.	
		85% of newborns enrolled in General Practice by 3 months of age.	
CW08	Increased immunisation: Immunisation coverage at 2 years	95% of two year olds will have received all scheduled immunisation from birth till age 2 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 to quit smoking.	
CW10	Raising healthy kids	95% of obese children identified in the Before School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions.	
CW11	Supporting child wellbeing	Provide report as per measure definition	
CW12	Youth mental health initiatives	Initiative 1: Report on implementation of school based health services (SBHS) in decile one to three secondary schools, teen parent units and alternative education facilities and actions undertaken to implement *Youth Health Care in Secondary Schools: A framework for continuous quality improvement* in each school (or group of schools) with SBHS.	
		Initiative 3: Youth Primary Mental Health.	
		Initiative 5: Improve the responsiveness of primary care to youth. Report on actions to ensure high performance of the youth service level alliance team (SLAT) (or equivalent) and actions of the SLAT to improve health of the DHB's youth population.	
CW13	Reducing rheumatic fever	Reducing the Incidence of First Episode Rheumatic Fever to 2.8 per 100,000	
MH01	Improving the health status of people with severe mental illness through improved access	Age (0-19) Māori, other & total	6%
		Age (20-64) Māori, other & total	8%
		Age (65+) Māori, other & total	4%
MH02	Improving mental health services using wellness and transition (discharge) planning	95% of clients discharged will have a transition or wellness plan.	
		95% of audited files are of acceptable standard	
MH03	Shorter waits for non-urgent mental health and addiction services (0-19 year)	Mental health provider arm	80% of people seen within 3 weeks.
			95% of people seen

Performance measure		Expectation		
				within 8 weeks.
		Addictions (Provider Arm and NGO)		80% of people seen within 3 weeks.
				95% of people seen within 8 weeks.
MH04	Rising to the Challenge: The Mental Health and Addiction Service Development Plan	Provide reports as specified		
MH05	Reduce the rate of Māori under the Mental Health Act: section 29 community treatment orders	Reduce the rate of Māori under the Mental Health Act (s29) by at least 10% by the end of the reporting year.		
MH06	Output delivery against plan	Volume delivery for specialist Mental Health and Addiction services is within 5% variance (+/-) of planned volumes for services measured by FTE; 5% variance (+/-) of a clinically safe occupancy rate of 85% for inpatient services measured by available bed day; actual expenditure on the delivery of programmes or places is within 5% (+/-) of the year-to-date plan.		
PV01	Improving breast screening coverage and rescreening	70% coverage for all ethnic groups and overall.		
PV02	Improving cervical Screening coverage	80% coverage for all ethnic groups and overall.		
SS01	Faster cancer treatment – 31 day indicator	85% of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat.		
SS02	Ensuring delivery of Regional Service Plans	Provide reports as specified		
SS03	Ensuring delivery of Service Coverage	Provide reports as specified		
SS04	Delivery of actions to improve Wrap Around Services for Older People	Provide reports as specified		
SS05	Ambulatory sensitive hospitalisations (ASH adult) (rate per 100,000 population)	Māori	6,174 per 100,000	
		Non Māori	2,451 per 100,000	
		Total	3,967 per 100,000	
SS07	Planned Care Measures	Planned Care Measure 1:		3,357 Planned Care interventions
		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

Performance measure		Expectation		
				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).

Performance measure		Expectation		
		Planned Care Measure 4: Ophthalmology Follow-up Waiting Times	No patient will wait more than or equal to 50% longer than the intended time for their appointment. The 'intended time for their appointment' is the recommendation made by the responsible clinician of the timeframe in which the patient should next be reviewed by the ophthalmology service.	
		Planned Care Measure 6: Acute Readmissions	Total	≤11.56%
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 (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	Still to be confirmed
		Focus Area 2: Improving the quality of data submitted to National Collections	NPF collection has accurate dates and links to NNPAC, NBRS and NMDS for FSA and planned inpatient procedures. >=90% and <95%	Greater than or equal to 90% and less than 95 %
			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.		

Performance measure		Expectation	
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.*
			Ascertainment: target 95-105% and no inequity HbA1c<64mmols: target 60% and no inequity No HbA1c result: target 7-8% and no inequity
		Focus Area 3: Cardiovascular health	Provide reports as specified
		Focus Area 4: Acute heart service	**Indicator 1: Door to cath** - Door to cath within 3 days for >70% of ACS patients undergoing coronary angiogram**.**
			Indicator 2a: Registry completion- >95% of patients presenting with Acute Coronary Syndrome who undergo coronary angiography have completion of ANZACS QI ACS and Cath/PCI registry data collection within 30 days of discharge and **Indicator 2b:** ≥ 99% within 3 months.
			Indicator 3: ACS LVEF assessment- ≥85% of ACS patients who undergo coronary angiogram have pre-discharge assessment of LVEF (ie have had an echocardiogram or LVgram).

Performance measure		Expectation	
			Indicator 4: Composite Post ACS Secondary Prevention Medication Indicator - in the absence of a documented contraindication/intolerance >85% of ACS patients who undergo coronary angiogram should be prescribed, at discharge - - Aspirin*, a 2nd anti-platelet agent*, statin and an ACEI/ARB (4 classes), and - LVEF<40% should also be on a beta-blocker (5-classes). ** An anticoagulant can be substituted for one (but not both) of the two anti-platelet agents*.
			Indicator 5: Device registry completion- ≥ 99% of patients who have pacemaker or implantable cardiac defibrillator implantation/replacement have completion of ANZACS QI Device forms within 2 months of the procedure.
		Focus Area 5: Stroke services	**Indicator 1** ASU: 80% of stroke patients admitted to a stroke unit or organised stroke service, with a demonstrated stroke pathway
			Indicator 2 Thrombolysis: 10% of potentially eligible stroke patients thrombolysed 24/7
			Indicator 3: In-patient rehabilitation: 80% patients admitted with acute stroke who are transferred to in-patient rehabilitation services are transferred within 7 days of acute admission
			Indicator 4: Community rehabilitation: 60 % of patients referred for community rehabilitation are seen face to face by a member of the community rehabilitation team within 7 calendar days of hospital discharge.
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	

Performance measure		Expectation
		of the planned date, 100% within 120 days or less.
		95% of participants who returned a positive FIT have a first offered diagnostic date that is within 45 calendar days of their FIT result being recorded in the NBSP IT system.
SS16	Delivery of collective improvement plan	Deliverable TBC
SS17	Delivery of Whānau ora	Provide reports as specified
PH01	Delivery of actions to improve system integration and SLMs	Provide reports as specified
PH02	Improving the quality of ethnicity data collection in PHO and NHI registers	Provide reports as specified
PH03	Access to Care (PHO Enrolments)	Meet and/or maintain the national average enrolment rate of 90%.
PH04	Primary health care :Better help for smokers to quit (primary care)	90% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months
Annual plan actions – status update reports		Provide reports as specified

APPENDIX A: 2019/20 TAUĀKĪ O TE TŪMANAKO MŌ NGĀ MAHI | STATEMENT OF PERFORMANCE EXPECTATIONS

PUHORO - Movement The Ebb & Flow of the Journey's Path The influence.
The Puhoro design is a very waka/water orientated design, often seen painted on the underside of the prow of a waka and represents speed and movement. In its natural form it is the swirl of water when the paddles push water to propel a waka or it is the wake that trails behind the waka as it moves through the water. It is the symptom of influence. It is the ebb and flow of a waka journey.

