WHANGANUI
DISTRICT HEALTH BOARD
Te Poari Hauora o Whanganui

2018 / 2019 ANNUAL PLAN

MĀHERE TAU

Statement of Performance Expectations

He Tauāki Mahi o te putanga Ake

Whanganui District Health Annual Plan

(Issued under Section 39 of the
New Zealand Public Health and Disability Act 2000)

Hon Dr David Clark

MP for Dunedin North

Minister of Health | Associate Minister of Finance

17 DEC 2018

Mrs Dot McKinnon
Chair
Whanganui District Health Board
dot@moorelaw.co.nz

Dear Dot

Whanganui District Health Board 2018/19 Annual Plan

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

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

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

I am aware you are planning a number of service reviews in the 2018/19 year. My approval of your Annual Plan does not constitute acceptance of proposals for service changes that have not undergone review and agreement by the Ministry. In particular, I trust that you will continue to work closely with the Ministry on your laboratory and pathology services procurement. Please ensure that you advise the Ministry as early as possible of any other proposals for service change that may require Ministerial approval. Approval of the Plan also does not constitute approval of any capital business cases that have not been approved through the normal process.

I would like to thank you, your staff, and your Board for your valuable contribution and continued commitment to delivering quality health care to your population, and wish you every success with the implementation of your 2018/19 Annual Plan. I look forward to seeing your achievements.

Please ensure that a copy of this letter is attached to all copies of the Annual Plan made available to the public.

Yours sincerely

Hon Dr David Clark
Minister of Health

cc: Mr Russell Simpson, Chief Executive, Whanganui District Health Board, russell.simpson@wdhb.org.nz

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Te Ara Poutama i te Ora

Strive for the best health and wellbeing

He hauora pai ake, he rangatiratanga
Better health and independence

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RĀRĀNGI KIKO

MESSAGE FROM THE BOARD CHAIR AND CHIEF EXECUTIVE

This Annual Plan comes during a period of change for our organisation, for the health sector and for New Zealand government. For Whanganui DHB, the 2017/18 year was certainly one of fast-paced change with a revised Board strategy, new faces, challenging IT programmes, huge staff contribution and a renewed focus on patient and whānau-centred care.

Public services are, rightly, challenged to continuously look for opportunities to improve the value of the services that we fund and deliver. Our medical, clinical, allied, community and primary care teams continue to see greater numbers of people in our district presenting to ED, hospital, clinics and support services. As a result we're delivering increasing numbers of elective procedures to our community, managing growing numbers of patients through the front doors, managing acute demand growth across many specialities, and a general surge in people seeking support from the health system. It seems that we are sicker, we have more than one ailment and we often present too late to have preventative care. Our population is ageing and as a consequence needing more health care, but too many people are living in substandard homes, not eating the healthiest foods nor doing enough exercise. These factors impact on wellness for all ages.

The challenges we face cannot be solved by the DHB alone and so we ask our community to work alongside us in solving the many societal issues that persist. In addition, the DHB partners with multiple and varied agencies to truly make a difference – agencies that like our DHB are committed to making a difference for our people, and brave enough to ask Whanganui district residents to empower themselves by taking responsibility for their own health, when and where appropriate.

Many of the health and disability issues that we deal with also show inequitable impact on different members of our community. A health system must seek to serve the whole population fairly, providing the most intensive response to those with the greatest need. This Annual Plan demonstrates our commitment to eliminating inequities of health outcome and inequities of access. We plan to do this by concentrating most on improving outcomes and access for those who are missing out.

We are firmly committed to Te Tiriti o Waitangi and our Board is advised by our Iwi partners, Hauora a Iwi, with whom we have a strong relationship. Responding to inequities in respect of whanau Maori are significant in this Annual Plan and Hauora a Iwi are critical in guiding us, particularly in our efforts to improve Māori health

Whanganui DHB's reputation goes from strength-to-strength, underpinned by an organisation that promotes clinical leadership with a strong emphasis on whānau-centred care and quality improvement. All the people who work in the health system are the stalwarts of the DHB. In the past year, care workers and nurses have successfully obtained greater recognition for the work they do. We have many wonderful, highly committed people across the DHB who work tirelessly to provide safe services to those requiring our care and support. Additionally, we are all part of a team striving to respect the culture and values we have embedded into our organisation. In 2018/19, the Care and Support Workers (Pay Equity) Settlement Act extends, retrospectively, to support workers in mental health. This increase in wages for people who have previously been amongst the lowest paid, not only recognises the significant contribution that they make but is also a tremendous boost to local employment, itself an economic determinant of health.

Despite our best efforts, Whanganui DHB did not achieve our budgeted $1.9m deficit in 2017/18. Efficiencies and business improvement have been integral to the way our DHB works for some years now and they will continue to be as we strive to find new ways to provide services, without reducing them. The DHB will work closely with the Ministry of Health throughout 2018/19 to ensure that we exploit all opportunities for eliminating our financial deficit over time. We have to leverage new ways of working to ensure that enhance value and ensure clinical and financial sustainability over time.

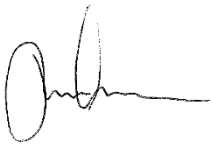
Information technology is also an important lever in helping us to improve our services – with new patient administration systems to collect health data, clinical portals for information on needs, joint purchasing throughout New Zealand and shared radiology information systems. Technology will revolutionise health care in the coming years and we continue to embrace it, however challenging that may be. Many of the improvements and initiatives signalled in this Annual Plan are dependent on important information technology developments.

For the 2018/19 financial year, this plan reflects our future focus, our intentions to drive stronger relationships between hospital, community and primary care, and our social conscience as a significant local entity. Many of us look forward to seeing what changes will come from the Government's health and disability sector review and the Government's commitment to challenging the status quo

In the near-term however, there is much work still to be done and the challenge we face is how to achieve what is needed within the confines of increasing pressure on our financial position. The dialogue about our community having 65,000 beds continues to ring true and as we change the korero, from hospital to community, we need to ask our community to support our endeavours as we embark on the 2018/19 year.

Hon Dr David Clark
Minister of Health

Dot McKinnon QSM
Toihau/Board Chair



Russell Simpson
Kaihautu Hauora
Chief Executive

SECTION 1:
OVERVIEW OF WHANGANUI DHB STRATEGIC PRIORITIES

WĀHANGA 1: TE KITENGA WHĀNUI O NGĀ RAUTAKIMATUA O WHANGANUI DHB

1.1 WHANGANUI DHB STRATEGIC INTENT AND PRIORITIES

Whanganui is one of 20 District Health Boards (DHBs) in New Zealand established under the New Zealand Public Health and Disability Act 2000. This Act sets out the roles and functions of DHBs.

District health boards, as crown agents, are also considered crown entities, and covered by the Crown Entities Act 2004.

The statutory objectives of Whanganui DHB include:
- Improving, promoting and protecting the health of communities
- Promoting the integration of health services, especially primary and secondary care services
- Promoting effective care or support of those in need of personal health services or disability support.

The goal is that *New Zealanders live longer, healthier and more independent lives.*

Whanganui DHB works with many other organisations and communities inside and outside the health sector, to deliver on local, regional and national health priorities, and is committed to:

The Treaty of Waitangi

Commitment to the principles of partnership, participation and protection that underpin the relationship between the Government and Māori under the Treaty of Waitangi:
- **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.

He Korowai Oranga 2014

Commitment to Māori health strategy: He Korowai Oranga 2014, with the overall aim of **Pae ora** - healthy futures, which incorporates three interconnected elements:

- **Whānau ora** – healthy families - whānau wellbeing and support, participation in Māori culture and Te Reo.
- **Wai ora** – healthy environments - education, work, income, housing and deprivation.
- **Mauri ora** – healthy individuals - life stage from pepi/tamariki to rangatahi then pakeke and a section that includes individuals of all ages.

Incorporating four pathways of action that are not mutually exclusive, but are intended to work as an integrated whole:

Te Ara Tuatahi	Pathway One – Development of whānau, hapū, iwi and Māori communities.
Te Ara Tuarua	Pathway Two – Māori participation in the health and disability sector.
Te Ara Tuatoru	Pathway Three – Effective health and disability services.
Te Ara Tuawhā	Pathway Four- Working across sectors.

The New Zealand Health Strategy

Commitment to delivering on the New Zealand Health Strategy, in accordance with the five strategic themes:

People powered
- Developing understanding of users of health services
- Partnering with them to design services
- Encouraging and empowering people to be more involved in their health
- Supporting people's navigation of the health system.

Care closer to home
- Providing health services closer to home
- More integrated health services, including better connection with wider public services
- An investment early in life
- A focus on the prevention and management of chronic and long-term conditions.

High value and performance
- The transparent use of information
- An outcome-based approach
- Strong performance measurement and a culture of improvement
- An integrated operating model providing clarity of roles
- The use of investment approaches to address complex health and social issues.

One team
- Operating as a team in a high-trust system
- The best and flexible use of our health and disability workforce
- Leadership and management training
- Strengthening the role for people, families and whānau and communities to support health
- More collaboration with researchers.

Smart system
- The increased use of analytics and systems to improve management reporting, planning and service delivery and clinical audit
- The availability – at the point of care – of reliable and accurate information including on-line electronic health records
- The health system as a learning system, that continuously monitors and evaluates what it is doing, and shares it.

The Healthy Ageing Strategy

- Commitment to the vision that 'older people live well, age well, and have a respectful end of life in age-friendly communities'.

The UN Convention on the Rights of Persons with Disabilities

- Commitment to the aim of 'promoting, protecting and ensuring the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity'.

Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014-2018

- Commitment to facilitate the delivery of high-quality health services that meet the needs of Pacific peoples.

Whanganui District Health Board's vision

'Better health and independence'
through integrity – fairness – looking forward – innovation

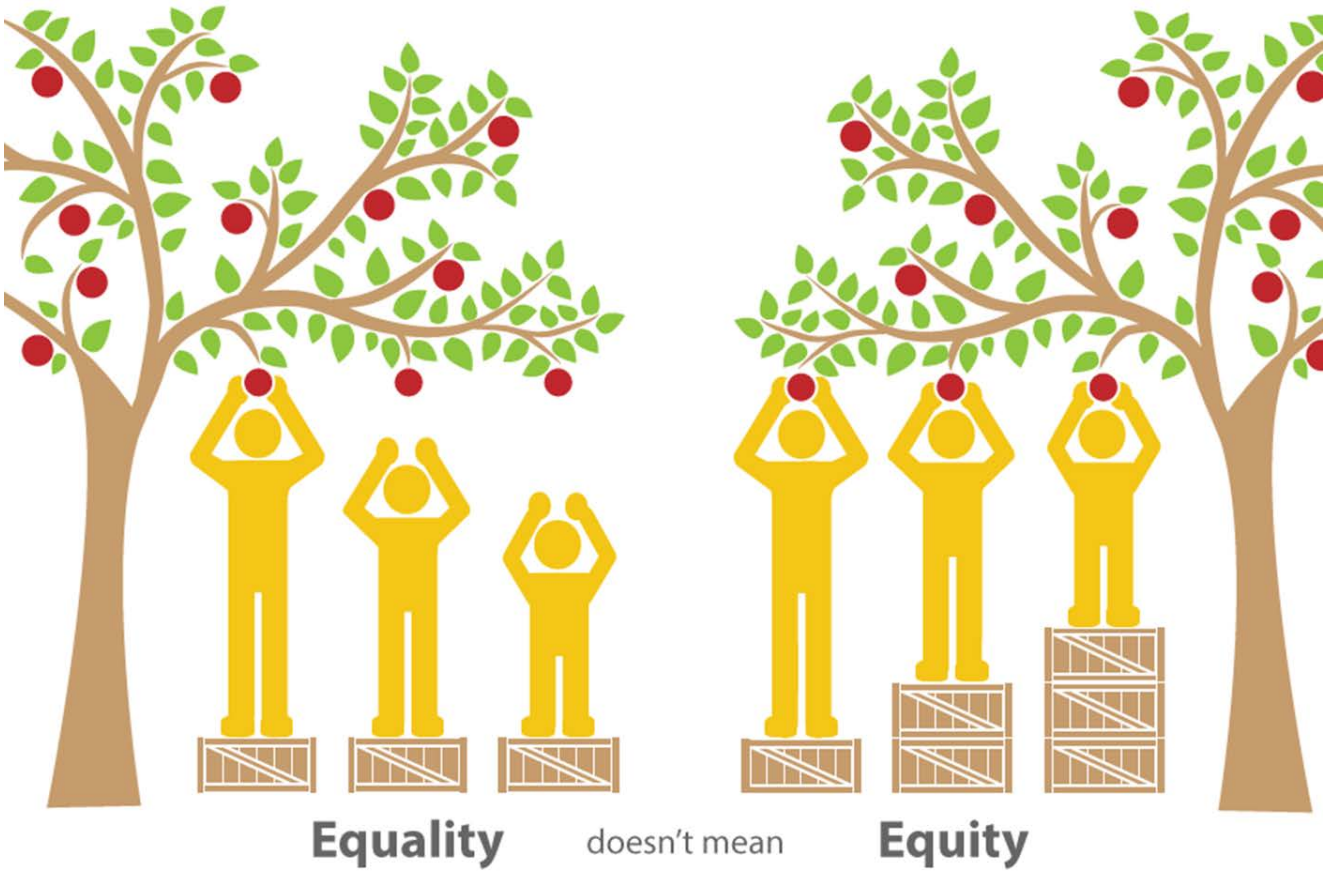
Long term, Whanganui DHB aims to:

- Improve the life expectancy for the DHB population, with improvement in equity for Māori
- Reduce mortality rates for the DHB population, with improvement in equity for Māori
- Reduce morbidity by improving the quality of life for the DHB population, focusing on those with the highest need
- Improve equity by reducing the health status gap between Māori and non-Māori across all measures, and between Whanganui and New Zealand.