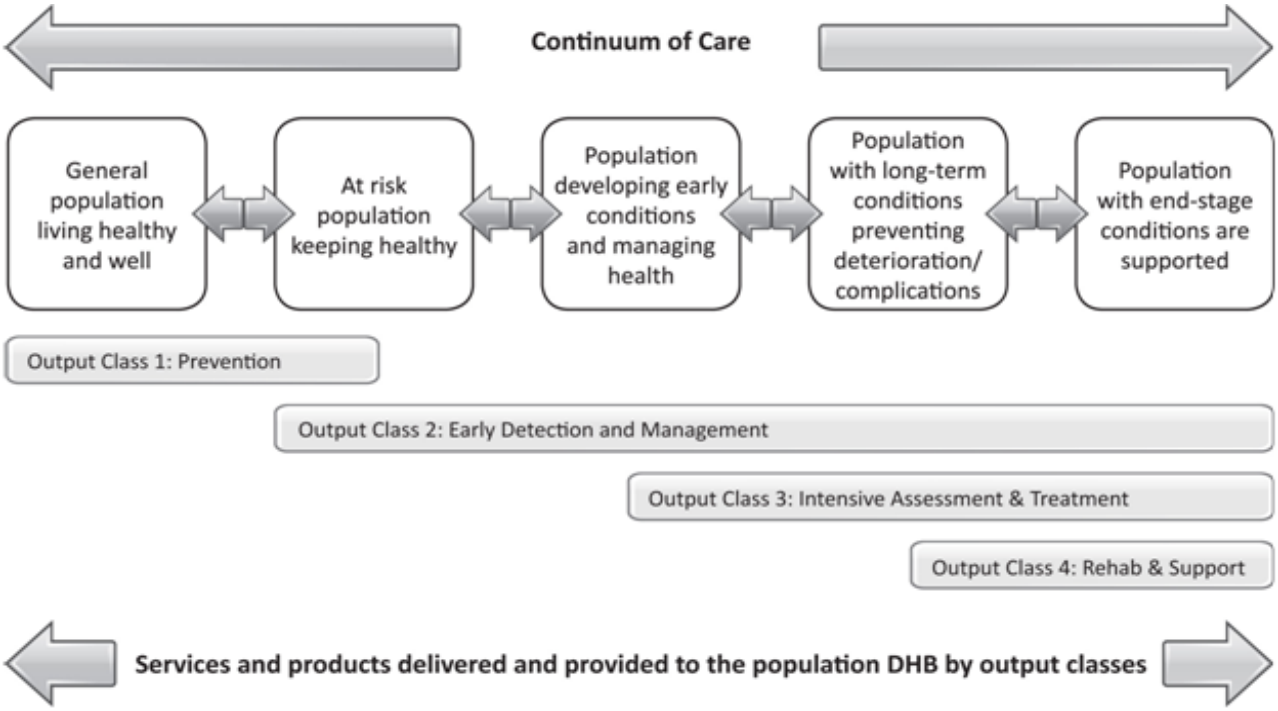
We have worked with other DHBs in the Midland region, our primary care partners as well as other key stakeholders to develop the Statement of Performance Expectations (SPE) in which we provide measures and forecast standards of our output delivery performance. The actual results against these measures and standards will be presented in our Annual Report 2019/20. The performance measures chosen are not an exhaustive list of all of our activity, but they do reflect a good representation of the full range of outputs that we fund and / or provide. They also have been chosen to show the outputs which contribute to the achievement of national, regional and local outcomes. Where possible, we have included with each measure past performance as baseline data.

Guide to reading the statement of service performance

Activity not mentioned in this section will continue to be planned, funded and/or provided to a high standard. We report quarterly to the Ministry of Health and / or our Board on our performance related to this activity.

Output Classes

DHBs must provide measures and standards of output delivery performance under aggregated output classes. Outputs are goods and services that are supplied to someone outside our DHB. Output classes are an aggregation of outputs, or groups of similar outputs of a similar nature. The output classes used in our statement of forecast service performance are also reflected in our financial measures. The four output classes that have been agreed nationally are described below. They represent a continuum of care, as follows:



OUTPUT CLASS	*DEFINITION*
Prevention	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.
Early Detection and Management	Early detection and management services are delivered by a range of health and allied health professionals in various private, not-for-profit and government service settings. Include general practice, community and Māori health services, Pharmacist services, Community Pharmaceuticals (the Schedule) and child and adolescent oral health and dental services. These services are by their nature more generalist, usually accessible from multiple health providers and from a number of different locations within the DHB. On a continuum of care these services are preventative and treatment services focused on individuals and smaller groups of individuals.
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 specialised 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.
Rehabilitation and Support	Rehabilitation and support services are delivered following a 'needs assessment' process and coordination input by NASC Services for a range of services including palliative care services, home-based support services and residential care services. On a continuum of care these services provide support for individuals.

The following points provided should be kept in mind when reading the rest of this module:

- Further detail of the performance story logic and rationale is contained in section 1.2.
- Baseline and national/regional figures for the output performance measures are for the 2017/18 financial year unless otherwise stated.
- In the performance measures table, and where available, the average column presents the national or regional average for the output performance measure.

Most measures have been adopted regionally.
Some measures fall across more than one impact. Where this is the case they have only been included once.

Measurement type key: QN = Quantity, T = Timeliness, QL = Quality.

There are some services we provide that support the rest of the health system so we have included these in a "Support Services" section of our performance story.

Detailed information about the rationale for each output measure is provided in appendix 8.3

NOTE: N/A denotes rates Not Available

Prospective financial performance by output class for the four years ending 30 June 2020 to 30 June 2023

Prospective Summary of Revenues and Expenses by Output Class	2018/19 Forecast $'000	2019/20 Plan $'000	2020/21 Plan $'000	2021/22 Plan $'000	2022/23 Plan $'000
Prevention					
Total Revenue	$5,139	$5,268	$5,426	$5,589	$5,756
Total Expenditure	$5,139	$5,268	$5,426	$5,589	$5,756
Net Surplus / (Deficit)	$0	$0	$0	$0	$0
Early Detection					
Total Revenue	$51,672	$55,198	$56,854	$58,559	$60,316
Total Expenditure	$51,672	$55,198	$56,854	$58,559	$60,316
Net Surplus / (Deficit)	$0	$0	$0	$0	$0
Intensive Assessment & Treatment					
Total Revenue	$117,651	$120,567	$124,142	$127,866	$131,701
Total Expenditure	$129,804	$132,566	$135,968	$139,547	$143,233
Net Surplus / (Deficit)	-$12,153	-$11,999	-$11,826	-$11,681	-$11,532
Rehabilitation & Support					
Total Revenue	$23,600	$23,754	$24,467	$25,201	$25,957
Total Expenditure	$23,600	$23,754	$24,467	$25,201	$25,957
Net Surplus / (Deficit)	$0	$0	$0	$0	$0
Consolidated Surplus / (Deficit)	-$12,153	-$11,999	-$11,826	-$11,681	-$11,532

People are supported to take greater responsibility for their health

Long Term Impact	People are supported to take greater responsibility for their health		
Intermediate Impacts	Fewer people smoke	Reduction in vaccine preventable diseases	Improving health behaviours

Fewer People Smoke

Outputs	Output Class	Measure Type	Tairāwhiti 2017/18	Target 2019/20	3 Year Planned Rate	National
Percentage of PHO enrolled smokers offered advice to quit by a health practitioner in the last 15 months (SLM, PH04[2])	1	QN/T				
Māori			85%	≥90%	≥90%	87%
Non Māori			90%	≥90%	≥90%	90%
Total			88%	≥90%	≥90%	89%
Percentage of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Care are offered Advice to quit smoking (PH04, CW09)	1	QN/T				
Māori			92%	≥90%	≥90%	91%
Non Māori			100%	≥90%	≥90%	90%
Total			93%	≥90%	≥90%	91%

Reduction in Vaccine Preventable Diseases

Outputs	Output Class	Measure Type	Tairāwhiti 2017/18	Target 2019/20	3 Year Planned Rate	National
Percentage of eight month olds fully immunised (CW08, SLM, CW05)[3]	1	QN/T				
Māori			83%	≥95%	≥95%	86%
Non Māori[4]			89%	≥95%	≥95%	93%
Total			85%	≥95%	≥95%	91%
Percentage of two year olds fully immunised (CW05, previously PP21)	1	QN/T				
Māori			88%	≥95%	≥95%	88%
Non Māori[5]			87%	≥95%	≥95%	92%
Total			88%	≥95%	≥95%	91%
Percentage of five year olds fully immunised (CW05, previously PP21)	1	QN/T				
Māori			89%	≥95%	≥95%	85%
Non Māori[6]			91%	≥95%	≥95%	88%
Total			90%	≥95%	≥95%	89%

[2] Health Target says '90% of enrolled patients who smoke and are seen by a health practitioner in primary care will be offered advice and help to quit. Indicator reported on is 'Offered brief advice', not 'Offered support to quit'

[3] Figure reported on is the 12 months figure.

[4] Non-Maori is sum of New Zealand European, Pacific, Asian and Other ethnicity group.

[5] Non-Maori is sum of New Zealand European, Pacific, Asian and Other ethnicity group.

[6] Non-Maori is sum of New Zealand European, Pacific, Asian and Other ethnicity group.

Outputs	Output Class	Measure Type	Tairāwhiti 2017/18	Target 2019/20	3 Year Planned Rate	National
Percentage of eligible girls and boys[7] fully immunised with HPV vaccine		QN/T				
Māori			86%	≥75%	≥75%	66%
Non Māori[8]			80%	≥75%	≥75%	67%
Total			81%	≥75%	≥75%	67%
Percentage of the population >65 years who have received the seasonal influenza immunisation (PP21, CW05)	1	QN/T				
Māori			52%	≥75%	≥75%	45%
Non Māori[9]			55%	≥75%	≥75%	57%
Total			54%	≥75%	≥75%	56%

Improving Health Behaviours

Outputs	Output Class	Measure Type	Tairāwhiti 2017/18	Target 2019/20	3 Year Planned Rate	National
Percentage of infants who are exclusively/fully breastfed at 3 months (PP37, CW06[10])	1	QN/T				
Māori			44%	≥70%	≥70%	47%
Non Māori			68%	≥70%	≥70%	62%
Total			53%	≥70%	≥70%	59%
Raising healthy kids Percentage of obese children identified in the B4 School Check Programme who are offered a referral to a health professional for clinical assessment and family-based nutrition, activity and lifestyle interventions (HT, CW10)						
Māori			89%	≥95%	≥95%	98%
Non Māori			100%	≥95%	≥95%	98%
Total			92%	≥95%	≥95%	98%
The number of people participating in the GRx (Green Prescription) programmes	1	QN/T	1,169[11]	≥1024	≥1024	NA
Reduce the prevalence of gonorrhoea (local indicator)	1	QN/T	82 per 100,000[12]	≤60 per 100,000	≤60 per 100,000	104 per 100,000

[7] Before 2019/20, the indicator did not include coverage for boys
[8] Non-Maori is sum of New Zealand European, Pacific, Asian and Other ethnicity group
[9] Non-Maori is sum of New Zealand European, Pacific, Asian and Other ethnicity group
[10] Percentages are calculated by summing the numbers of the two six month reports.
[11] Number of green prescription referrals received by Sport Tairāwhiti in 2017/18. Source: Annual Report Sports Tairāwhiti.
[12] 40 cases in 2017/18 for population of 49,000. Source: Public Health Surveillance reports

People Stay Well in Their Homes and Communities

Long Term Impact	People stay well in their homes and communities			
Intermediate Impacts	An improvement in childhood oral health	Long-term conditions are detected early and managed well	Fewer people are admitted to hospital for avoidable conditions	More people maintain their functional independence

An improvement in childhood oral health

Outputs	Output Class	Measure Type	Tairāwhiti 2017/18	Target 2019/20	3 Year Planned Rate	National
Percentage of preschool children (0-4) enrolled in DHB funded dental services(PP13a, CW03)	2	QN				
Māori			104%	≥95%	≥95%	N/A
Non-Māori			Not reported	≥95%	≥95%	N/A
Total			107%	≥95%	≥95%	N/A
Percentage of enrolled pre-school and primary school children (0-12) overdue for their scheduled dental examination (PP13b, CW03)	2	QN/T				
Māori			Not reported	≤10%	≤10%	N/A
Non-Māori			Not reported	≤10%	≤10%	N/A
Total			13%	≤10%	≤10%	15%
Percentage of adolescent utilisation of DHB funded dental services (PP12, CW04)	2	QN	55%	≥85%	≥85%	68%

Long-Term Conditions are Detected Early and Managed Well

Outputs	Output Class	Measure Type	Tairāwhiti 2017/18	Target 2019/20	3 Year Planned Rate	National
Percentage of assessed high risk patients who have had an annual review (SS13 FA3)[13]	2	QN				
Māori			Not reported	≥90%	≥90%	Not
Non Māori				≥90%	≥90%	reported
Total				≥90%	≥90%	
Improve the proportion of patients with good glycaemic control (HbA1c ≤64 mmol) (PP20, SS13 FA2) [14]	2	QL				
Māori			Not reported	≥90%	≥90%	Not
Non Māori			Not reported	≥90%	≥90%	reported
Total			40%	≥90%	≥90%	
Percentage of eligible women (25-69) who have had a cervical cancer screen every 3 years (SLM, SL10, PV01)	1	QN/T				
Māori			71%	≥80%	≥80%	67%
Non Māori			79%	≥80%	≥80%	75%
Total			75%	≥80%	≥80%	74%

[23] New indicator
[24] New indicator

Percentage of eligible women (50-69) who have had a breast screening mammogram in the last 2 years (PV01, SL11)[15]	1	QN/T				
Māori			67%	≥70%	≥70%	65%
Non Māori			72%	≥70%	≥70%	72%
Total			70%	≥70%	≥70%	72%

Fewer People are admitted to Hospital for Avoidable Conditions

Outputs	Output Class	Measure Type	Tairāwhiti 2017/18	Target 2019/20	3 Year Planned Rate	National
Percentage of all Emergency Department presentations who are triaged at level 4 & 5	2&3	QN	67%	≤50%	≤20%	67%
Percentage of eligible population who have had their B4 school checks completed[16]	1	QN/T				
High Needs			95%	≥90%	≥90%	92%
All			93%	≥90%	≥90%	93%
Hospitalisation rates per 100,000 for acute rheumatic fever (CW13, PP28) Total	2&3	QN/T	8.3	≤2.8	≤2.8[17]	3.4[18]
Increased Percentage of Year 9 students receiving HEEADSSS assessment in decile 1-3 schools (CW12, PP25)	1	QN/T	44%	≥95%	≥95%	N/A
Improved wait times for diagnostic services - accepted referrals for CT and MRI receive their scan within 6 weeks (PP29)[19]	2	QL/T				
CT			92%	≥95%	≥95%	82%
MRI			85%	≥90%	≥90%	56%
Improved waiting times for diagnostic services – accepted referrals for non-urgent diagnostic colonoscopy within 42 days[20]	2	QL/T	83%	≥70%	≥70%	60%
Non urgent community laboratory tests are completed and communicated to practitioners within the relevant category timeframes (48h)	2	QL/T	100%	100%	≥95%	NA
Number of community pharmacy prescriptions issued	2	QN	475,732	≥450,000	450,000	NA

15 BSA New Zealand Coverage Report https://www.nsu.govt.nz/system/files/page/bsa_new_zealand_Tairāwhiti_district_health_board_coverage_report_-_period_ending_30_june_2018.doc

[16] Ministry of Health B4 School Check data only contains percentages which do not allow for regional rates to be calculated.

[17] Although the national target is 1.4, the local target is still higher as our region historically has a high incidence of rheumatic fever.

18 Rate for December 2017. https://www.health.govt.nz/our-work/diseases-and-conditions/rheumatic-fever/reducing-rheumatic-fever

[19] Year figure calculated as sum of number of people who had CT/MRI scan within 42 days divided by sum of monthly number of people waiting.

[20] As the national bowel screening programme is introduced locally, we want to follow up on its possible impact on waiting times for diagnostic colonoscopies. Year figure calculated as sum of number of people who had non-urgent colonoscopy within 42 days divided by sum of monthly number of people waiting.

People Receive Timely and Appropriate Specialist Care

Long Term Impact	People receive timely and appropriate care		
Intermediate Impacts	People receive prompt and appropriate acute and arranged care	People have appropriate access to elective services	Improved health status for people with a severe mental health illness and/or addiction

People Receive Prompt and Appropriate Acute and Arranged Care

Outputs	Output Class	Measure Type	Tairāwhiti 2017/18	Target 2019/20	3 Year Planned Rate	National
Acute Readmission rate (OS8)[21]	3	QN/T/QL	11%	≤6%	≤6.1%	12%
Faster Cancer Treatment – Proportion of patients with a confirmed diagnosis of cancer who receive their first cancer treatment (or other management) within 31 days of diagnosis[22] **(SS01, PP30)**[23]	3	QN/T	88%	≥90%	≥90%	89%
Faster Cancer Treatment – Proportion of patients with a high suspicion of cancer receive their first cancer treatment within 62 days or less (SS11)	3	QN/T	92%	≥92%	≥94%	92%
Percentage of missed outpatient appointments[24]						
Māori	3	QN/T	18%	≤10%	≤10%	NA
Non Māori			6%	≤10%	≤10%	
Total			11%	≤10%	≤10%	

People Have Appropriate Access to Elective Services

Outputs	Output Class	Measure Type	Tairāwhiti 2017/18	Target 2019/20	3 Year Planned Rate	National
Percentage of patients waiting longer than four months for their first specialist assessment (Elective Service Performance Indicator 2)	3	QN/T	19.9%[25]	0%	0%	NA
Number of surgical discharges under the elective initiative	3	QN	2,546[26]	≥2,359	≥2,359	NA
Inpatient average length of stay (elective) (Ownership Dimension 3)	3	QN/T	1.57 days	≤1.45 days	≤1.59 days	1.61 days

[21] Standardised readmission Rate for readmission within 28 days.
[22] Performance measure PP30 uses the criterium 'decision to treat' instead of diagnosis.
23 National target is 85%
24 Hospital reporting – Outpatients 201718
25 Number of patients waiting in June 2018.
26 Tairāwhiti DHB 201718 Electives Initiative Report – Health Target Result

Improved Health Status for those with Severe Mental Illness and/or addictions

Outputs	Output Class	Measure Type	Tairāwhiti 2017/18	Target 2019/2020	3 Year Planned Rate	National
Percentage of people referred for non-urgent mental health services seen within 3 weeks (MH03) 0-19 yr. olds	3	QN/T	71%	≥80%	≥80%	
Percentage of people referred for non-urgent addiction services seen within 3 weeks (MH03) 0-19 yr. olds	3	QN /T	56%	≥80%	≥80%	
The percentage of clients with transition plan (MH02)						
Māori	3	QN/T/QL	N/A	≥95%	≥95%	N/A
Non Māori			N/A	≥95%	≥95%	N/A
Total			76%	≥95%	≥95%	N/A
Average length of acute inpatient stays (KPI 8)	3	QN/T/QL	20 days	14-21 days	≥14 Days	
Rates of post-discharge community care (KPI 18)	3	QN/T/QL	42%	≥90%	≥90%	N/A

People maintain functional independence

Long Term Impact	People maintain functional independence	
Intermediate Impacts	People stay Well in their homes and communities	People with end stage conditions are supported

People stay well in their homes and communities

Outputs	Output Class	Measure Type	Tairāwhiti 2017/18	Target 2019/20	3 Year Planned Rate	National
Percentage of older people receiving long-term home and community support who have had a comprehensive clinical assessment and an individual care plan in the last 36 months[27] (SS04, PP23)	4	QN/T	86%	100%	100%	N/A
Percentage of older people receiving long-term home and community support who have had a comprehensive clinical assessment and an individual care plan in the last 12 months[28]	4	QN/T	54%	60%	60%	N/A

[27] For all clients who received home support in 2017/18, the percentage of clients who had had an assessment between 01/07/2015 and 01/07/2018: 554/647 clients.