Whanganui DHB has made four specific commitments to support achievement of the vision:

- Advancing Māori health and Whānau Ora
- Investing to improve health outcomes and live within our means
- Growing the quality and safety culture
- Rising to the challenge to build resilient communities.

Our four commitments are described in the pages that follow.



In order to build resilient communities across our health district, we need to understand the difference between 'equality' and 'equity' and apply the 'equity lens' to everything we do.

Commitment One:
Advancing Māori health and Whānau Ora

Whanganui DHB is committed to accelerating Māori health gain and improving equity for Māori whānau.

He Korowai Oranga NZ Māori Health Strategy guides our approach, aiming toward **Pae Ora**. The three enablers to Pae Ora are Mauri Ora (healthy individuals), Whānau Ora (healthy families) and Wai Ora (healthy environments).

The threads of He Korowai Oranga include **Rangatiratanga** – enabling whānau, hapu, Iwi and Māori to exercise control over their own health and wellbeing, as well as the direction and shape of their own institutions, communities and development as a people. **Building on gains** - continues to build on gains and on the sectors ownership and acceptance of whānau ora for the future and **Equity** – equity is the absence of avoidable or remedial differences among groups of people (WHO). The concept acknowledges that not only are differences in health status unfair and unjust, but they are also the result of differential access to the resources necessary for people to lead healthy lives.

Whānau Ora – placing patients and their whānau/ families at the centre, focused on a wellness model of care is one of the Whanganui DHBs overarching principles. Embedding the philosophy of Whānau Ora is about ensuring that the lens through which governance, leadership and our wider workforce understand their responsibilities and what constitutes effective practice, is whānau-centred.

Whānau-centred practice is not about what is done, but rather how it is done.

The majority of the DHB staff have completed Hapai te Hoe, our cultural awareness programme. This supports both new and current staff to develop an appreciation of our committment to accelerating health gain for Māori, and how to work in partnership with Māori patients and whānau. Supporting community providers to build a culturally aware workforce is part of our 2018/19 plan. Also to ensure that all providers are aware and utilising the initiatives to build interest in health as a career for Māori rangatahi and improving Māori health capacity across our health district.

We are applying whānau ora principles to planning and service improvement, through understanding our data, involving both whānau and clinicians, to understand what is happening in our communities, and most importantly what needs to be done differently. Recent examples include improvement in oral health outcomes, reduction in missed appointments, improved communication with patients and whānau, increased resources and system changes focused on improving equity for Māori, which we will build on in the coming year. The WDHB Pro-Equity Check-Up Audit planned to be completed in quarter two will provide us with a comprehenisve understanding of what processes and systems we are using to measure equity in health outcomes for Māori. To ensure actions and strategies are identified and implemented, and that outcomes/improvements are measured, monitored and evaluated for sustainable improvement.

Our belief is that if we get it right for those with the highest need, we improve the health and wellbeing of our whole community.

An increasing Māori population in the younger and older age groups and persistent inequities between Māori and non-Māori populations necessitate the need for a different approach. These pressures mean new and different models of care should be explored, outward looking and community focused, to increase the focus on early intervention and empowerment of whānau to set their own pathway to wellness. Partnering with community providers and agencies and investing in sustainable kaupapa Māori services is essential.

The process of applying an equity lens to all planning and service improvement is challenging our teams in a positive way, and is creating conversations we need to take forward, at governance and operational level. We are improving our understanding of local data and our performance in order to identify the actions that will improve equity for Māori.

On a practical level, we will need some tools in our kete to support the hard conversations and make sure our resources are focused toward improving equity.

Embedding the philosophy into organisational and system culture will enable the DHB and its partners to advance Whānau Ora.

Commitment Two:
Investing to improve health outcomes and live within our means

Whanganui DHB is committed to shifting investment of time and resource to community settings, so that more people can benefit from the investment. This will mean shifting investment from expensive services that benefit a few, some of the time, to services that benefit many, more of the time. Over time, this will contribute to an improvement in population health outcomes, and in accelerating health gains for Māori.

Whanganui DHB would like to be able to invest more time and resource in the community, and less in subsidising the current configuration of hospital services, which is subject to significant diseconomies of scale. The cost of doing business in traditional hospital settings is increasing to the point that it is becoming unsustainable within current funding. We would like to develop a model where we can deploy our resources to support people in the '65,000 beds' we have in our community. To do this we require the commitment of our primary sector, which incorporates a broad range of providers and community agencies. However, with minimal funding increases over a long period, and very limited funding for building capacity and capability, this part of our sector is struggling to meet increasing demand for first line care.

Disparities in health outcomes are very evident for Māori and whilst there has been some improvement, gains have been slow. Whanganui generally performs very well against the DHB headline measures, delivering a range of health improvement and quality initiatives across the district. Looking 'beyond the measures' is very important to Whanganui DHB, to make sure actions are contributing to improving equity, rather than focusing on meeting the target overall. It is important that we understand the difference between equality (assumes everyone needs the same level of support) and equity (recognises that some need more support). We aim to apply the 'equity lens' to all our efforts across the health district.

Whanganui DHB has a good understanding of the population and strategic challenges facing the health district:

- Demographic changes – low growth overall, but with ageing population, growing young Māori population, and morbidity from long term conditions driving acute demand and need for new service models.
- History of minimum annual funding increases through population based funding (PBFF) due to slower population growth relative to other DHBs.
- Lack of critical mass for specialist services will become more of a challenge as the trend toward sub-specialisation, and the cost of doing business increases beyond funding growth.
- The need for significant investment to keep pace with what is required in terms of health technology including clinical information systems.
- Higher than NZ average investment in some services, particularly elective surgery, in order to maintain standing hospital capacity and meet historic baseline volumes.
- The DHB is the largest employer in the district, and the hospital is seen as the 'heart' of the community, despite the consequence this has on investment in health gain areas in the community.

Our strategies for the future include:

- Getting a better understanding of primary* care utilisation (who, when, where, for what) to inform community model of care
- Commitment to a 'fair' methodology across specialist and community services, including funding for cost pressures, to mitigate flow on impacts of Pay Equity, MECA, and policy implementation
- Innovation in elective investment – recognizing and measuring community activity, cross DHB performance targets, equity lens on access
- Workforce – recruitment to health district vs recruitment to service based settings
- Robust evaluation of options for delivery of core specialist services – 'test readiness' of board and communities.
- A long-term view of financial sustainability, without compromising quality in all its dimensions.

**For Whanganui DHB this includes the full range of primary care providers including those provided through PHOs*

Commitment Three:
Growing the quality and safety culture

Clinical leadership, patient/family/whānau-centred care, patient partnership and integrated models of care are internationally recognised as key drivers of improved patient outcomes, improved patient experience of care and provision of effective clinical governance. Clinical governance systems within healthcare form the foundation of safer processes for patients and staff.

Whanganui DHB is committed to working in partnership with our district partners in care to improve the quality of care we provide to our people and to reduce patient harm across the health system.

The Whanganui District Health Board has a mature patient safety and quality centre that supports the Clinical Governance Board and reports through to the director patient safety and quality.

The WDHB Clinical Governance Board has developed an annual work plan with the purpose of:

- Providing quality and safety advice to the Executive Management Team (EMT).
- Influencing and supporting clinicians and line managers to implement patient safety and quality processes that will improve the quality and safety of the care delivered.
- Enabling a clinical incident and complaints system that is responsive to patients and families and focuses on learning.
- Championing a person-centred/family/whānau partnership model of care.
- Partnering with consumers at all levels of planning and delivery.
- Implementing "Speaking Up for Safety" programme.

For 2018/9, Whanganui DHB Clinical Governance have established a work plan (Q1) around opioid safety working in partnership with local Māori health and primary care providers and the NZ HQSC medication safety team. Report progress to the Clinical Governance Board 6 monthly. This includes consideration of the Atlas of Healthcare Variation's latest reports.

The Clinical Governance Board has cross-sector membership including two consumer representatives. The Clinical Governance Board drivers are:

- To monitor, safeguard, and influence clinical performance and a culture of patient safety
- To oversee clinical policy and standards and encourage research, quality projects and innovation
- To guide and support risk and clinical incident management activities across the DHB
- To participate in reporting on clinical activities, outcomes of incident analysis, safety outcomes and clinical audit to the board and sub committees of the board.

Clinical leadership
Clinical input into decision-making is embedded in the Whanganui DHB's shared clinical and business model of management. Whanganui DHB clinicians form an integral part of our management structures and processes and are intimately involved in planning processes.

Whanganui DHB considers that everyone involved with our organisation, whether it be as governor, manager, clinician, or a support staff member, has a responsibility to positively contribute to clinical governance and therefore need to understand the application of this accountability. Clinical leadership means clinical staff engaged in organisational decision-making, workforce planning and professional development, and in day-to-day leadership of teams providing clinical services and to achieve better outcomes for patients and service sustainability.

Commitment Four:
Rising to the Challenge to build resilient communities

Whanganui DHB recognises the importance of partnering within and across sectors, to help address the determinants of health, and improve equity. This requires Whanganui DHB to work nationally, regionally and locally, across the health and social sectors, to lever improved outcomes for our community. Most importantly we need to work with our many communities as we believe the solutions lie within. We want to build strong, resilient communities.

The Whanganui health district has been a leader in development of a local framework in response to the invitation set out in *Rising to the Challenge: the Mental Health and Addiction Service Development Plan*. Although the national framework is positioned around mental health and addictions, the local framework contributes to improvement in health and equity in a much broader context, and aligns to the other commitments of the DHB.

The vision under Rising to the Challenge is that:

> *All New Zealanders will have the tools to weather adversity, actively support each other's wellbeing, and attain their potential within their family and whānau and communities. Whatever our age, gender or culture, when we need support to improve our mental health and wellbeing or address addiction, we will be able to rapidly access the interventions we need from a range of effective, well-integrated services. We will have confidence that our publicly funded health and social services are working together to make best use of public funds and to support the best possible outcomes for those who are most vulnerable.*

Whanganui's approach to development of this framework recognises that neither the district health board, nor the health sector more broadly, can do this alone. Although accountability for development of the framework ultimately rests with the district health board, the approach is deliberately framed as a broader response. The process undertaken to engage communities, demonstrates Whanganui's commitment to a partnership approach. This includes partnership with service users and their family/whānau, staff working in health arena and most importantly, communities. The work has linkages to other district priorities including:

- Maternal and child health, in recognition of the critical importance of the early years in shaping resilience and setting patterns of future behaviour
- The commitment to whānau ora, where the service user and their family/whānau are at the centre of a system that provides empowerment and focuses on recovery. Promoting self and whānau led management strategies.
- Improving equity across the board, recognising the importance of the social determinants of health and health promotion as catalysts for change.
- An informed workforce, focused to reflect the demographic of our community.

The framework is not just about service delivery. Rather, it promotes the pivotal role of the community in nurturing, supporting, challenging and guiding us in maximising our ability and independence. A person's interaction with the public service, in the health and social context, is only one facet, or way station, on our journey through life.

Maintaining momentum will require leadership at all levels across our system. Leadership, in the context of the framework, is vested in behaviour rather than position. Our commitment is to continue to build relationships, share stories, and take the time to find out what people really value.

SECTION 2:
DELIVERING ON PRIORITIES

WĀHANGA 2: NGĀ PŪTANGA IHO

2.1 WHANGANUI DHB PLANNING PRIORITIES

Whanganui DHB is committed to delivering on the Government's health priorities and measures as set out in the Minister's Letter of Expectations for 2018/19.

This plan identifies the most significant actions that the DHB plans to deliver to address local population challenges, across life course groupings.