[28] Every client receiving home support has a clinical assessment. As required by the Ministry, reassessment of clients receiving ling-term home support is only done every three years unless major changes to their condition. Care Plans are part of the clinical assessment. As people are only reassessed within a three year period if their condition has changed significantly, the number of home support clients receiving an assessment compared to the total number of clients can be a quality indicator for the provided care. National performance indicator PP23 does not include a time frame and the target there is 95%.

People with end stage Conditions are supported

Outputs	Output Class	Measure Type	Tairāwhiti 2017/18	Target 2019/20	3 Year Planned Rate	National
Number of hospital admissions under Health Speciality Code M80 (Palliative Care)	4	QL	5	Increase	Increase	-
Number of falls in Aged Residential Care Facility resulting in admission	4	New measure no baseline				
Number of pressure injuries	4	New measure no baseline				

2019/20 FINANCIAL PERFORMANCE PLAN

STATEMENT OF SIGNIFICANT UNDERLYING ASSUMPTIONS

The DHB continues its commitment to manage expenditure and live within our means. The DHB is committed to achieving the agreed deficit result for the plan year, i.e. from 1 July 2019 to 30 June 2020.
The budgeted financials are very much based on a "business as usual" scenario adjusted for the possible financial effects of anticipated savings and efficiency activities. In relation to this, the key points that underpin the financial budgets are:

- Revenue – The base funding package provides a 3.14% increase after allowing for top slices, etc. The total revenue increment available for 2019-20 is calculated to be approximately 5.34%
- Expenditure – It is expected that continuing to work with NGO Providers will enable population health community expenditure on primary care to be well-managed and therefore the associated total cost constrained, allowing for future-based investment
- Inter-District Flows – It is expected that the work of the population health team, complemented by a historically healthy staffing situation in the DHB Provider will enable IDF outflows to be managed to a below-budget level
- National initiatives – DHBs have invested heavily in national programmes at the behest of government, and continue to do so. The minimum expected returns from these investments have been built into the budgeted savings programmes and it is essential for the achievement of the budgeted financial results that the agencies involved – healthAlliance, PHARMAC and NZ Health Partnerships Ltd - deliver on them;
- Personnel costs – have been budgeted to increase at almost double the rate of CPI for the last year through government support to raise salaries for some health professions. The clinical labour force is a significant factor in the overall cost of providing health services, as they are generally quite labour-intensive. Negotiation and settlement of national MECAs is an area of risk for small, provincial DHBs that tend to have lower funding increments, while the risk for NGO Providers is in their ability to maintain appropriate permanent staffing levels.

FINANCIAL PERFORMANCE SUMMARY

PROSPECTIVE STATEMENT OF FINANCIAL PERFORMANCE (comprehensive income) for the four years ended 30 June 2020, 2021, 2022 and 2023

Statement of Comprehensive Income

$000	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
	Audited	**Forecast**	**Plan**	**Plan**	**Plan**	**Plan**
REVENUE						
Ministry of Health Revenue	181,285	188,949	195,432	201,295	207,334	213,555
Other Government Revenue	5,212	5,658	5,973	6,153	6,337	6,527
Other Revenue	3,385	3,455	3,382	3,440	3,544	3,650
Total Revenue	189,882	198,062	204,787	210,888	217,215	223,732
EXPENDITURE						
Personnel	70,374	77,172	82,909	85,395	87,958	90,597
Outsourced	8,492	9,117	6,273	6,462	6,655	6,855
Clinical Supplies	15,760	17,058	17,647	18,176	18,722	19,284
Infrastructure and Non Clinical	8,757	9,543	9,817	10,037	10,338	10,647
Payments to Non-DHB Providers	86,535	91,202	94,019	96,339	98,729	101,192
Interest	30	185	185	191	196	202
Depreciation and Amortisation	3,183	3,227	3,497	3,602	3,710	3,822
Capital Charge	2,422	2,711	2,439	2,512	2,588	2,665
Total Expenditure	195,553	210,215	216,786	222,714	228,896	235,264
Other Comprehensive Income	0	0	0	0	0	0
Revaluation of Land and Building	2,315	0	0	0	0	0
Total Comprehensive Income/(Deficit)	-3,356	-12,153	-11,999	-11,826	-11,681	-11,532

Prospective Statement of Changes in net assets /equity

$000	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
	Audited	Forecast	Plan	Plan	Plan	Plan
Crown equity at start of period	43,288	49,050	47,515	47,134	46,752	46,370
(Surplus)/Deficit for the period	-5,671	-12,153	-11,999	-11,826	-11,681	-11,532
Contributions from Crown	9,500	11,000	12,000	11,826	11,681	11,532
Distributions to Crown	-382	-382	-382	-382	-382	-382
Revaluation & other movements	2,315					
Crown Equity at end of period	49,050	47,515	47,134	46,752	46,370	45,988

Consolidated Prospective Statement of Financial Position as at 30 June

$000	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
	Audited	Forecast	Plan	Plan	Plan	Plan
CROWN EQUITY						
Current Assets	8,696	8,698	8,698	8,698	8,698	8,698
Non-Current Assets	65,174	66,127	65,579	65,014	64,431	63,832
TOTAL ASSETS	73,870	74,825	74,277	73,712	73,129	72,530
Current Liabilities	23,119	25,607	25,440	25,259	25,058	24,841
Non-Current Liabilities	1,701	1,701	1,701	1,701	1,701	1,701
TOTAL LIABILITIES	24,820	27,308	27,141	26,960	26,759	26,542
NET ASSETS	49,050	47,517	47,136	46,752	46,370	45,988

Consolidated Statement of Prospective Cash Flows

$000	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
	Audited Actual	Forecast	Plan	Plan	Plan	Plan
CASH FLOWS FOR THE PERIOD						
Operating cash flows	-3,684	-8,993	-8,490	-8,212	-7,958	-7,697
Investing cash flows	-3,273	-4,022	-2,844	-2,929	-3,017	-3,108
Financing cash flows	8,889	10,527	11,501	11,324	11,175	11,022
NET TOTAL CASH FLOWS	1,932	-2,488	167	183	200	217
Net increase/(decrease) in cash held	1,932	-2,488	167	183	200	217
Add opening cash balance	-3,432	-1,500	-3,988	-3,821	-3,638	-3,438
CLOSING CASH BALANCE	-1,500	-3,988	-3,821	-3,638	-3,438	-3,221
made up from						
Balance Sheet Cash, Bank, and Short Term Investments	-1,500	-3,988	-3,821	-3,638	-3,438	-3,221

FINANCIAL ASSUMPTIONS

The financial statements have been prepared in accordance with Generally Accepted Accounting Practice in New Zealand (NZGAAP).

The financial estimates are based on informed judgments on the expected price and cost movements over the period of the plan, including the funding intentions of government and the Ministry. No significant changes in PBFF share has been assumed over the forecast period.

The anticipated quantum of funding over the 2019/20 year and beyond, presents considerable challenges in work to actively restrain cost growth and consideration of service changes. The financial plan for the period is highly geared towards business as usual and carries little or no flexibility to accommodate unplanned cost movements. The operating budget carries financial risks and is highly dependent upon the realisation of targeted savings.

The estimated financial effects of savings expected to arise from efficiency gains have been incorporated into the financial plan, as have savings expected to result from Government and cooperative initiatives, the tripartite Health Sector Relationship Agreement and enhanced clinical leadership. Cost savings anticipated flowing through to Hauora Tairāwhiti from national (NZ Health Partnerships Ltd and Pharmac) and regional (HealthShare) initiatives have been included at the estimated additional cost of the programmes that will generate the savings.

Service level expectations, and the increasing cost impact of legislative compliance, will place considerable pressure on forecast expenditure, within the Provider Arm. The Funder Arm will face other additional issues, such as uncertainty over Aged care trends within the community, and IDF growth.

Baseline capital expenditure is planned to exceed depreciation provisions by $2.5M, after allowing for capital repayments and finance lease principal. Given service level expectations, and e-SPACE project contributions, this is not easily sustainable.

The DHB has made a number of significant assumptions in arriving at its Prospective Financial Performance Statements which are yet to be agreed but are summarised below:

Assumption	2017/18	2018/19	2019/20	2020/21	2021/22
Crown CFA Revenue	3.0%	3.0%	3.0%	3.0%	3.0%
Sector Cost Increases	3.0%	3.0%	3.0%	3.0%	3.0%
Staff Costs (average movement)	3.0%	3.0%	3.0%	3.0%	3.0%
Staff Costs (numbers)	699	753	784	784	784
Interest Rate	4.6%	4.6%	4.6%	4.6%	4.6%
Interest Rate - Working Capital	5.5	5.5	5.5	5.5	5.5
Capital Charge Rate	6%	6%	6%	6%	6%
NZD[1]/AUD[2]	0.93	0.91	0.96	0.96	0.96
NZD/USD[3]	0.71	0.67	0.67	0.67	0.67

[1] New Zealand Dollar
[2] Australian Dollar
[3] United States of America Dollar

MITIGATION OF FINANCIAL RISK

It is recognised that it will be challenging to meet these targets. However, management will be working intensively to ensure that expenditure on core services is constrained where possible. As stated above, the cost inflation rates are based upon Treasury economic forecasts, combined with trend analysis of cost inflation within Hauora Tairāwhiti. A risk assessment and sensitivity analysis relating to these key cost assumptions is set out below:

Assumption	Risk	Assessed potential effect
Revenue	Revenue expectations are not met.	Hauora Tairāwhiti budgeted consolidated revenue totals approximately $204M. For every 1% that revenue is lower than the budgeted levels, there is a potential financial detriment to Hauora Tairāwhiti of $2.04M.
	While there are good indications in relation to base CFA funding, there is a risk that actual funding may be curtailed and/or other revenue streams are less than anticipated.	To mitigate this risk, Hauora Tairāwhiti actively works to maintain, develop and diversify its revenue streams. 96% of revenue is MoH provided, therefore subject to service delivery there is little risk of significant variations to budget.
Labour cost inflation	Labour cost inflation is higher than expected, driving above-budget staff and outsourced services costs.	For every 1% that wage settlements exceed the budgeted levels, there is a potential additional expense of $873k in the cost of staff and outsourced services. To mitigate this risk, Hauora Tairāwhiti uses collaborative negotiating and informs employee representatives of the Minister's expectations and the net increase that has been allocated to Hauora Tairāwhiti for the planning period. Outsourced services present significant risks particularly in regard to cover for employee vacancies for medical staff.
Supply cost inflation	Supply cost inflation is higher than expected, driving above-budget clinical, infrastructure and non-clinical supply costs.	For every 1% increase in inflation above budgeted levels, there is a potential additional expense of ~$324k. To mitigate this risk, Hauora Tairāwhiti utilises collaborative procurement options, preferred supplier arrangements, fixed price agreements, outsourcing of support services and tender processes.
Exchange rate	NZ Dollar is less robust than expected, driving above-budget clinical supply costs.	For every 10% reduction in the value of the NZD against the currencies of the countries from which clinical supplies are sourced, there is a potential additional expense. Given the wide range of operating and capital expenditure categories that could potentially be affected, it is difficult to provide a meaningful estimate of the effect. To mitigate this risk, Hauora Tairāwhiti uses the same mechanisms as those used to mitigate supply cost inflation.
IDF Payments	Payments for services provided by other DHB's for Tairāwhiti domiciled patients is higher than anticipated.	As a small outlying DHB, Tairāwhiti is particularly sensitive to uncertainties around the IDF model. 11.7% of our expenditure is budgeted to IDF's, and there are very significant risks in this line, a 10% variation reflects a risk of 2.4m. There is little we can do to mitigate this.
Demand-driven costs	Demand-driven costs exceed budget and revenue, creating a deficit situation in the Funds function.	Hauora Tairāwhiti monitors all demand-driven costs and proactively works to address cost overruns with providers, including NASC services.

SIGNIFICANT ACCOUNTING POLICIES

The accounting policies used in the preparation of the financial statements can be found in the Tairāwhiti DHB 2017/18 Annual Report. There have been no significant changes in the accounting policies, which are reproduced hereunder:

REPORTING / ECONOMIC ENTITY

Reporting / Economic Entity
Hauora Tairāwhiti is a Health Board established by the New Zealand Public Health and Disability Act 2000. Hauora Tairāwhiti is a crown entity in terms of the Crown Entities Act 2004, owned by the Crown and domiciled in New Zealand.

Hauora Tairāwhiti is a public benefit entity (PBE), as defined in the external reporting board standard A1.

The group consists of Hauora Tairāwhiti, its subsidiary company Tairāwhiti Laundry Services Limited, which holds the associated partnership share in Gisborne Laundry Services, and its associated companies HealthShare Limited and TLab Limited.

The group activities involve delivering health and disability services and mental health services in a variety of ways to the community.

Basis of preparation
The financial statements have been prepared on a going concern basis, and the accounting policies have been applied consistently throughout the period.

Statement of Going Concern
The going concern principle has been adopted in the preparation of these financial statements. The Board, after making enquiries, has a reasonable expectation that the DHB has adequate resources to continue operations for the foreseeable future based on current trading terms and legislative requirements. The Board has reached this conclusion having regard to circumstances which it considers likely to affect the DHB during the period of one year from the date of signing the 2018/19 financial statements, and to circumstances which it knows will occur after that date which could affect the validity of the going concern assumption (as set out in its current Statement of Intent). The key considerations are set out below.

Letter of comfort
The Board has received a letter of comfort, dated 21 September 2018 from the Ministers of Health and Finance which states that deficit support will be provided where necessary to maintain viability.

Capital injection of $8.5m was received during the current financial year.

Operating and Cash flow forecasts
The Board has considered forecast information relating to operational viability and cash flow requirements. The Board is satisfied that there will be sufficient cash flows generated from operating activities to meet the investing and financing cash flow requirements of the DHB as set out in its current Statement of Intent and based on current trading terms and legislative requirements.

Borrowing covenants and forecast borrowing requirements
The forecast for the next year prepared by Hauora Tairāwhiti shows that the peak borrowing requirement will not exceed the available borrowing facilities. Furthermore, the forecast borrowing requirements can be met without breaching covenants or other borrowing restrictions.

While the Board is confident in the ability of Hauora Tairāwhiti to continue as a going concern, if the forecast information relating to operational viability and cash flow requirements is not achieved there

would be significant uncertainty as to whether the DHB would be able to continue as a going concern based on current trading terms and legislative requirements.

Statement of Compliance
The financial statements of Hauora Tairāwhiti have been prepared in accordance with the requirements of the New Zealand Public Health and Disability Act 2000 and the Crown Entities Act 2004, which include the requirement to comply with generally accepted accounting practice in New Zealand (NZ GAAP).

The financial statements have been prepared in accordance with Tier 1 PBE accounting standards.

Presentation currency and Rounding
The financial statements are presented in New Zealand Dollars rounded to the nearest thousand ($000).

Significant Accounting Policies

Revenue
Revenue from the Crown
Hauora Tairāwhiti is primarily funded from the Crown, which is restricted in its use for the purpose of Hauora Tairāwhiti meeting its objectives as specified in the statement of intent. The fair value of revenue from the Crown has been determined to be equivalent to the amounts due in the funding arrangements.

Revenue from Other DHB's
Hauora Tairāwhiti receives revenue when a patient from another area is treated in Tairāwhiti, this revenue is paid via an Inter District Flows mechanism after the patient is discharged.

Interest
Interest revenue is recognised using the effective interest method.

Donated services
Certain operations of Hauora Tairāwhiti are partially reliant on services provided by volunteers. Volunteer services received are not recognised as revenue or expenditure.

Donated assets
Where a physical asset is gifted to or acquired by Hauora Tairāwhiti for nil consideration or at a subsidised cost, the asset is recognised at fair value and the difference between the consideration provided and fair value of the asset is recognised as revenue.

Expenditure
Capital charge
The capital charge is recognised as an expense in the financial year to which the charge relates.

Borrowing costs
Borrowing costs are recognised as an expense in the financial year in which they are incurred.

Finance Leases
Leases, which effectively transfer to Hauora Tairāwhiti substantially all the risks and benefits incident to ownership of the leased items, are classified as finance leases. These are capitalised at the lower of the fair value of the asset or the present value of the minimum lease payments. The leased assets and corresponding lease liabilities are recognised in the statement of financial position. The leased assets are depreciated over the period the Hauora Tairāwhiti is expected to benefit from their use.
Operating Leases

Leases where the leaser effectively retains substantially all the risks and benefits of ownership of the leased items are classified as operating leases. Payments under these leases are recognised as expenses in the periods in which they are incurred.

Finance and Procurement, including National Oracle Solution
The Finance and Procurement programme, which includes the National Oracle Solution (NOS), is a national initiative funded by DHBs and facilitated by NZ Health Partnerships Limited to deliver sector wide benefits. Health Partnerships holds an intangible asset recognised at the capital cost of development relating to this programme. Hauora Tairāwhiti holds an asset at cost of capital invested by Hauora Tairāwhiti in the FPSC programme. This investment represents the right to access the FPSC assets and are considered to have an indefinite life. DHBs have the ability and intention to review the service level agreement indefinitely and the fund established by Health Partnerships through the on-charging of depreciation and amortisation on the assets to the DHBs will be used to, and is sufficient to, maintain the assets standard of performance or service potential. As the rights are considered to have an indefinite life, the intangible asset is not amortised and will be tested for impairment annually.