Focus Area 1: Improving equity for priority populations across life course

Focus Area 1(a) Pregnancy, early years, and adolescence

- Maternal mental health services
- Child wellbeing
- Supporting health in schools, including school based health services
- Increased immunisation
- Raising healthy kids
- Mental health and wellbeing

Focus Area 1(b) Adulthood and healthy ageing*

- Mental health and wellbeing
- People with disabilities
- Cardiovascular and diabetes risk assessment
- Better help for smokers to quit
- Pharmacy Action Plan
- Cancer prevention (including faster cancer treatment and bowel screening)
- Healthy ageing

*Note: specific actions relating to pregnancy, early years and adolescence for these priorities appear under that section.

Focus Area 2: Equitable access to clinical services

- Shorter stays in emergency department
- Improved access to elective surgery
- Cardiac services – *including Regional Priorities*
- Regional care arrangements – *Regional Priorities*
- Regional work programme – *Regional Priorities*

Focus Area 3: Enablers

- Improving quality – *including Regional Priorities*
- Primary care integration – *including Alliancing and special projects*
- Environmental responsibility
- Fiscal responsibility

Summary of key focus areas following discussions with Ministry of Health

The important things for Whanganui DHB for 2018/19 and beyond include:

- Delivering on Government priorities though partnership with primary and community providers
- Creating 'social governance' model to mobilise sectors to work better together for the benefit of our shared communities of interest
- Making sure we apply the equity lens against all performance and investment, to accelerate Māori health gain
- Creating a value proposition for better coordination of current resources in our communities – 65,000 beds
- Maintaining strong DHB leadership through a period of immense challenge and change

Whanganui DHB has a good understanding of the population and strategic challenges ahead, and on the focus required to meet the current and future needs of the population.

A snapshot of some of the new strategies for the future include:

- Getting a better understanding of utilisation patterns across hospital and primary* care (who, when, where, for what) and how these patterns impact on health outcomes to inform a community focused model of care
- 'Fair' methodology across specialist and community services, including funding for cost pressures, and capacity, to mitigate flow on impacts of Pay Equity, MECA, and policy implementation
- Innovation in elective investment – recognizing and measuring community activity, cross DHB performance targets, equity lens on access
- Workforce – recruitment to health district vs recruitment to service based settings
- Evaluation of options for future delivery of services, to meet our strategic objectives

More detail on these, and other integration strategies, is contained within this plan.

**For Whanganui DHB this includes the full range of primary care providers including those provided through PHOs*

Focus Area 1(a): Improving equity for priority populations – pregnancy, early years, and adolescence

Leadership: *Whanganui Child and Youth Service Alliance, Whanganui Immunisation Working Group, Whanganui Oral Health Advisory Group, and Whanganui Maternity Quality Safety Programme (MQSP)*

Government planning priority	Whanganui DHB commitment – applying the *EQUITY LENS*	Link to: NZ Health Strategy & He Korowai Oranga	Actions to improve performance and equity	Milestones	Measures
Maternal mental health services	Whanganui DHB funds and provides specialist maternal mental health services, comprising of two specialist clinicians who support the wider team. The service includes both antenatal and post-partum support. Whanganui DHB also fund primary mental health services via PHOs and although funding is not tagged to addressing primary mental health needs for pregnant women, and women and men following the birth of their baby, the PHOs have the opportunity to identify priority populations.	**People Powered** **Te Ara Tuatoru**	**Access to maternal mental health services** Provide education to midwives and community providers on the current services available including access pathways, encouraging early referral. Engage with midwives, primary and community providers and women to examine access to maternal mental services, including an evaluation of the referral criteria and access pathways. Provide information to MoH listing community – based maternal mental health services currently funded, both antenatal and post-partum. Provide a report to MoH on numbers accessing the above services by ethnicity. Provide information to MoH outlining funding provided to PHOs specifically to address primary mental health needs for pregnant women and women and men following the birth of their baby/babies.	**Quarter 1** **Quarter 2** **Quarter 2** **Quarter 4** **Quarter 3**	**PP44: Maternal mental health** **Equity improvement in access for Māori to ante-natal care**

		One Team Te Ara Tuarua	Provide workforce development for Well Child Tamariki Ora (WCTO) providers and midwives, with a focus on child/parental attachment. Create a coordinated system across specialist, primary and community providers to identify and support women requiring support. Utilise Māori health workers and iwi to connect with women.	**Quarter 3** **Quarter 3**	
Child wellbeing	Māori children are over-represented across the board in terms of contact with the Children's Team, child protection alerts, and in the Child Youth and Family Service. Whanganui DHB will take a lead role in making sure services and support are wrapped around whānau, and that they can navigate the system easily. SUDI levels continue to be disproportionately high for Māori whānau within Whanganui DHB. This represents a significant loss to our community. Both of these focus areas impact our high-needs communities the greatest, however by improving connections with and between local service providers of maternal health, child health and youth focused services, each can be reduced.	**Closer to Home** **Te Ara Tuarua**	**Newborn enrolment** Monitor pre-birth and newborn enrolments in general practice, via PHOs, to ensure 100% enrolment by three months of age Shaken Baby Syndrome Implement a workforce-training programme across our system to support the prevention of the impact of Shaken Baby Syndrome. **Sudden Infant Death Syndrome (SUDI)** Partner with national and regional SUDI coordination services to share learnings to inform improvements during 2018/19. Create opportunities for the weaving of Wahakura to increase local Māori engagement and understand of SUDI prevention. Implement the Whanganui SUDI prevention plan with community partners.	**Quarter 4** **Quarter 3** **Quarter 1** **Quarter 2** **Quarter 3**	**SI18: Improving new born enrolment in general practice** **PP27: Supporting child wellbeing** **PP28: Reducing rheumatic fever** **PP37: Improving breastfeeding rates** **SI13: Number of babies who live in a smoke-free household at six weeks (SLM)**

	Maintain focus on B4 school check at general practice and support follow up for tamariki who are not checked, through outreach child health services. The focus areas to improve child wellbeing in 2018/19 will be oral health, with particular focus on pre-schoolers and Māori adolescents. Both these groups are under-represented in receiving oral health services and improvement in equity is required.	**Smart System** **Te Ara Tuawhā**	**B4 school checks** Identify the 10% of children who have not received a B4 school check, and proactively follow up in partnership with other primary care providers. **Responding to childhood obesity**: Monitor raising healthy kids clinical pathways to ensure they continue to support delivery of the key health measures. Continue to participate in Healthy Families at governance and operational levels, including aligning DHB health promotion activities to focus on Māori and agreed population health priority areas e.g water in schools 'Close the loop' for children referred on from a B4 school check to make sure they receive the support they require. **Oral health** Review adolescent oral health coordination to improve utilisation of dental services for youth. Reconfigure community dental services to increase linkages between therapists, early childhood and primary schools. Includes co-design process with Māori providers.	**Quarter 1** **Quarter 3** **Quarter 1-4** **Quarter 3** **Quarter 1** **Quarter 3**	**100% of new born babies enrolled by three months of age** **Equity improvement in SUDI rates for Maori** **Equity improvement for Māori in access to B4 school check** **Equity improvement for Māori across child and adolescent oral health measures, and avoidable hospitalisations for dental conditions** **PP10: Oral health mean DMFT score at Year 8** **PP11: Children carries free at five years of age** **PP12: Utilisation of**

		One team **Te Ara Tuawhā**	Trial changes to caravan locations to increase access through opportunist visits. **Reducing avoidable hospitalisations for children 0-4** Refer to the separate section on *System Level Measures.* **Primary health care access** **Implement Budget 2018** announcements (subject to further detail and negotiation): ▪ CSC initiatives including youth 14-17 years. ▪ Reducing fees for community services card holders ▪ Ensuring 95% of eligible children under 14 have zero fee access to after-hours care within 60 minutes travel time, including GP services and prescriptions.	**Quarter 3** **Aligned with MoH required timeframes** **Ongoing**	**DHB funded dental services by adolescents** **PP13: Improving the number of children enrolled in DHB funded dental services** **SI1: Ambulatory sensitive hospitalisations (ASH) for 0 to 4 year olds** **SI15: Addressing local population challenges by life course (maternal, child and youth)**
Supporting health in schools, including SBHS	Whanganui DHB delivers the Health Promoting Schools programme in primary schools (years 1 to 8) from decile 1 to 4. This approach integrates the whole school community to work together to address the physical and mental health and wellbeing of students, staff and their community. Schools include health and wellbeing in their planning	**One team** **Te Ara Tuatoru**	**Priorities to support health in schools** Develop linkages between the SBHS and other primary care providers, including general practice teams and youth services. Conduct a stocktake of health services in public secondary schools in the Whanganui health district.	**Quarter 1** **Quarter 2**	**PP39: Supporting health in schools** **Equity of access to HEADS assessment for Māori(focusing on the 5% that**

	and review processes, teaching strategies, curriculum and assessment activities. The DHB also provides clinics for youth in high schools where nurses offer assessment, referral to other services, and/or treatment under standing orders. Services in schools include prophylactic management of Rheumatic Fever and throat swabbing of students presenting with suspected sore throat. The extension of school based health services to all decile 4 secondary schools provides the opportunity to link nurses with a greater number of youth within the school setting, and connect them to primary health services, including dental services.	**Smart System** **Te Ara Tuatoru**	Use improvement methodology to increase access to health services and support for Māori and Pacific students. Develop a student referral pathway to family planning for LARCs (long acting reversible contraception). Promote awareness of Rheumatic fever within schools with specific focus on Māori and Pacific populations who are at a significantly greater risk of contracting rheumatic fever. Implement SBHS into all decile 4 secondary schools in the Whanganui health district. Develop a programme co-designed with students that supports education and self-managed activities that mitigates future risk associated with pre-diabetes. Including public health nurses, the diabetes team, and their primary care team, focusing on preventative measures. Develop an implementation plan for expansion of SBHS to all Whanganui public secondary schools, for the Ministry of Health.	**Quarter 2** **Quarter 2** **Quarter 2** **Quarter 3** **Quarter 3** **Quarter 4**	**fall outside the 95% target for assessment)** **SI12: Youth access and utilisation of health services (SLM)**
Increased immunisation	Whanganui DHB is consistently very close to meeting the national measures for immunisation, with very small numbers missing the target, often due to timing issues.		**Immunisation** Conduct opportunistic childhood vaccination with a focus on Māori tamariki during routine primary care visits, at the time of the before school check, during interfaces with community providers, and during	**Quarter 1**	**PP21: Immunisation coverage** **95% of children**

	Māori are consistently underrepresented in completed immunisations until they receive the HPV vaccination where Māori have the best coverage By working as one team across all primary immunisation providers within our region, and in collaboration with other child services, we can improve immunisation rates and equity for the key milestone ages in early childhood.	**Closer to Home** **Te Ara Tuawhā**	health visits to hospital and accident and medical services. Increased focus on the five year old measure by the Outreach Immunisation Service (OIS). OIS to engage with Well Child Tamariki Ora nursing staff to raise awareness and understanding of safety of immunisations and the immunisation schedule and promote to whānau. Increase primary care and OIS collaboration with kaupapa Māori services to focus on Māori tamariki and increase uptake Provide NIR data earlier for OIS to enable practices to follow up and vaccinate children in recommended timeframes. To support general practice be the consistent (primary lead) health provider for the child and their whānau. Public Health to complete the transition to vaccinating to all year 8 children for HPV. General practice teams to proactively follow up youth who have missed or not completed HPV immunisation. Launch joint DHB and primary care immunisation communications strategy focused on evidence based information, and whānau friendly messaging.	**Quarter 1** **Quarter 2** **Quarter2** **Quarter 1** **Quarter 2** **Quarter 2** **Quarter 2**	**immunised at age 5 with equity of coverage for Māori** **75% of youth fully immunised for HPV with equity of coverage for Māori**

Population mental health – pregnancy, early years and adolescence	Māori rangatahi are over-represented amongst vulnerable and at risk youth, across health, education and justice. We will proactively involve rangatahi to be part of our service and system redesign. Whanganui DHB has developed actions to improve population mental health and addictions, for vulnerable children, youth, Māori and Pacifica, by increasing uptake of treatment and support earlier in the course of mental illness and addiction, further integrating mental and addiction and physical health care, and co-ordinating mental health care with wider social services.	**Closer to Home Te Ara Tuatahi**	**Mental health and wellbeing** Specialist mental health services to provide workforce development to school based nurses to build capability in screening and assessing youth. Review the general practice based Wellbeing tool, and other tools used in general practice, to make sure they include all local service options including Kaupapa Māori options. Implement school based health services into 100% of decile 4 schools, to increase access for over 1,500 students to nurses with competent mental health expertise. Continue the implementation of Supporting Parents Healthy Children Initiatives in collaboration with community based NGOs and other DHBs.	**Quarter 2** **Quarter 2** **Quarter 3** **On going**	**PP25: Youth mental health initiatives** **100% of practices utilising an updated tool** **100% coverage of SBHS in decile 4 secondary schools**

Focus Area 1(b): Improving equity for priority populations – adulthood, and healthy ageing
(Incorporating mental health, people with disabilities, long term conditions, bowel screening, tobacco control, cancer prevention, pharmacy action plan, and healthy ageing)

Leadership: *Whanganui Healthy Ageing Service Alliance (to be established), Whanganui Mental Health Service Alliance, Whanganui Bowel Screening Steering Group, Whanganui Tobacco Advisory Group, Whanganui Diabetes & Long Term Conditions Clinical and Operational Overview Group, and Whanganui Cancer Network Group*

Government planning priority	Whanganui DHB commitment – applying the *EQUITY LENS*	Link to: NZ Health Strategy & He Korowai Oranga	Actions to Improve performance and equity	Milestones	Measures
Mental health and addictions	Whanganui DHB is committed to ensuring staff and members of our community are empowered to participate in the Government Inquiry into mental health and addiction. Whanganui DHB has identified actions to improve population mental health for vulnerable adults, Māori and Pacifica, by increasing earlier uptake of treatment and support, integrating mental and physical health care, and coordinating mental health care with wider social services. Whanganui DHB is committed to the HQSC mental health and addictions improvement programme with a focus on minimising restrictive care, including the aspirational goal of eliminating seclusion by 2020, and improving transitions.	**People powered Te Ara Tuatahi**	**Government Inquiry** Actively facilitate engagement of DHB clinical and management leaders, community NGOs, community agencies, and consumers, in the Government Inquiry into mental health and addiction. **Population mental health** Implement Whanganui DHBs new adult network model of care (hubs linked with general practice teams and kaupapa Māori mental health and addiction services), to support integration of mental and physical health care, including transition across the continuum of care. Includes better coordination of community resources to improve equity for Māori, Pacific and all service users regarding their overall wellness. Schedule evaluation of new model for 2019/20. Review acute response approach including triage and urgent crisis assessment.	**Phasing to occur once actions finalised** **On going** **Quarter 3** **Quarter 2**	**PP6: Improving the health status of people with severe mental illness through improved access** **PP7: Improving mental health services using wellness and transition planning** **PP8: Shorter waits for non-urgent mental health and addiction services for 0-19 year olds** **PP26: Mental health and addiction service development plan** **PP36: Reduce the rate of Māori under the Mental Health Act** **PP43: Population mental health**

	Māori are at risk of being over-represented in acute admissions, seclusion, and Compulsory Treatment Orders (CTOs). Our goals are to: ▪ Reduce seclusion rates for Māori by increasing the use of Kaupapa Māori peer support in seclusion prevention and debrief ▪ Set a goal of 10 percent reduction in the use of CTOs for all responsible clinicians by seeking alternatives e.g. engaging in a partnership approach with consumers, NGOs, kaupapa Māori mental health and addiction services and general practice teams. Whanganui DHB is also committed to improving performance against the addiction related waiting time measures, including services provided by the DHB and NGOs	**Value and high performance Te Ara Tuatoru**	Explore best practice approach for early intervention psychosis, with a particular focus for meeting the needs of Maori. Implement kaupapa Māori 'step up, step down' alcohol and other drug respite options. Which should improve responsiveness for Māori including improved wait times. Incorporate consideration of employment, education and training options tangata whaiora with low prevalence conditions, into all the DHBs specialist service multi-disciplinary processes. Develop district wide suicide prevention and post-vention strategy and action plan, co-designed with local Healthy Families Governance Group. To incorporate a range of activities such as mental health literacy and suicide prevention training, community-led prevention and post-vention initiatives. **Reducing use of seclusion** Use and implementation of seclusion and restraint reduction tools, for example, sensory modulation, trauma-informed care. Develop structured seclusion and restraint debriefing: Includes analysis of all incidents to ensure use of best practice including utilisation of peer support for debriefing service users. Deliver formal and targeted seclusion reduction training: Driven by the implementation of SPEC training.	**Quarter 3** **Quarter 4** **Quarter 3** **Quarter 3** **Ongoing** **Quarter 3** **Quarter 4**	**Output 1: Mental health output delivery against plan**

		One Team Te Ara Tuatoru	Continue to record and analyse extensive demographic information about individuals secluded: Ensuring all staff are familiar with the data and associated trends including community and medical staff.	**Ongoing**	
			Addiction support Support delivery of the central region AOD model of care locally. Implementation to include people under the Substance Addiction (Compulsory Assessment and Treatment) Act 2017 (SACAT).	**Quarter 4**	
			Take lead DHB role by employing regional SACAT area director on behalf of Whanganui, MidCentral and Hawkes Bay DHBs.	**Quarter 3**	
			Regional Services Plan (RSP) Whanganui DHB will implement the relevant actions to deliver the RSP commitments.	**As per RSP milestones**	

Government Planning Priority	Whanganui DHB commitment – applying the *EQUITY LENS*	Link to: NZ Health Strategy & He Korowai Oranga	Actions to improve performance and equity	Milestones	Measures
People with disabilities	Whanganui DHB is committed to ensuring mechanisms and processes are in place to support people with a disability when they interact with service providers across the health system. Through the equity lens, we want to develop a better understanding of the issues through engagement with Māori whānau with disabilities.	**One team Te Ara Tuawhā**	**Responsiveness and health literacy** Evaluate experience of Māori whānau with disabilities in interacting with our services: ▪ Develop health information and communication tools for people with disabilities (including visual, hearing, physical, intellectual and cognitive disabilities) Develop e-learning training for front line staff and clinicians that provides advice and information on what might be important to consider when interacting with a person with a disability. Deliver training for staff in relation to the above.	**Quarter 2** **Quarter 3** **Quarter 4**	**SI14: Disability support services** **30% of staff have completed training by year end**
Long term conditions including cardiovascular and diabetes risk assessment and tobacco control	Monitor and report utilisation of general practice services by Māori rangatahi. Monitor and report access and utilisation of afterhours services for under 14 year olds	**One team Te Ara Tuawhā**	**Cardiovascular and diabetes risk assessment** Increase CVD risk assessments in general practice for Māori, Pacific and South Asian populations, and people with known significant CVD risk factors (risk assessment is now recommended to begin in men aged 30 years and in women aged 40 years) to improve equity for Māori and Pacific people.	**Quarter 3**	**PP20: Improved management of long term conditions across five focus areas:** ▪ **Long term conditions** ▪ **Diabetes** ▪ **Cardiovascular health**

	Whanganui DHB commit to maintaining a rate of 90% in undertaking CVD and diabetes risk assessments for the eligible population Whanganui DHB will continue to implement the actions in Living Well with Diabetes – a plan for people at high risk of or living with diabetes 2015-2020 in line with the Quality Standards for Diabetes Care. Patient and whānau stories are used to inform how we empower Māori whānau to understand the benefits of healthy lifestyles, and self-manage their long term conditions. Whanganui DHB is committed to enabling an integrated approach to support the Smokefree 2025 goal for New Zealand.	**Value and High Performance** **Te Ara Tuatoru**	Develop and implement the Primary Care CVD Risk Assessment and Management Plan Focus on improved uptake across all practices and improving equity for Māori and Pacific people: ▪ Identify practices with low up-take ▪ Identify and implement strategies to improve up-take ▪ Monitor and report improvement Focus on optimisation of medications with provision of evidence based management of CVD risk and complications of diabetes Use findings from primary care data review to inform general practice co designed strategies to respond to quantified risk to improve equity in health outcomes for Māori and Pacific people. **Management of kidney disease** Contribute to provision of a seamless sub- regional renal service with MidCentral DHB. Continue to develop capacity and capability in primary care for effective management of high risk chronic kidney disease patients. Implement workforce recommendations from the Whanganui DHB Renal Plan to develop local expertise and capacity to support home renal replacement therapies.	**Quarter 1-4** **Quarter 2-4** **Quarter 2** **Quarter 3 &4** **Quarter 3 &4** **Quarter 4** **Quarter 1-4**	▪ **Acute heart service** ▪ **Stroke** **PP31: Better help for smokers to quit in public hospitals** **SI1: Ambulatory sensitive admissions (ASH) for 45 to 64 year olds** **SI9: Amenable mortality (SLM)**

	Use the Atlas of Healthcare Variation to monitor diabetes management and service improvement with focus on improving equity for Māori and Pacific patients and their whānau	**One Team Te Ara Tuatoru**	**Retinal screening** Review current service delivery model against the national guidelines. **Workforce development** Deliver ongoing workforce development to improve the sustainability of specialist and primary care workforce. Includes specialist nurses working alongside primary care providers to build diabetes capability and confidence. Includes mentoring, case review, collaborative clinics with general practice teams. **Improve quality of care in specialist services** Review, update, develop and implement hospital guidelines for DKA/hyperglycaemia, treatment of diabetes (inpatients), hypoglycaemia, insulin pump therapy, blood ketone testing and diabetes in pregnancy guidelines. Implement point of care capillary blood ketone testing in appropriate inpatient settings (Paediatrics, Emergency and Critical Care Unit). Support proactive management of patients with diabetes in acute hospital settings. Establish young adult clinic (16-25 years). Explore options to support Māori youth with diabetes in the community.	**Quarter 1-4** **Quarter 1-4** **Quarter 2** **Quarter 3** **Quarter 1-4** **Quarter 3** **Quarter 4**	

			Effective self-management
			Provide education and resources to improve health literacy to support people to self-manage their long term conditions.
			
			Tobacco control
			▪ Review Tobacco Advisory Group structure and outcomes against Board and Ministry of Health expectations.
			▪ Support training and development of ABC, stop smoking service, primary care and community providers in collaboration with regional stop smoking group such as:
			  ▪ Maternity and mental health specific
			  ▪ Distribution of vaping information to raise awareness
			  ▪ Online training modules
			  ▪ GBT training – train the trainer programme
			  ▪ Training for community pharmacy staff including smokerliser training
			Comprehensive training for primary care including:
			  ▪ One to one general practitioner and nurse training
			  ▪ Vape to quit general practice and referral to support – training and reconfirmation of process
			  ▪ Support the development and review of general practice smoking plan
				Quarter 3
				
				Quarter 4
				
				Quarter2- 4
				
				Quarter 2-4
				
				Quarter 2	

			▪ Presentation and awareness raining of referral processes, supports, group training to the Whanganui Inter-Professional Education Forum (WIPE)	**Quarter 3**	
			▪ Undertake independent survey of stop smoking service users to inform appropriate support needs lead by community based quit service developed in collaboration with consumers, providers and subject experts including Smoking Advisory group, General Practice, DHB and Community leads	**Quarter 3**	
			▪ Engage with sectors outside of health to support development of smoke free leadership in other settings.	**Quarter 1-4**	
			▪ Vape to quit education and training requirements are identified and provided.	**Quarter 2**	
			▪ Review and implement efficient systems and processes to support referrals to and engagement with local stop smoking services.	**Quarter 3**	
			▪ Establish working relationship with vape provider to support stop smoking programme.	**Quarter 3**	
			Smokefree priority groups -Māori& Pacific, Youth, Pregnant Women & Mental Health ▪ Identify opportunities including linkages with Youth Services Trust to support youth to cessation support. ▪ Support development of relevant cessation delivery and messaging for rangatahi.	**Quarter 1** **Quarter 1**	

			Review further integration of whānau ora centered approach to engage Maori/Pacific. ▪ Identify community champions and provide support to develop locally-led, relevant and effective Smokefree solutions. ▪ Consider recommendations from Maternal Smoking Research Project. ▪ Explore including smoking questions in Whanganui DHB maternity survey. ▪ Review current incentive program for pregnant women to consider vape to quit program. ▪ Provide vaping education and support for LMCs. ▪ Explore group coach training to engage whole whānau, . ▪ Work with mental health community providers to become smoke free including vaping as an alternative. ▪ Explore the development of Smoke free plans for persons engaged with mental health services.	**Quarter3** **Quarter 2** **Quarter 4** **Quarter 3** **Quarter 3** **Quarter 2** **Quarter 2** **Quarter 3** **Quarter 4**	