Cash and Cash equivalents
Cash and cash equivalents comprises cash balances, call deposits with a maturity of no more than three months.

Receivables
Short-term receivables are recorded at their face value, less any provision for impairment. A receivable is considered impaired when there is evidence that Hauora Tairāwhiti will not be able to collect the amount due. The amount of the impairment is the difference between the carrying amount of the receivable and the present value of the amounts expected to be collected.

Investments
Investments, including those in subsidiaries, are stated at fair value. Any decreases are recognised in the Statement of comprehensive revenue and expense.

After initial recognition, these investments are measured at their fair value with gains and losses recognised in other comprehensive revenue and expense, except for impairment losses that are recognised in the surplus or deficit.

A significant or prolonged decline in the fair value of the investment below its cost is considered objective evidence of impairment. If impairment evidence exists, the cumulative loss recognised in other comprehensive revenue and expense is reclassified from equity to the surplus or deficit.

Inventories
Inventories held for distribution in the provision of services that are not supplies on a commercial basis are measured at cost, determined on weighted average cost basis.

Inventories acquired through non-exchange transactions are recorded at fair value at the date of acquisition. The amount of any write-down for the loss of service potential or from cost to net realisable value is recognised in the surplus or deficit in the period of the write down.

Property, plant and equipment
Property, plant and equipment consist of the following asset classes: land, buildings, clinical equipment, other equipment, information technology and vehicles.

Property, plant and equipment vested from the Hospital and Health Service.
Under section 95(3) of the New Zealand Public Health and Disability Act 2000, the assets of Tairāwhiti Healthcare Limited (a Hospital and Health Service) were vested in Hauora Tairāwhiti on 1 January 2001.

Accordingly, assets were transferred at their net book values as recorded in the books of the Hospital and Health Service. In effecting this transfer, the Board has recognised the cost and accumulated depreciation amounts from the records of the Hospital and Health Service. The vested assets will continue to be depreciated over their remaining useful lives.

Property, plant and equipment acquired since the establishment of Hauora Tairāwhiti.
Assets acquired by the Board since its establishment, other than those vested from the Hospital and Health Service and land and buildings, are recorded at cost less accumulated depreciation. This includes all appropriate costs of acquisition and installation, including materials, labour, direct overheads, financing, and transport costs.

Land is measured at fair value, and buildings are measured at fair value less accumulated depreciation. All other asset classes are measured at cost, less accumulated depreciation and impairment losses.

Revaluations
Land and buildings are valued by an independent qualified valuer at least 3 yearly to confirm that their carrying value in the financial statements of the organisation reflect their fair value. Valuations will be undertaken more regularly if necessary to ensure that no class of assets is included at a valuation that is materially different from its fair value. Where fair value of an asset is not able to be reliably determined using market-based evidence, optimised depreciated replacement cost is considered the most appropriate basis for determination of fair value.

Land and buildings revaluation movements are accounted for on a class-of-asset basis.

The net revaluation results are credited or debited to other comprehensive revenue and are accumulated to an asset revaluation reserve in equity for that class of asset. Where this would result in debit balance in the asset revaluation reserve, this balance is not recognised in other comprehensive revenue but is recognised in the surplus or deficit. Any subsequent increase on revaluation that reverses a previous decrease in value recognised in the surplus or deficit will be recognised first in the surplus or deficit up to the amount previously expensed, and then recognised in other comprehensive revenue.

The results of revaluing land and buildings are credited or debited to an asset revaluation reserve for that class of asset. Where a revaluation results in a debit balance in the asset revaluation reserve, the debit balance will be expensed in the Statement of comprehensive revenue and expense.
Additions between revaluations are recorded at cost less depreciation

Disposals
Any gain or loss on disposal is determined by comparing the proceeds with the carrying amount of the asset and this amount is included in the net surplus or deficit.

Depreciation
Depreciation is provided on a straight-line basis on all property, plant and equipment other than land, at rates which will write-off the cost (or revaluation) of the assets to their estimated residual values over their useful lives.

The useful lives and associated depreciation or amortisation rates of major classes of assets have been estimated as follows:

Buildings - Structure	67 years	(1.5%)
Buildings - Fit out	5 - 67 years	(1.5 - 20%)
Equipment	3 - 25 years	(4 – 33.33%)
Information Technology	2 - 12.5 years	(8 – 50%)
Intangible Assets	3 - 12.5 years	(8 – 33.33%)
Motor vehicles	6.7 - 12 years	(6.67 - 15%)

The residual value and useful life of an asset is reviewed, and adjusted if applicable, at each financial year end.

Work in progress is recognised at cost less impairment and is not depreciated. The total cost of a project is transferred to the relevant asset category on its completion and then depreciated.

Intangibles
Acquired computer software costs are capitalised on the basis of costs incurred to acquire and bring to use. Ongoing staff training and maintenance costs are recognised as expenses when incurred.
The carrying value of an intangible asset with a finite life is amortised on a straight line basis over its useful life. The amortisation charge is recognised in the Statement of comprehensive revenue and expense

Impairment
Hauora Tairāwhiti does not hold any cash-generating assets. Assets are considered cash-generating where their primary objective is to generate a commercial return.

Property, plant and equipment and Intangible assets that have a finite useful life are reviewed for impairment each year. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount. The recoverable amount is the higher of an asset's fair value less costs to sell and value in use.

Value in use is determined using an approach based on either a depreciated replacement cost approach, restoration cost approach, or a service units approach. The most appropriate approach used to measure value in use depends on the nature of the impairment and availability of information.
The total impairment loss, or reversal of impairment loss, is recognised in the surplus or deficit.

Creditors and payables
Creditors and other payables are measured at fair value, and subsequently measured at amortised cost using the effective interest rate method.

Provisions
A provision is recognised for future expenditure of uncertain amount or timing when there is a present obligation (either legal or constructive) as a result of a past event, it is probable that an outflow of future economic benefits will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation.

Provisions are measured at the present value of the expenditure expected to be required to settle the obligation using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the obligation. The increase in the provision due to the passage of time is recognised as an interest expense and is included in "finance costs".

Borrowings
Borrowings are initially recognised at their fair value plus transaction costs. After initial recognition, all borrowings are measured at amortised cost using the effective interest method.

Borrowings are classified as current liabilities unless Hauora Tairāwhiti has an unconditional right to defer settlement of the liability for at least 12 months after balance date. Borrowings where Hauora Tairāwhiti has an unconditional right to defer settlement of the liability for at least 12 months after balance date are classified as current liabilities if Hauora Tairāwhiti expects to settle the liability within 12 months of the balance date.

Employees
Employee entitlements
Provision is made in respect of Hauora Tairāwhiti liability for annual, parental, long service, sick, leave sabbatical, retirement, and conference leave. Annual leave, Parental Leave and Conference leave have been calculated on an actual entitlement basis at current rates of pay whilst Long Service and Retirement provisions have been calculated on an actuarial basis. The liability for sick leave is recognised, to the extent

that compensated absences in the coming year are expected to be greater than the sick leave entitlements earned in the coming year. The amount is calculated based on the unused sick leave entitlement that can be carried forward at balance date; to the extent the DHB anticipates it will be used by staff to cover those future absences.

Superannuation Schemes

Defined contribution schemes

Employer contributions to Kiwisaver, the Government Superannuation Fund, and the State Sector Retirement Savings Scheme are accounted for as defined contribution schemes and are recognised as an expense in the surplus or deficit as incurred.

Defined benefit schemes

The DHB makes employer contributions to the Defined Benefit Plan Contributors Scheme (the scheme), which is managed by the Board of Trustees of the National Provident Fund. The scheme is a multi-employer defined benefit scheme.

Insufficient information is available to use defined benefit accounting, as it is not possible to determine from the terms of the scheme the extent to which the surplus/deficit will affect future contributions by individual employers, as there is no prescribed basis for allocation. The scheme is therefore accounted for as a defined contribution scheme.

Equity

Equity is measured as the difference between total assets and total liabilities. Equity is disaggregated and classified into the following components.

- contributed capital
- accumulated surplus/(deficit);
- revaluation reserves
- other reserves

Budget figures

The budget figures are those approved by the Board and published in its Statement of Intent and have been prepared in accordance with generally accepted accounting practice and are consistent with the accounting policies adopted by the Board for the preparation of the financial statements.

Goods and services tax

All items in the financial statements are exclusive of goods and services tax (GST) with the exception of receivables and payables, which are stated with GST included. Where GST is irrecoverable as an input tax, it is recognised as part of the related asset or expense.

The net GST recoverable from or payable to the Inland Revenue Department is included as part of receivables or payables in the Statement of Financial Position.

The net GST paid to, or received from the Inland Revenue Department, including the GST relating to investing and financing activities, is classified as an operating cash flow in the statement of cash flows.