Pharmacy Action Plan	Whanganui DHB will continue to engage with the agreed national process to develop and implement a new contract to deliver integrated pharmacist services in the community. Whanganui DHB will continue to support the vision of the Pharmacy Action Plan by working with pharmacists, consumers and the wider health sector to develop integrated local services that make the best use of the pharmacist workforce. Applying the equity lens, improvement of health information/literacy is required to improve Māori whānau and wider communities' understanding of medications and demystifying norms regarding sharing medication, regular medication use and options around affordability.	**One team** **Te Ara Tuawhā**	**National community pharmacy agreement** Work collaboratively with other DHBs and DHB Shared Services to implement the pharmacy contracting arrangements and develop local services once agreed. **Medicines Utilisation Project** Implement recommendations from the Whanganui DHB Medicine Optimisation programme focusing on improving medicines management for older people across the system. **Health Information / Literacy** ▪ Review patient information and apply principle of health literacy to patient information and communication ▪ Provide health promotion articles into public media ▪ Work with kaupapa Māori providers to disseminate messages to improve understanding of medications use and management to Māori whānau and communities	**Quarter 2** **Quarter 2** **Quarter 3** **Quarter 4** **Quarter 4**	
Cancer Prevention	Whanganui DHB is committed to delivering sustainable service improvement activities to improve equity, access, timeliness and quality of cancer services. This includes addressing the equity issues at population health level, for example, late presentation and increased mortality rates for Maori.	**One team** **Te Ara Tuawhā**	**Faster cancer treatment cancer and prevention** Continue to participate in the development and implementation of cancer pathways. Work collaboratively with central region DHBs to manage the increase for referrals for colonoscopy and any treatments that may be required. Implement priorities identified in the urology work stream and ensure there are	**Ongoing across quarters 1-4** **Ongoing**	**PP30: Faster cancer treatment** **SI10: Improving cervical screening coverage** **SI11: Improving breast screening coverage**

	We will engage with Māori communities to identify and implement strategies to support the achievement of equity in screening rates for Maori. The cancer coordination function will continue to lead improvement in the journey through the system for the patient and their whānau, and reduce the risk of people not getting access to care in the right place at the right time. We have made good progress in this area but still have more work to do connecting Māori to services and support earlier, and in supporting end of life care. This priority includes bowel screening, and the faster cancer treatment measures.	**Closer to Home** **Te Ara Tuatahi**	robust systems and process to have greater monitoring and reporting on urology cancers. Implement the prostate cancer decision support tool to improve the referral pathway across primary and secondary services. Evaluate sub-regional urology service to ensure it is meeting our population needs. Focus on priority population (Māori & Pacific) women including offering further opportunities to access cervical screening, alongside robust health promotion. Improving awareness and access through community events and networks i.e. Samoan Churches, Pasifika Early Childhood Centre and schools Repeat successful local 'Smear your Mea' campaign across rural and urban districts of the DHB. Increase raising awareness at community events such as market days, UCOL Orientation and annual Ratana Celebration Funded screening for priority women - Māori, Pacific and Asian and follow up through general practice outreach team. Work collaboratively with MidCentral to ensure equity of access for CT/MRI pathways for our local population in line with the national cancer service guidelines for radiology.	**Quarter 4** **Quarter 3-4** **Quarter 2-4** **Ongoing** **Ongoing** **Quarter 3 - 4** **Quarter 3 - 4** **Ongoing**	**Equity improvement for Māori in cervical and breast screening rates** **Equity lens on implementation of Bowel Screening Programme**

			Ensure people living in the Whanganui DHB area have a shared care plan developed by their multi-disciplinary team with the person and their family/whānau, connected to hospital and community Māori Health Services.	**Quarter 4**	
			Complete four monthly tracer audits for each tumour stream to understand the patient journey through the system to improve systems and processes, access to service and equity issues.	**Quarter 3-4**	
			Work with Kaupapa Māori services and other relevant stakeholders to focus on a campaign to raise the awareness within the population regarding the importance of screening, early intervention and early warning signs of cancer.	**Quarter 3-4**	
			Survivorship - ensure support is in place for people following their cancer treatment: ▪ wrap around services for cancer survivors and their whānau such as local cancer support, wig support ▪ refer to social and psychosocial services as needed during and on completion of cancer treatment ▪ Learn from qualitative tracer information ▪ provide information for ongoing screening and wellness checks ▪ develop a survivors and whānau wellness program – with components such as dietetics, exercise, mental wellbeing, yoga – to support transition to re-establishing healthy lifestyles ▪ link Māori whānau to Māori health providers particularly in rural areas for follow up and support	**Ongoing** **Ongoing** **Quarter 3** **Quarter 3** **Quarter 2** **Ongoing** **Quarter 4**	

			Bowel screening programme Prepare a local implementation plan that complements regional plans and activities for bowel screening. Undertake a DHB readiness assessment by 28 February 2019 with the aim of introducing bowel screening by May 2019. Undertake a capacity and scheduling systems review to ensure compliance with waiting times is sustainable. Work with the National Bowel Screening Programme (NBSP) and the Ministry on IT integration. **Regional Services Plan** Whanganui DHB will implement the relevant actions to deliver the RSP commitments for Cancer services.	**Quarter 3** **Quarter 3** **Quarter 2** **Ongoing Quarter 4** **In line with RSP milestones**	

Government Planning Priority	Whanganui DHB commitment	Link to: NZ Health Strategy & He Korowai Oranga	Actions to improve performance and equity	Milestones	Measures
Healthy Ageing	Whanganui DHB is committed to delivering on priority actions identified in the NZ Healthy Ageing Strategy (2016) Whanganui DHB recognise that Māori have unique needs and philosophies in relation to ageing, and aim to support this through continued delivery of Kaupapa home and community services, and by incorporating co-design principles, health information that builds on Māori concepts and whānau patient-centred care in all service redesign and service delivery. Implement the MoH Health and Community Support Services Framework aligned with the WDHB whānau ora approach to care delivery.	**Closer to home** **Te Ara Tuatahi**	**Healthy ageing programme** Older people representing the diversity of our community are involved in all service design, co-development and review, and other decision-making processes in relation to healthy ageing actions. Continue to work with ACC, HQSC and the Ministry of Health to promote and increase enrolment in the DHB integrated falls and fracture prevention services as reflected in the "Live Stronger for Longer" Outcome Framework and Healthy Ageing Strategy. Implement recommendations of the Whanganui DHB Medicine Optimisation programme focusing on improving medicines management for older people across the system. Implement the nationally developed education guidelines for informal carers of people with dementia. Implement Te Ara Whakapiri, principles and guidance for the last days of life, to improve the quality and effectiveness of palliative care. *65,000 beds project*	**Ongoing** **Ongoing** **Quarter 4** **Quarter 4** **Ongoing**	**PP23: Implementing the Healthy Ageing Strategy** **SI7: Acute hospital bed days per capita (SLM)** **SI15: Addressing local population challenges by life course (adult and older people)** **OS3: Inpatient length of stay** **OS8: Reducing acute readmissions to hospital**

			Co-design with the representatives of the diversity of our community including Māori an integrated and coordinated community model. Incorporating home and community support, community and specialist nursing, and allied health, working in partnership with general practice teams, to keep people well in the community. The model will be informed by the DHB and Ministry led development of Future Models of Care for home and community support services. It will include other funders such as ACC. It will be a major contributor to assisting the DHB to identify the drivers of acute demand for people aged 75 plus presenting at ED and urgent care services (including at lower ages for disadvantaged populations).	**Quarter 4**	

Focus Area 2: Equitable access to clinical services

Government planning priority	Whanganui DHB commitment	Link to: NZ Health Strategy & He Korowai Oranga	Actions to improve performance and equity	Milestones	Measures
Shorter stays in Emergency Departments	Whanganui DHB is committed to delivering service improvement activities to improve acute patient flow, and the patient experience, within the hospital, and in transitioning back to the community. Our actions acknowledge that whilst meeting key national measures is important, it is even more important that we look beyond the measures to make sure we provide safe, quality services that meet the needs of our patients and their whānau. Ensuring a smooth journey through the system is our first priority. The emergency department plays a significant role in managing primary care demand over-night, and works alongside the co-located primary care accident and medical centre that operates extended hours. Guided by the Whanganui Alliance Leadership Team mitigation strategies across the system will be agreed and implemented to reduce acute demand flows.	**Value and high performance** **Te Ara Tuatahi**	**Effectively Reducing Acute Demand** Continue ongoing improvements in the combined waiting room that will better reflect the two services (ED and WAM) in this space. Create a patient and whānau-focused model of delivery from end-to-end – including wrap around back into the community – in partnership with community-based services Explore a broader MDT approach to models of care within the emergency setting. Address the needs of rural patients and their whānau particularly after hours discharge back to rural areas from ED by: ▪ Identify on admission ▪ Establish discharge timetable to ensure late discharge are reduced ▪ Support and communicate to patient and family on options available if admitted. Improve content and flow of messages to users of the services, using health literacy principles.	**In line with WALT work programme** **Quarter 3** **Quarter 3** **Quarter 4**	**Emergency Department waiting times measures** **Percentage of patients admitted to hospital from emergency department**

	The DHB is committed to creating and supporting an age-friendly Emergency Department in recognition of our ageing population.		**Releasing time to care** Implement and embed Releasing Time to Care Programme in conjunction with Care Capacity Demand Programme (CCDM) ▪ Improve patient flow by providing streamlined processes. ▪ Make sure the right equipment is in the right place at the right time. Review workflow practice post WebPAS implementation: ▪ Phone call demand ▪ IT challenges ▪ IT equipment availability **Age friendly environment** Implement close care with dignity nursing principles in the emergency department. Provide a calm and quieter space within the department environment for patients recognised with cognitive impairment. Establish a project team to support development of fast track admission criteria for admission for acutely unwell older patients to reduce time in emergency department, and identifying avoidable admissions. Deliver education and implementation of the "Think Delirium 4AT" tool to improve assessment of delirium in the older person.	**Quarter 2 -4** **Quarter 3** **Quarter 4** **Quarter 4** **Quarter 4** **Quarter 4**	
Improved access to elective surgery	Deliver agreed service volumes in a way that meets timeliness and prioritisation requirements and	**Value and high performance**	**Improved access to elective services** Continue to implement learnings from the Whanganui DHB patient centred outpatient booking initiative.	**Quarter 1**	

	improves equity of access to services. Applying the equity lens, we are working hard to understand why Māori are more likely to miss scheduled appointments. Research to date suggests that we do not make it easy for many whānau to navigate through our system. We have commenced a comprehensive programme to understand what needs to change so we can deliver whānau patient-centred care across all our services from end to end.	**Te Ara Tuatoru**	Implement nurse lead avastin clinics in Opthalmology to improve timely patient access to treatment. Monitor patient prioritisation scoring to ensure appropriate patient access to elective services. Collaborate with MidCentral DHB to implement revised urology model of care. Monitor and evaluate implementation of the *Fit for Surgery* initiative including use of technology, information and approaches that empower Māori whānau. **Regional Services Plan** Whanganui DHB will implement the relevant actions to deliver the RSP commitments. ▪ Complete the review of the current orthopaedic workforce to contribute to the regional review ▪ Support work in the region to develop and implement regional models of care ▪ Collaborate regionally on the development of an equity framework by engaging with the regional equity workstream Including the sub-regional arrangements with MidCentral DHB for ophthalmology and Urology.	**Quarter 2** **Quarter 3** **Quarter 3** **Quarter 4** **Quarter 3** **Quarter4** **Quarter 1 and TAS timeframes** **Quarter 3**	**PP45: Elective surgical discharges** **SI4: Standardised intervention rates** **OS3: Inpatient length of stay (Electives)** **Electives and Ambulatory Initiative** **Elective Services Patient Flow Indicators**

Cardiac services	**Regional priority**	**Closer to home Te Ara Tuatahi**	**Regional Services Plan** Whanganui DHB will implement the relevant actions to deliver the RSP commitments for Cardiac services. The major project for 2018/19 is to work in partnership with MidCentral DHB in the development of their sub-regional cardiac service. The aim is to provide more services closer to home, improve equity of access for Māori to diagnostic services, and support primary care to develop early intervention and management strategies for the district's population. Other local priorities include: ▪ Implementation of the National Cardiac Standards. ▪ Confirmation of regional Stemi-pathway arrangements.	**Ongoing and report through RSP**	**PP29: Improving waiting times for diagnostic services** **SI2: Delivery of Regional Plans**
Regional care arrangements	**Regional priority**	**One Team Te Ara Tuatoru**	**Regional Services Plan** Whanganui DHB will implement the relevant actions to deliver the RSP commitments for regional care arrangements.	**Ongoing**	**SI2: Delivery of Regional Plans**

Regional work programme	**Regional priority**	**Closer to home Te Ara Tuatahi**	**Regional Services Plan** Whanganui DHB will participate in the broader central region work programme which includes: ▪ Diagnostic services ▪ Elective services ▪ Hepatitis C ▪ Information Communication Technology (ICT) ▪ Major trauma ▪ Stroke ▪ Regional workforce ▪ Sub-regional work plan with MidCentral DHB for ophthalmology and urology services	**Ongoing** **Quarter 3**	**SI2: Delivery of Regional Plans**

	Sub - Regional priority	**Closer to home Te Ara Tuatahi**	**Central Alliance Work Programme** Whanganui and MidCentral DHBs are working in collaboration on the following areas 2018/19: ▪ Laboratory procurement, RFP Quarter3 ▪ Urology service model implementation ▪ Sub-regional model for cardiac services ▪ Outreach chemotherapy implementation.	**Quarter 4** **Ongoing Quarter 3**	

Focus Area 3: Enablers

Government planning priority	Whanganui DHB commitment	Link to: NZ Health Strategy & He Korowai Oranga	Actions to improve performance and equity	Milestones	Measures
Improving quality	**Whanganui DHB will deliver actions to improve the patient experience, and contribute to improvements in equity for Maori**	**Value and high performance** **Te Ara Tuatoru**	**Improving quality** ▪ Participate in the HQSC programme for areas of high harm. ▪ Monitor performance against the HQSC Quality and Safety Markers. ▪ Grow the capacity and capability of the Whanganui DHB 'patients for patient safety' group Te Pukaea (DHB Consumer Council) ▪ Continue to build an organisational culture, and values, that support sustainable quality of care, and whānau and patient centred care ▪ Continue to deliver on the responsiveness programme – looking at data and working with consumers and their whānau to understand barriers to accessing care. Incorporates do not attends (DNAs), transport, scheduling, communication and navigation. ▪ Implement a review of patient information/messaging and align to health literacy and best practice involving Te Pukaea. Monitor Adult Inpatient HQSC survey: Focus on all indicators with specific focus to improve the two lowest scoring questions: Coordination and Physical and Emotional Needs :	**Quarter 1-4** **6 monthly** **Quarter 4** **Quarter 2-4** **On going** **Quarter 4** **Ongoing**	**SI8: Patient experience of care (SLM)** **SI17: Improving quality** **OS10: Improving the quality of data through national collections (three MoH focus areas plus local priority on capturing ethnicity)** **HSQC measures and markers**

			▪ Monitor and report results quarterly ▪ Table results at Te Pukaea meeting quarterly ▪ Identify service improvement actions with Te Pukaea and with quality teams (services and department) ▪ Evaluate service improvements ▪ Report to Clinical Governance Board	**Quarterly** **Quarterly** **Quarter 3 and 4** **Quarter 4** **Quarterly**	
Primary care integration	Whanganui DHB will strengthen its alliance through more integrated membership, establishment of service level alliances, and introduction of robust analytics to track progress toward improving equity for Maori. *'65,000 beds' model of care* A key focus for 2018/19 is to create a coordinated community workforce, that includes a range of specialist and primary care providers coming together to 'wrap service and support' across the 65,000 beds in our community Whanganui DHBs jointly developed 2018/19 System Level Measures (SLM) Improvement Plan is included in this plan under *Appendix Two.*	**Closer to home** **Te Ara Tuawhā** **One team**	**Whanganui Alliance Leadership Team (WALT)** ▪ Appoint an independent chair and broaden involvement to include a range of primary care providers and stakeholders (Note: MoH guidance expectations include community pharmacy, maternity, public health, well child Tamariki Ora providers, Whānau Ora providers, mental health providers, aged care, and ambulance services). ▪ Establish Service Alliances in population priority areas to support development and monitoring of the Annual Plan, including responsibility for System Level Measures (SLMs) - special focus areas for 2018/19 include child health, mental health, and people with multiple comorbidities including optimal use of medicines.	**Quarter 3** **Quarter 2**	**HS: Supporting delivery of the NZ Health Strategy** **PP22: Delivery of actions to improve system integration including SLMs** **PP32: Improving the quality of ethnicity data collection in PHO and NHI registers** **PP33: Improving Māori enrolment in PHOs (note: also need to look at utilisation)** **SI3: Ensuring delivery of service coverage** **SI5: Delivery of Whānau, Ora**

		Te Ara Tuawhā	▪ Establish and resource alliance programme leadership.	**Quarter 2**
			▪ Oversee Service Integration Programme (see below).	**Ongoing**
			Service Integration ▪ Establish robust analytics to support service development.	**Quarter 3**
			▪ Oversee delivery against the System Level Measures (SLM) plan ensuring each measure has a 'home' through the appropriate service level alliance, and has a clinical lead.	**Quarter 3**
			▪ Oversee implementation of the recommendations from the Evaluation of the Whanganui Collaborative Clinical Pathway Programme.	**Quarter 3**
			▪ Provide oversight to the **65,000 beds** model of community care development.	**Quarter 4**
			▪ Consider implementation of Healthcare Home model.	**Quarter 3**
			▪ Consider how the GP liaison function can support the integration work programme.	**Quarter 4**
			▪ Review urgent care arrangements across specialist and primary care (the 'front door').	**Quarter 2**
			▪ Actively promote community uptake of 'Manage my Health'.	**Quarter 4**

			▪ Build on the partnership established to support the 'winter plan' to deliver community messages. ▪ Engage with local primary care providers the Ruapehu Whānau Transformation initiative, Iwi health providers, community leaders and local communities to design future health services in Waimarino.	**Ongoing** **Quarter 3-4**	

Strengthen Public Delivery of Services	Creating a value proposition for better coordination of current resources in our communities 65,000 beds Accelerate Māori health gain and improve equity in health outcomes for Māori Whanganui DHBs jointly developed 2018/19 System Level Measures (SLM) Improvement Plan is included in this plan under *Appendix Two.*	**Value and high performance** **Te Ara Tuatoru**	**Actions below may also appear in other related priority areas of this plan:** ▪ Primary care integration: Review urgent care arrangements across specialist and primary care (the 'front door'). ▪ Discussions with MoH: Evaluate options for future delivery of services, to meet strategic objectives. ▪ Implement the WDHB Equity Framework resulting from Equity Check –UP – independent audit – apply equity lens against all performance and investment, to accelerate Māori health gain. ▪ Quality Improvement : Grow the capacity and capability of the Whanganui DHB 'patients for patient safety' group Te Pukaea (DHB Consumer Council) ▪ Regional Services Programme: Continue to participate in the broader central region work	**Quarter 2** **Quarter 2-4** **Quarter 2-4** **Quarter 3-4** **Quarter 1-4**	**SI16: Strengthening public delivery of health services** **SI17: Improving quality** **SI5: Delivery of Whānau, Ora** **SI8: Patient experience of care (SLM)** **SI2: Delivery of Regional Plans**

			programme as outlined above and the sub-regional work programme with MidCentral DHB. Across our community: Address the needs of rural patients and their whānau particularly after hours discharge back to rural areas from ED by: ▪ Identify on admission ▪ Establish discharge timetable to ensure late discharge are reduced ▪ Support and communicate to patient and family on options available if admitted. Implement and monitor the Systems Levels Plan 2018-19 Continue to build workforce capacity and capability across the health district to meet the needs of our population – refer to workforce section of plan.	**Quarter 3-4** **Quarter 1-4** **Quarter 1-4**	**Admission and discharge rates of Rural patients attending ED** **System Level Measures** **Workforce profile**
Environmental responsibility	Whanganui DHB commits to making efforts to reduce carbon emissions and, promote the adoption of CEMARS (or other carbon neutral scheme). This will require individual and collective efforts. Whanganui DHB also commits to raising awareness and actively promoting the	**Value and high performance** **Te Ara Tuatoru**	**Climate change** Undertake a stocktake to identify what actions are already occurring, including through procurement, that are expected to positively mitigate or adapt to the effects of climate change. Areas identified to date include:	**Quarter 3** **Ongoing**	**PP40: Responding to climate change** **PP41: Waste disposal**

	use environmentally friendly waste disposal methods and practices.		▪ Reduce carbon emissions via composition and use of vehicle fleet **Waste disposal** Undertake a stocktake to determine what actions are required to support the environmental disposal of hospital and community waste products, including cytotoxic waste. Areas identified to date include: ▪ DHB campus recycling programme ▪ Increase community awareness through public promotion and education to support the community pharmaceutical waste management and disposal process already in place	**Quarter 2** **Quarter 3**	
Fiscal Responsibility	Whanganui DHB will manage finances prudently, in line with the Minister's expectations, to the best of our ability, and in accordance with the DHBs strategic commitments.	**Value and high performance** **Te Ara Tuatahi**	**Financial plan** Section 2.2 of this plan provides our detailed financial planning assumptions for 2018/19. Our second strategic commitment in Section One of this plan (investing to improve health outcomes and live within our means) describes our strategies toward financial sustainability.		**Agreed financial templates.**

2.2 WHANGANUI DHB FINANCIAL PERFORMANCE SUMMARY

Whanganui DHB remains committed to operating within annual funding over the long term, and to delivering on the agreed financial plan, supported by clinical and executive leadership.

The Whanganui DHB is planning a deficit of $7.9m in 2018/19.

The draft financial plan for 2018/19 is set out below:

Statement of prospective Financial Performance for the four years to 30 June 2022

	Actual 2016/17 $000	Forecast 2017/18 $000	Plan 2018/19 $000	Plan 2019/20 $000	Plan 2020/21 $000	Plan 2021/22 $000
Provider (deficit)	(2,162)	(4,314)	(8,415)	(5,364)	(3,948)	(3,120)
Governance and Funding Administration surplus/ (de	(67)	501	3	–	–	–
Provider / Governance and funding (deficit)	**(2,229)**	**(3,813)**	**(8,412)**	**(5,364)**	**(3,948)**	**(3,120)**
Funder Arm surplus / (deficit)	1,517	(366)	526	7	21	83
Base net (deficit)	**(712)**	**(4,179)**	**(7,886)**	**(5,357)**	**(3,927)**	**(3,037)**
Mental Health Ring Fence expenditure from prior yea	–	–	–	–	–	–
Asset write down & other	–	–	–	–	–	–
Consolidated net (deficit) for year	**(712)**	**(4,179)**	**(7,886)**	**(5,357)**	**(3,927)**	**(3,037)**

Whanganui DHB received a funding increase of 3.24% in 2018/19 to contribute to cost pressures and demand growth. However, the funding increase will not be sufficient to cover cost and demand growth based on the current service provision profile.

Whanganui DHB has a very good understanding of the drivers of the forecast deficit for 2018/19, and the reasons why this has increased so sharply since the 2016/17 year. The trend of rising acute hospital demand driving the cost of doing business is the main contributor to the planned deficit for 2018/19.

Whanganui DHB is working on a long-term financial and clinical sustainability programme, which is based around a three-phase approach.

Phase One is incorporated into this plan, which represents the realistic cost of doing business in 2018/19, with moderate risk built into key expenditure areas including inter-district flows (IDFs), Health of Older People, and Community Pharmacy.

Key assumptions for 2018/19:

Revenue

- Funding increase of 3.24% as advised through Funding Envelope.
- Additional revenue of $552k to support CCDM resourcing as agreed through nursing settlement. This offset by equal cost to fund an additional 7 FTE nursing positions.
- Additional revenue of $110k CCDM operational management, included in existing budget.
- Top up revenue of $768k being funding for NZNO MECA settlement shortfall being difference between 3% plus nursing cost increase included in costs and 2% allowed for in funding envelope.
- Electives initiative funding of $4,615k.

Investment

- The DHB will deliver on the full range of initiatives within *Budget 2018*.
- Investment based on maintaining core service coverage.
- Price increases on national contracts as nationally agreed by DHBs: PHOs 2.38%, Aged Residential Care 2%, and Community Pharmacy maximum of 2% across package, Oral Health 2%.
- Price increases for community NGOs up to 2%

- The impact of the Pay Equity settlement and associated impacts will be cost neutral to the DHB, as it will be covered by Government settlement appropriations.
- Hospital provider arm funding based on forecast service delivery in 2018/19 at national prices.
- IDFs based on average of past 4 years.
- Health of older persons' volume growth of 0% for aged related residential care and home based support services
- A 2% efficiency on pharmaceuticals expenditure through an optimal use approach.
- Whanganui DHB will receive the same amount of revenue increase in 2019/20 and 2020/21 (not the same rate).
- National case-weight prices will increase by no more than the DHBs funding growth path during the term of this plan.

Service provision

- Funding increase for Provider Arm of 2.2% over 2017/18 base funding, as a result of acute demand.
- Nurses MECA settlement of 3% + 3% + 3% with new steps 6 and 7, call allowance uplift. Senior nurses 4% year 1 then 3% + 3%. One off lump sum included in 2017/18.
- All other MECA settlements budgeted based on 2% increase + step increases. Any increases higher than 2% base increase is assumed to be funded by MOH.
- Individual contracts (IEAs) budgeted based on 2% increase.
- Schedule 10 RMO roster impact included from Dec 18 – 9 FTE ($410k)
- Allied health vacancies of 15 FTE, $1,005k are assumed to be fully recruited during the year.
- Sick leave will be maintained at around 2.5% of worked hours.
- SMO rosters have been budgeted as fully staffed with minimal outsourced locum costs.
- Clinical supply cost increases will be contained due to impact of Health Partnerships procurement efforts.
- Utilities increases of 4-6%
- Non-clinical support services increases for food, orderlies, cleaning and facilities maintenance.
- Whanganui DHB is compliant with mental health ring-fence requirements.