Taxation

Hauora Tairāwhiti is a public authority under the New Zealand Public Health and Disability Act 2000 and is exempt from income tax under Section CB3 of the Income Tax Act 2007.

Trusts and bequest funds

Donations and bequests to Hauora Tairāwhiti are recognised as revenue when control over assets is obtained or entitlement to receive money is established. A liability, rather than revenue, is recognised where fulfilment of any restrictions attached to those assets is not probable. Those donations and bequests with restrictive conditions are appropriated from Retained Earnings to the Trust Funds component of Equity. When expenditure is subsequently incurred in respect of these funds, it is recognised in the Statement of comprehensive revenue and expense, an equivalent amount is transferred from the Trust Funds component of Equity to Retained Earnings.

Financial instruments
Hauora Tairāwhiti and the Group is party to financial instruments as part of its normal operations. These financial instruments include bank accounts, short term deposits, investments, debtors, creditors, and loans. All financial instruments are recognised in the Statement of Financial Position and all revenues and expenses in relation to financial instruments are recognised in the Statement of comprehensive revenue and expense.

Except for loans, which are recorded at cost, and those items covered by a separate accounting policy, all financial instruments are shown at their estimated fair value.

Cost of service statements
The cost of service statements, as reported in the statement of objectives and service performance, reports the net cost of services for the outputs of Hauora Tairāwhiti and are represented by the cost of providing the output less all the revenue that can be allocated to these activities.

Cost allocation
Direct costs are charged directly to output classes.

Indirect costs, those which cannot be identified in an economically feasible manner to a specific output class, are charged to output classes based on cost drivers and related activity/usage information.

The cost of internal services not directly charged to outputs is allocated as overheads using appropriate cost drivers such as actual usage, staff numbers, and floor area.

There have been no changes to the cost allocation methodology since the date of the last audited financial statements.

Critical accounting estimates
In preparing these financial statements, Hauora Tairāwhiti has made estimates and assumptions concerning the future. These estimates and assumptions may differ from the subsequent actual results. Estimates and assumptions are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. The estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are discussed below.

Estimating useful lives and residual values of property, plant, and equipment
At each balance date, the useful lives and residual values of property, plant, and equipment are reviewed. Assessing the appropriateness of useful life and residual value estimates of property, plant, and equipment requires a number of factors to be considered such as the physical condition of the asset, expected period of use of the asset by Hauora Tairāwhiti, and expected disposal proceeds from the future sale of the asset.

An incorrect estimate of the useful life or residual value will affect the depreciation expense recognised in the surplus or deficit, and carrying amount of the asset in the statement of financial position. Hauora Tairāwhiti minimises the risk of this estimation uncertainty by:

- physical inspection of assets;
- asset replacement programs;

- review of second hand market prices for similar assets; and
- analysis of prior asset sales.

Hauora Tairāwhiti has not made significant changes to past assumptions concerning useful lives and residual values.

Appendix B – NGA WHAAINGA TAUMAHA PŪNAHA | SYSTEM LEVEL MEASURES 2019/20 PLAN

KOTAHITANGA - Unity & Togetherness
Hoe (paddles) in a row, symbolising unity and togetherness.

NGĀTI POROU HAUORA

Pinnacle Midlands Health Network

Hauora Tairāwhiti

SYSTEM LEVEL MEASURES 2019/20

Summary	0-4 ASH rates Per 100,000 population	Acute bed days per 1,000 population	Patient experience of care	Amenable mortality	Youth Emergency Department alcohol attendances	Babies living in smokefree homes at six weeks
Māori	7,294	515	NA	227	52%	12.9%
Other	4,958	512	NA	90.5	58%	62.5%
Total	6,551	508	NA	138..4	55%	32.6%
2019/20 Milestones	5,470	494	Increased uptake	145.3	60% response rate	20%
	25% reduction in Māori rate	4% reduction in Māori rate	Implementation and structure embedded to review survey outcomes	3 year goal of 4% reduction in Māori rate	Increase rate of data collection of alcohol related ED attendances	20% of Māori babies will be living in a smokefree home

AMBULATORY SENSITIVE HOSPITALISATIONS (ASH)[29]

ASH Rates per 100,000 of population for 0-4 year olds

Ambulatory Sensitive Hospitalisations (ASH) are mostly acute admissions that are considered potentially reducible through prophylactic or therapeutic interventions deliverable in a primary care setting.

It has been suggested that admission rates can serve as proxy markers for primary care access and quality, with high admission rates indicating difficulty in accessing care in a timely fashion, poor care coordination or care continuity, or structural constraints such as limited supply of primary care workers.

ASH rates are also determined by other factors, such as hospital emergency departments and admission policies, health literacy and overall social determinants of health.

Hauora Tairāwhiti

		Baseline 12 months to Dec 2019[30]	Milestone 19/20
Rates (ASH Rates per 100,000 populations)	**Māori**	7,294	5,470
	Other	4,958	
	Total	6,551	

Improvement Milestone	Actions/Activities	Contributory Measures
A reduction of 25% for Māori. (This is a stretched target that we will work towards achieving).	1. Implement the agreed data sharing accord • Provision of frequent flier lists of ED/ASH respiratory presentations for tamariki | children 0-4 years of age • Both PHOs will meet regularly with DHB to analyse changes in admission and readmission trends as they occur and implement actions including prioritisation of services towards focus areas such as coordinating Whānau Ora service and medical review of priority Whānau 2. Newborn enrolment • Provision of monitoring activity to ensure children do not slip through the cracks at newborn enrolment, using a combination of NCHIP and practice based audits.	ASH readmissions for tamariki | children 0-4 years of age with a primary diagnosis of a respiratory condition. Readmission rate for Māori tamariki | children 0-4 years of age with a respiratory condition Increase newborn enrolment into PHO at 3 months of age.

[29] https://nsfl.health.govt.nz/accountability/performance-and-monitoring/data-quarterly-reports-and-reporting/ambulatory-sensitive
[30] Updated July 2019

ACUTE HOSPITAL BED DAYS[31]

Number of bed days for acute hospital stays per 1000 population domiciled within a DHB per year (standardised)

Acute hospital bed days per capita is a measure of the use of acute services in secondary care that could be improved by effective management in primary care, transition between the community and hospital settings, discharge planning, community support services and good communication between healthcare providers. This includes access to diagnostics services.

The measure will be used to manage the demand for acute inpatient services on the health system. The intent of the measure is to reflect integration between community, primary, and secondary care and it supports the strategic goal of maximising the use of health resources for planned care rather than acute care.

The measure aligns well with the New Zealand Health Strategy's five themes, in particular - value and high performance.

Hauora Tairāwhiti

Rates (rates are *acute hospital stays per 1000 population)*		**Baseline 12 months to Dec 2018[32]**	**Milestone 19/20**
	Māori	515	494
	Other	512	
	Pacifica	295	
	Total	508	

Improvement Milestone	**Actions/Activities**	**Contributory Measures**
A reduction of 4% for Māori.	1. General practices will proactively recall respiratory patients and undertake planning review to enable patients to self-manage their respiratory conditions and prevent acute hospital readmissions.	Acute readmission rates of respiratory conditions
	2. To proactively and opportunistically recall for influenza 65 vaccinations in general practice and pharmacy.	Number of eligible people provided with an influenza vaccination
	3. Proactively screen for falls risk in general practice and engage with the strength and balance service. The screening age for Māori is 65+ years compared to 75+ years for non-Māori. Establish falls risk assessment service through community pharmacies.	Number of falls related ED attendances

[31] https://nsfl.health.govt.nz/dhb-planning-package/system-level-measures-framework/data-support-system-level-measures/acute
[32] Updated July 2019

PATIENT EXPERIENCE OF CARE

Consumer health care experience and level of integration of care covering the domains of communication, partnership, co-ordination and physical and emotional needs

The purpose of these measures is to ensure patients in New Zealand are receiving quality, effective and integrated health services. Evidence suggests that if patients experience good care, they are more engaged with the health system and therefore likely to have better health outcomes. Having General Practices using the patient care survey is a first step to identifying the patient perception of the quality of their health care in the community.

How people experience health care is a key element of system performance that can be influenced by all parts of the system and the people who provide the care. Improved patient experience of care will reflect better integration of heath care at the service level, better access to information and more timely access to care.

Hauora Tairāwhiti		
Improvement Milestone	**Actions/Activities**	**Contributory Measures**
100% of Tairāwhiti general practices uptake the primary care patient experience survey by 30 June 2020, from a baseline of 50% of practices in Q4 2018/19.	1. We will increase promotion of the patient experience survey including communication packages for practice reception staff to ensure emails are being collected, especially in survey weeks. 2. PHOs will encourage and support practices to reflect on their five lowest scoring questions and develop an improvement plan to address these. 3. Increase uptake of Patient Portal activation	Response rate of Primary Care Patient Experience Survey Percentage of eligible people using the patient portal
100% of adult inpatients are informed about the adult inpatient survey at the time of discharge in the expected survey period	4. Adult inpatient experience survey brochures are provided to patients at the time of discharge. 5. Patient email, sms and physical addresses are collected at every hospital appointment on the Patient Registration form and iPM is updated	Response rate of Adult Inpatient Experience Survey

AMENABLE MORTALITY[33]

Untimely, unnecessary deaths from causes amenable to health care (per 100,000)
Note: there is a three-year lag in data for amenable mortality.