Corporate

- Exchange rate fluctuations may materially impact the cost of supplies and will be offset by procurement savings initiatives and the use of hedging contracts by suppliers.
- Capital charge rate of 6%
- Revaluation as at 30 June 2018 has increased property assets by $7.3m. The resulting $438k increase in capital charge is offset by equal amount of funding. The additional deprecation of $245k is not funded.
- Clinical Portal, RIS and RADA amortisation commencing January 2019 impacting on depreciation. WebPAS amortisation commenced Apr2018. Economic lives are 10 to 13 years.
- Other facility service contract average increase of 1.3%
- Material compliance costs arising from regulatory and legislative changes are not budgeted.
- No material costs have been included for a pandemic or major disaster.
- Operating impacts from implementation of RHIP is driving an additional $320k increase in operating costs in 2018/19 and outer years.

Risks

Risks that are not included in the budget:

- If MECA increases not funded by MOH where greater than 2% budgeted $116k
- Pharmacy savings $400k are assumed.
- IDFs based on 12 months to 30 September – risk range depending on flows up to $1,000k
- Acute demand growth increases service activity in excess of 2017/18 actual volumes which are the base assumption for provider service activity 2018/19.

Phase two

A major clinical activity and cost review has commenced with a number of projects initiated. Given the scale of work and coordination across clinical and business teams these projects will only start

to yield gains in 2019/20 year and beyond. Depending on success and speed of impact the benefit range could be $2m to $3.9m.

The major initiatives are detailed below, however in additional to these projects there are a long list of projects that will be tested for potential gains. The focus is on delivery of sustainable solutions.

Project	Key outcomes
Surgery - National caps	Cap operations on national intervention rates (requires Government support)
Acute urgent care presentations	Reduce the number of inappropriate acute urgent care presentations
Robust management of ACC entitlements	Ensure ACC being billed where appropriate, complete ACC45 asap. Capture all injury management claims
Drugs – Choosing Wisely	Implement Choosing Wisely – reduce tests, wasted interventions, reduce harm.
Stop drug waste	Just-in-time delivery of drugs, local chemotherapy , polypharmacy etc
Consolidate healthcare	Optimise structures alliances and funding arrangements
Informatics	Including improve availability of information to clinicians to support decision-making
Smart procurement	Standardisation of product, product substitution.
Single point of contact/gatekeeper	Holistic care in context of family / community, treatment closer to home, community empowered solutions.

Phase three

Achieving financial and clinical sustainability relates to major service and structural reconfiguration across specialist and primary care services. This phase will be strongly influenced by the NZ Health and Disability Review due July 2019 with final report due Mar 2020.

SECTION 3:
SERVICE COVERAGE AND CONFIGURATION

WĀHANGA 3: ROHE RATONGA ME TŌNA ĀHUA

The service coverage schedule is a national standard and describes the minimum range of health and disability support services the DHB must provide for its population.

3.1 SERVICE COVERAGE

Whanganui DHB is not seeking any exceptions to service coverage during the term of this plan. Any exceptions that arise will be reported to the Ministry of Health.

Ability to enter into service agreements
In accordance with section 25(2) of the New Zealand Public Health and Disability Act, Whanganui DHB is permitted by this annual plan to:

a) Negotiate and enter into service agreements containing any terms and conditions that may be agreed.
b) Negotiate and enter into agreements to amend service agreements.

3.2 SERVICE CHANGE

Whanganui DHB is proposing to implement a range of initiatives to improve clinical and financial sustainability during the term of this plan.

Some of these measures may require further engagement with the Ministry of Health and could trigger the service change process as outlined in the Ministry of Health document *Service Change – Rules, Principles and Processes for DHBs (January 2011).* Any material changes will be notified to the Ministry of Health in accordance with the service change process.

The initiatives that may trigger the service change process in 2018/19 include:

Change	Description of change	Benefits of change	Change for local, regional or national reasons
Development of sub-regional services under the centralAlliance	A range of initiatives will be delivered under the centralAlliance with MidCentral DHB that may result in service changes during 2018/19.	▪ Services closer to home ▪ Living within our means ▪ Best use of specialist workforce	Regional
Development of integrated pharmacy services in the community	During 2018/19 DHBs are expected to commit to deliver on the Ministry of Health's Pharmacy Action Plan. In particular to make better use of pharmacists expertise in the safe and effective use of medicines to achieve the best health outcomes	▪ More efficient and effective use of specialist resources	National

Change	Description of change	Benefits of change	Change for local, regional or national reasons
	for all consumers across New Zealand, within the funding available. During 2018/19 DHBs will develop local pharmacist services strategies which align with the Pharmacy Action Plan and the 'integrated pharmacist services in the community' vision. We will continue to develop and implement consumer focused services and better integration with wider community based interdisciplinary teams.		
Home and community support services	Recommendations from a national review of home and community support services may result in service changes in the home and community support sector. The outcome of the national negotiations on pay parity resulting from court action may also result in service changes. At this stage the outcomes from both these processes are unknown. Whanganui DHB may also undertake procurement for home and community support services during the 2018/19 year as part of the community integration programme.	▪ Move to pay parity ▪ More efficient configuration of services and integration as part of the primary care team	National
Elective services	Rebalancing of elective surgery and development of new models of care pre and post-surgery may result in service changes during the 2018/19 year.	▪ Living within our means ▪ Improving equity of access and quality of care	Local

Procurement of Health and Disability Services

Whanganui DHB periodically re-tenders health and disability service contract. Re-tendering may be undertaken for several reasons, including but not limited to improving patient access and/or quality of services, ensuring cost effectiveness and efficient service provision, or aligning to new or reconfigured service requirements. Such procurement processes are undertaken in line with the Office of the Auditor Generals guidelines and best practices, and may result in a change in provider arrangements.

In 2018/19 this will include the initiation of the re-tendering of Pathology and Laboratory services in conjunction with MidCentral DHB and possibly other DHBs.

SECTION 4: STEWARDSHIP

WĀHANGA 4: KAITIAKITANGA

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

4.1 MANAGING OUR BUSINESS

Organisational performance management
Whanganui DHB's performance is assessed on both financial and non-financial measures, which are measured and reported at governance and management levels of the organisation. These are reported daily, weekly, fortnightly, monthly or quarterly as appropriate.

Funding and financial management
Whanganui DHB's key financial indicators are reported through Whanganui DHB's performance management process to governance and management leaders on a regular basis. Further information about Whanganui DHB's planned financial position for 2018/19 and out years is contained in the financial performance summary in section 2.2 of this plan, 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. Whanganui DHB's LTIP is available on our website at www.wdhb.org.nz.

Shared service arrangements and ownership interests
Whanganui DHB has a part ownership interest in the Central Region's Technical Advisory Services (TAS) and Allied Laundry Services. The Whanganui DHB does not intend to acquire shares or interests in other companies, trusts or partnerships at this time. Should it decide to do so, it would first consult with the Minister of Health.

Risk management
Whanganui DHB has a formal risk management and reporting system, which incorporates a process to regularly identify risks – both current and emerging – in order to implement strategies to minimise those risks. The DHB is committed to managing risk in accordance with the process set out in the Australian/New Zealand Joint Standard on Risk Management (AS/NZS ISO 31000:2009).

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

4.2 BUILDING CAPABILITY

Capital and infrastructure development
After heavy investment in building redevelopment in the last five years, a reduction in capital expenditure might have been expected, however the Regional Application Environment (RAE) formally the Regional Health Informatics Programme (RHIP) requires significant information technology investment over the next three years. The scale of the expenditure will put pressure on all other aspects of the budget spend however this is manageable over this timeframe. The increased depreciation cost as a result of high investment in information technology will have a significant impact on the bottom line over the term of this plan. All investment into REA projects will be subject to normal business approval processes with the Ministry of Health.

Major projects are outlined in the capital plan under financial statements in *Appendix A.*

Information technology and communication systems
Whanganui DHB's information technology and communication systems goals align with the national and regional strategic direction for IT. Further detail about Whanganui DHB's current IT initiatives is contained in the 2018/19 Central Regional Service Plan.

Priorities for 2018/19

- Participate in the ongoing development of the Central Region Applications Environment
- Align organisational administrative capacity and capability to support implementation of WebPAS
- Develop capacity and capability in Health Informatics to support organisational priorities.
- Collect, report and analyse all data by ethnicity to enable application of the equity lens across all activity
- Implement the National Bowel Screening Programme:
    - Work with MoH to implement the national screening solution once development is completed
    - Ensure system for data quality for referral and procedural performance including demographic break down by ethnicity and priority group is implemented in Q4
    - Provide ongoing information systems support for provation and use of the programme for clinical and administration staff
- Explore provision of health services via digital technology across the health system, for integrated care and working remotely. Implement telehealth for additional specialist clinics for cancer treatment (chemotherapy) to be delivered between MidCentral and Whanganui DHB Q3

4.3 WORKFORCE AND ORGANISATIONAL DEVELOPMENT

Below is a short summary of Whanganui DHB's organisational culture, leadership and workforce development initiatives. Further detail about the central regional approach to workforce is contained in the 2018/19 Central Regional Service Plan.

Whanganui DHB as an equal employment opportunity (EEO) employer is committed to increasing and developing an inclusive workforce that continues to embrace diversity. Below is a short summary of Whanganui DHB's organisational culture, leadership and workforce development initiatives:

- Continue growing our own future workforce
- Developing a talent pool of future leaders
- Aligning our leadership development approach with the national agreed approach
- Continue to increase our cultural responsive workforce that reflects our community diversity and needs
- Refocusing our performance management framework
- Providing opportunities for staff to embrace technology and change

- Furthering the enhancement of an organisational culture where all employees are engaged, able to achieve their full potential, work as teams and feel valued and appreciated.
- Rolling out the refreshed WDHB values and behaviour expectations
- Further increasing staff engagement and implementing a staff wellbeing programme
- Using restorative practices in the first instance to maintain and improve relationships.

Building capacity

Building a workforce with the right number of people, with the right skills, in the right place, at the right time, with the right attitude, doing the right work, at the right cost and with the right work output across our health system (World Health Organisation, 2010 Workload indicators of staffing needs).

Priorities for 2018/19

- Continue to grow the clinical leadership model across medical, nursing and allied health.
- Develop well-defined pathways and processes to support the development of knowledge and skills in the community.
- Develop models of care that support and improve knowledge and skills in the community.
- Grow Māori workforce across the health district – implementation of Whanganui DHB Māori Workforce Pipeline.
- Develop capability across the general workforce in developing an understanding of Te Ao Maori, and putting this into practice when working with Māori patients and whānau, .
- Be guided by the MoH Raranga Tupuake – Māori Workforce Development Plan
- Further develop tuākana tāina support programme for new graduate Māori nurses.
- Continue with onsite Te Reo programme for DHB staff in partnership with UCOL.
- Proactively promote HWNZ funding for Māori particularly in kura kaupapa settings, and for Pacific workforce development.
- Recruitment of Pacific representation on to Te Pukaea, the DHB consumer network.
- Identify areas of nursing and allied health development to align with health gain areas for the district.
- Participate in the regularisation of the Kaiāwhina workforce in home and community support services.
- Implement the outcome of the Pay Parity Government settlement as agreed by the relevant parties.

Healthy ageing workforce

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

This work builds on current data collection processes and continues within the context of existing sub-regional service developments and national workforce programmes, including the ongoing implementation of pay equity, guaranteed hours, in-between travel and regularisation.

The work will enable development of a workforce plan that ensures those working with older people have the training and support they require to deliver high quality, person-centred care.

Priorities for 2018/19

- Focus on the primary, secondary and tertiary service requirements and endeavour to bring together the respective workforces needed to deliver these services effectively at the DHB, sub-regional and regional levels.
- Include strategies to support specialist workforces to deliver education and training sessions for non-specialist workforces.
- Identify and prioritise vulnerable workforces.
- Prioritise allied health, Kaiāwhina and carer and support worker workforces.
- Refer to and incorporate guidance and actions outlined in the Healthy Ageing Strategy.

Health literacy
Whanganui DHB is committed to raising awareness of, and building skills in health literacy practice among the health workforce and across the health system. As part of our responsibility for setting professional standards, we recognise the link between cultural competency and health literacy, and apply this to our professional development programmes.
We understand that most individuals and whānau will at times have difficulty understanding and applying complex health information, and that the health workforce will work on ways to make it less difficult.