About half the deaths under 75 years of age in New Zealand are classified as amenable according to the current code list. That is, they are 'untimely, unnecessary' deaths from causes amenable to health care.

Hauora Tairāwhiti			
		12 months to 2015[34]	**Milestone 19/20**
Rates (per 100,000 population)	**Māori**	227	218
	Other	90.5	
	Total	138.4	

Improvement Milestone	**Actions/Activities**	**Contributory Measures**
A reduction of 4% for Māori over the next three years	1. Increase the coverage of Cardiovascular Risk Assessments in the past 5 years for young Māori males by providing regular feedback to practices on: Age group 35-44 years 2. Increase coverage of cervical screening by increased collaboration of DHB Coordinator with practices e.g. regular site visits to provide support 3. Continue to link with the Ministry funded Smoking cessation provider by increased service coverage of the MoH funded cessation service through expanding outreach into rural high Māori practices 4. Establish a Self- Management programme in Tairāwhiti and measure uptake.	Reduced number of young Māori males within the eligible population who have had a CVD risk recorded within the last five years and/or measure showing good management of CVD risk Māori women enrolled in a PHO aged 25 to 69 years who have had a cervical sample taken in the past three years Percentage of registered Māori smokers who have been referred to a smoking cessation service Participants enrolled in Self- Management programme

[33] https://nsfl.health.govt.nz/dhb-planning-package/system-level-measures-framework/data-support-system-level-measures/amenable
[34] Updated July 2019

YOUTH ACCESS TO AND UTILISATION OF YOUTH APPROPRIATE HEALTH SERVICES[35]

Alcohol-related emergency department presentations

Young people (10-24 years of age) are valuable to our community with important contributions to make now and in the future. As agencies and providers of health care, we are entrusted with supporting the wellbeing of our young people. Anecdotal sector feedback indicates alcohol related harm is an issue for Tairāwhiti rangatahi. Data collection in this area has been variable so the chosen focus for this domain is to improve data accuracy during the 2019/20 year.

Hauora Tairāwhiti			
		9 months to April 2019[36]	**Milestones 19/20**
Percentage of attendance where if alcohol involved is known	**Māori**	52%	60%
	Other	58%	60%
	Total	55%	60%

Improvement Milestone	**Actions/Activities**	**Contributory Measures**
Young people experience less alcohol and drug related harm and receive appropriate support we will improve data collection regarding alcohol-related ED presentations for 10-24 year olds from 23% (July 2018) to over 60% by June 2020.	1. ED will ensure alcohol-related presentations data is being captured accurately. 2. Undertake regular review of data results through Te Tukutahi alliance and use this process throughout the 2019/20 year to develop specific service improvement activity commencing in the 2020/21 year.	Alcohol-related ED presentations for 10-24 year olds 2 service improvement activities will be identified by 30 June 2020

[35] https://nsfl.health.govt.nz/dhb-planning-package/system-level-measures-framework/data-support-system-level-measures/youth-slm-0
[36] Updated July 2019

PROPORTION OF PĒPI WHO LIVE IN A SMOKEFREE HOUSEHOLD AT SIX WEEKS POSTNATAL[37]

Proportion of Tairāwhiti babies who are recorded as living in a smoke free household at the six week Well Child/Tamariki Ora check (no smokers living in the household).

A reduction in the prevalence of smoking in women who are intending pregnancy or who are pregnant is a priority. Maternal smoking is associated with a range of poor neonatal and child health outcomes, as is exposure to second-hand cigarette smoke in the environment in which an infant lives. This measure will focus attention beyond just maternal smoking to the home and family/whānau environment and will encourage an integrated approach between maternity, community and primary care.

Hauora Tairāwhiti			
		Jan - June 2018[38]	**Milestones 19/20**
Babies living in smokefree homes at 6 weeks post-natal	**Māori**	12.9%	20%
	Other	62.5%	
	Total	32.6%	

Improvement Milestone	**Actions/Activities**	**Contributory Measures**
20% of Māori babies will be living in a smokefree home.	1. Utilise every scheduled or opportunistic appointment during pregnancy to provide brief advice and support for smoking cessation services for hapū māmā and Whānau with young children to quit, reduce or refrain from smoking in household environments through hapū wānanga and midwife educational activities 2. Using hapū māmā smoking cessation service we will see an increase in hapū māmā accessing smoking cessation services.	Healthy mums and babies; by 2021, 90% of pregnant women are registered with a LMC in their first trimester, with an interim target of 80%, with equitable rates for all population groups. Percentage of women identified as smokers at first registration with LMC Percentage of hapū māmā identified as smokers who receive brief advice # of pregnant mama engaging in smoking cessation services.

[37] https://nsfl.health.govt.nz/dhb-planning-package/system-level-measures-framework/data-support-system-level-measures/babies
[38] Updated July 2019

The Partners committed to achieving the milestones identified in this System Level Measures Improvement Plan.

On behalf of Ngāti Porou Hauora:

Signed: **Rose Kahaki, Chief Executive**

Dated: / /

On behalf of Pinnacle Midlands Health Network:

Signed: **David Oldershaw, Chief Executive**

Dated: / /

On behalf of Hauora Tairāwhiti:

Signed: **Jim Green, Chief Executive**

Dated: / /

APPENDIX C - 2019-20 Midland RSP Lines Of Sight – Midland DHB Annual Plans

AWHI - Support
The Takitoru is a weaving pattern and part of the Paepaeroa or mat/carpet which is about support.

Service / Network / Enabler	Midland DHB Annual Plan Section / Appendix Alignment 2019-20	Midland RSP: *Initiatives and Activities* Content Description
Overview of RSP document structure	Section 1	**Midland DHBs six regional objectives** (figure)
Regional Māori Health (Ngā Toka Hauora – Midland DHB GMs Māori Health)	Section 1 – objective 1	**Improve Māori health outcomes:** Narrative Regional Strategic Outcome: Achieve health equity Summary of national Māori health indicators
	Appendix 1	**Objective 1: Health equity for Māori Equitable Outcomes** Actions items in Network work plans
Regional Pathways of Care (Map of Medicine tool and Bay Navigator)	Section 1 – objective 2	**Objective 3: Integrate across continuums of care:** Narrative
Midland integrated hepatitis C service	Section 1 – objective 2	**Objective 3: Integrate across continuums of care:** Narrative
	Appendix 1	Regional hepatitis C service – work plan and measures
Midland United Regional Integrated Alliance Leadership (MURIAL)	Section 1 – objective 2	**Efficiently allocate public health system resources** Narrative
Regional Quality	Section 1 – objective 3	**Improve quality across all regional services:** Narrative *(still to be provided – awaiting outcome of Midland governance meetings on 3 March 2017)*
	Appendix 1	Objective 2: Quality Managers work plan *(see note above)*
Regional Workforce	Section 1 – objective 4	**Build the workforce:** Narrative
	Appendix 1	Objective 4: Regional workforce work plan
Regional IS	Section 1 – objective 5	**Improve clinical information systems:** Narrative
	Appendix 1	Objective 5: Regional IS work plan Midland DHBs forecast IS investments (in discussions with MoH) Midland eSPACE roadmap
Health Partnership Limited (HPL) HealthShare Ltd (HSL)	Section 1 – objective 6	**Efficiently allocate public health system resources:** Narrative (HPL and HSL) Overview of HealthShare Ltd (figure) Audit and Assurance Service Regional Internal Audit Service Outcomes framework (figure)
Regional Clinical Networks and Clinical Action Groups	Section 2	Narrative Priority Outputs and intended population health Outcomes in work plans
Midland Regional Public Health Network	Section 2	Narrative Provide population health opinion potential disparities the roll out of programmes may have
Cancer services (Midland Cancer Network)	Section 2.1	Narrative Work plan
Cardiac services (Midland Cardiac Clinical Network)	Section 2.2	Narrative Work plan
Child health (Child Health Action Group)	Section 2.3	Narrative Work plan

Service / Network / Enabler	Midland DHB Annual Plan Section / Appendix Alignment 2019-20	Midland RSP: *Initiatives and Activities* Content Description
Elective services (Regional Elective Services Network)	Section 2.4	Narrative Work plan
Healthy ageing (Health of Older People Action Group)	Section 2.5	Narrative Work plan
Mental health and addictions (Regional Mental Health & Addictions Network)	Section 2.6	Narrative Work plan
Radiology services (Midland Radiology Action Group)	Section 2.7	Narrative Work plan
Stroke services (Midland Stroke Network)	Section 2.8	Narrative Work plan
Trauma services (Midland Trauma System – MTS)	Section 2.9	Narrative Work plan
Regional governance	Appendix 2	Efficiently allocate public health system resources: Narrative Midland regional governance structure (figure) Includes regional IS governance and eSPACE governance arrangements
Glossary of terms	Appendix 3	Terminology