Priorities for 2018/19
- Review the status of health literacy in Whanganui DHB using the six dimensions of a health literate organisation.
- Build capacity for the health workforce to use plain language and proven health literacy practices.
- Facilitate staff access to a comprehensive programme of workforce development in good health literacy practice.
- Undertake training in effective health literacy communication (evidence-based) methods as a core part of professional development.
- Build on the work already commenced in responsiveness to Māori patients and whānau
- Appoint a lead and include members of the Te Pukaea (DHB Consumer Council) in health literacy work stream.

Care Capacity Demand Management

Whanganui DHB is committed to implementation of Care Capacity Demand Management (CCDM) by June 2021. Ongoing delivery of CCDM will be phased to accommodate appropriate recruitment and establishment processes.

4.4 CO-OPERATIVE DEVELOPMENTS

Whanganui DHB works and collaborates with a number of external organisation and entities, and with the many communities in our health district.

Partnership with Iwi and relationships with Māori
Whanganui DHB recognises and respects the principles of the Treaty of Waitangi in accordance with the New Zealand Public Health and Disability Act 2000 and is committed to the advancement of Māori health priorities. The board recognises that partnership and participation are essential to enable Iwi to participate and contribute to strategies for Māori health improvement and to foster the development of Māori capacity to participate in the health and disability sector.

Whanganui District Health Board is committed to:
- Improving partnerships with Iwi
- Building Iwi and Māori capacity to respond to health needs
- Involving Iwi and Māori in planning and decision making
- Improving Māori health
- Reducing health and disability inequalities.

The board has a Memorandum of Understanding with Hauora a Iwi in recognition of this commitment. Hauora a Iwi is the intertribal forum established by a confederation of six Iwi to be the high level strategic partner with the district health board.

Community engagement
Whanganui DHB is committed to working with its local communities through an open and transparent planning and decision-making process. The aim is to keep the community informed at all times through consultation, communication, public board and committee meetings and the regular release of information including newsletters. From time to time Whanganui District Health

Board will initiate the establishment of special interest reference groups to receive advice and feedback related to specific service planning initiatives. Consumers are involved in all service planning and improvement.

Partnership with public health services
Whanganui DHB recognises its statutory responsibilities to improve, promote and protect the health of people and communities. The planning and provision of public health services sits within the service and business planning function of the DHB and is integrated into population health priorities. The DHB is a member of Healthy Families Whanganui Rangitikei Ruapehu, which promotes a 'one team' approach to health promotion workforce across the health district. The regulatory function of public health is provided to Whanganui DHB by MidCentral Health through their Health Protection Service.

Cross DHB cooperation
Increasingly, Whanganui DHB will be working more closely with other DHBs in the region so that the most effective and efficient configuration of services is achieved across the region. The 2018/19 Central Regional Service Plan sets out the vision and actions proposed for regional service development. The aim is that there will be a regionally co-ordinated system of health service planning and delivery that will lead to ongoing improvements in the sustainability, quality, and equity of access to services.

Whanganui DHB also has a Foundation Agreement with MidCentral DHB (centralAlliance) that outlines the mechanism for the two DHBs to collaborate on planning and delivery of services, to support the long-term clinical and financial sustainability of both DHBs.

Public sector cooperation
Whanganui DHB recognises the importance of alliances with other agencies outside health and the crucial role other agencies play in assisting the board to address and improve the determinants of health.

The board currently has working relationships with the Whanganui District Council, Rangitikei District Council, Ruapehu District Council, NZ Police, Universal College of Learning (UCOL), Wellington School of Medicine, ACC, Sport Whanganui, Ministry of Social Development, Housing, Te Puni Kokiri, Work and Income New Zealand, Whanganui Community Foundation and many small Non-Government Organisations (NGOs) in the community. Whanganui DHB also has a constructive working relationship with the Ministry of Health (MoH) and Accident Compensation Corporation (ACC).

Private sector cooperation
Whanganui DHB works with a range of private sector providers to deliver and coordinate services to the community. Whanganui District Health Board has contracts with the following private providers:

- Spotless Services – hotel, building, maintenance, engineering and ground services
- Belverdale Private Hospital – sub-contract to undertake non-core Accident Compensation Corporation elective surgery
- Southern Cross – high tech radiology specifically CT and Magnetic Resonance Imaging services to private patients
- Air Wanganui – fixed wing air ambulance services
- Esanda and Custom Fleet – vehicle fleet
- Pacific Radiology Group – to assist with radiologist cover and reporting.

The majority of health and disability providers contracted to Whanganui DHB are private providers. Whanganui DHB ensures it meets the requirements of the Operational Policy Framework when entering into contractual arrangements with private providers.

SECTION 5:
PERFORMANCE MEASURES

WĀHANGA 5: TĀTAI MAHI

5.1 2018/19 PERFORMANCE MEASURES

The DHB monitoring framework aims to provide a rounded view of performance using a range of performance markers. 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 measures or 'Policy priorities'
- Meeting service coverage requirements and supporting sector inter-connectedness or 'System Integration'
- Providing quality services efficiently or 'Ownership'
- Purchasing the right mix and level of services within acceptable financial performance or 'Outputs'.

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

Code	Dimension
HS	Health Strategy
PP	Policy Priorities
SI	System Integration
OP	Outputs
OS	Ownership
DV	Developmental – Establishment of baseline (no target/performance expectation is set)

Inclusion of SLM in the measure title indicates a measure that is part of the 'System Level Measures' identified for 2018/19.

Performance measure	Performance expectation	Target 18/19
HS: Supporting delivery of the New Zealand Health Strategy	Quarterly highlight report against the strategy themes	
PP6: Improving the health status of people with severe mental illness through improved access	Age 0-19	≥ 4.00%
	Age 20-64	≥ 5.4%
	Age 65+	≥ 1.8%
PP7: Improving mental health services using wellness and transition (discharge) planning	95% of clients discharged will have a quality transition or wellness plan	≥95%
	95% of audited files meet accepted good practice	≥95%
	Report on activities in the Annual Plan	
PP8: Shorter waits for non-urgent mental health and addiction services for 0-19 year olds	80% of people seen within three-weeks	≥80%
	95% of people seen within eight-weeks	≥95%

	Report on activities in the Annual Plan		
PP10: Oral Health- Mean DMFT score at Year 8	Year 1	≤0.83	≤0.83
	Year 2	≤0.83	≤0.83
PP11: Children caries-free at five years of age	Year 1	≥56%	≥56%
	Year 2	≥56%	≥56%
PP12: Utilisation of DHB-funded dental services by adolescents (School Year 9 up to and including age 17 years)	Year 1	≥85%	≥85%
	Year 2	≥85%	≥85%
PP13: Improving the number of children enrolled in DHB funded dental services	Year 1 and 2	≥95% (Measure One)	>95% (Measure One)
	Year 1 and 2	≤10% (Measure Two)	≤10% (Measure Two)
PP20: Improved management for long term conditions (CVD, Acute heart health, Diabetes, and Stroke)			
Focus Area 1: Long term conditions	Report on activities in the Annual Plan		
Focus Area 2: Diabetes services	Implement actions from Living Well with Diabetes		
	Improve or, where high, maintain the proportion of patients with good or acceptable glycaemic control (HbA1C indicator)		n/a
Focus Area 3: Cardiovascular health	90% of the eligible population will have had their cardiovascular risk assessed in the last five-years		≥90
	Percentage of 'eligible Māori men in the PHO aged 35-44 years' who have had their cardiovascular risk assessed in the past five-years		≥90
Focus Area 4: Acute heart service	70% of high-risk patients receive an angiogram within three days of admission		≥70%
	Over 95% of patients presenting with ACS who undergo coronary angiography who have completion of ANZACS QI ACS and Cath/PCI registry data collection **within 30-days** and 99% within three-months		≥95%
	Over 95% of patients presenting with ACS who undergo coronary angiography who have completion of ANZACS QI ACS and Cath/PCI registry data collection within 30 days **and 99% within three-months**		≥99%
	≥85% of ACS patients who undergo coronary angiogram have pre-discharge assessment of LVEF		≥85%
	Composite Post ACS Secondary Prevention Medication Indicator - in the absence of a documented contraindication/intolerance all ACS patients who undergo coronary angiogram should be prescribed, at discharge, aspirin, a second anti-platelet agent, statin and an ACEI/ARB (four-classes), and those with LVEF<40% should also be on a beta-blocker (five-classes)		≥85%
Focus Area 5: Stroke services	10% or more of potentially eligible stroke patients thrombolysed 24/7		≥10%
	80% of stroke patients admitted to a stroke unit or organised stroke service with demonstrated stroke pathway		≥80%

	80% of patients admitted with acute stroke who are transferred to inpatient rehabilitation services are transferred within seven-days of acute admission	≥80%
	60 % of patients referred for community rehabilitation are seen face to face by a member of the community rehabilitation team ie RN/PT/OT/SLT/SW/Dr/Psychologist within seven calendar days of hospital discharge	≥60%
PP21: Immunisation coverage	95% of two year olds fully immunised	≥95%
	95% of four year olds fully immunised	≥95%
	75% of girls fully immunised – HPV vaccine	≥75%
	75% of 65+ year olds immunised – flu vaccine	≥75%
	Report on activities in the Annual Plan	
PP22: Delivery of actions to improve system integration including SLMs	Report on activities in the Annual Plan	
PP23: Implementing the Healthy Ageing Strategy	Report on activities in the Annual Plan	
	Conversion rate of Contact Assessment (CA) to Home Care assessment where CA scores are six – four for assessment urgency	Baseline to be established
PP25: Youth mental health initiatives	Initiative One: 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 Three: Youth Primary Mental Health. As reported through PP26 (see below)	
	Initiative Five: 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	
PP26: The Mental Health and Addiction Service Development Plan	Provide reports as specified for the focus areas of Primary Mental Health, District Suicide Prevention and Postvention, Improving Crisis Response services, improving outcomes for children, and improving employment and physical health needs of people with low prevalence conditions	
PP27: Supporting child well-being	Report on activities in the Annual Plan	
PP28: Reducing Rheumatic fever	Reducing the Incidence of First Episode Rheumatic Fever. In 2018/19 DHBs are expected to reference their rheumatic fever targets in their annual plans however all reporting will be consolidated through contract performance reporting and DHBs will not be expected to report through the quarterly reporting process	≤1.1 per 100,000 total population
PP29: Improving waiting times for diagnostic services	95% of accepted referrals for elective coronary angiography will receive their procedure within three-months (90-days).	≥95%
	95% of accepted referrals for CT scans, and 90% of accepted referrals for MRI scans will receive their scan within six-weeks (42-days)	≥95%
	90% of people accepted for an urgent diagnostic colonoscopy will receive their procedure within two weeks (14 calendar days, inclusive), 100% within 30-days	≥90%
	70% of people accepted for a non-urgent diagnostic colonoscopy will receive their procedure within six weeks (42-days), 100% within 90-days	≥70%
	70% of people waiting for a surveillance colonoscopy will wait no longer than 12-weeks (84-days) beyond the planned date, 100% within 120-days	≥70%
PP30: Faster cancer treatment	85% of patients receive their first cancer treatment (or other management) within 31-days from date of decision-to-treat	≥85%
	Report on activities in the Annual Plan	

PP31: Better help for smokers to quit in public hospitals	95% of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking		≥95%
PP32:Improving the quality of ethnicity data collection in PHO and NHI registers	Report on progress with implementation and maintenance of Ethnicity Data Audit Toolkit (EDAT)		
PP33: Improving Māori enrolment in PHOs	Meet and/or maintain the national average enrolment rate of 90%		≥90%
PP36: Reduce the rate of Māori under the Mental Health Act: section 29 community treatment orders	Reduce the rate of Māori under the Mental Health Act (s29) by at least 10% by the end of the reporting year		≤173 per 100,000
PP37: Improving breastfeeding rates	70% of infants are exclusively or fully breastfed at three-months		≥70%
PP39 Supporting Health in Schools	Report on activities in the Annual Plan		
PP40 Responding to climate change	Report on activities in the Annual Plan		
PP41 Waste disposal	Report on activities in the Annual Plan		
PP43 Population mental health	Report on activities in the Annual Plan		
PP44 Maternal mental health	Report on activities in the Annual Plan		
PP45 Elective surgical discharges	3538 publicly funded, casemix included, elective and arranged discharges for people living within the DHB region		3538
SI1: Ambulatory sensitive hospitalisations	0-4	See System Level Measure Improvement Plan ≤100% (Maori), ≤100% (Non-Maori)	
	45-64	≤268.4% (Maori),≤130.1% (Non-Maori)	
SI2: Delivery of Regional Plans	Provision of a progress report on behalf of the region agreed by all DHBs within that region		
SI3: Ensuring delivery of Service Coverage	Report progress towards resolution of exceptions to service coverage identified in the Annual Plan, and not approved as long term exceptions, and any other gaps in service coverage (as identified by the DHB or by the Ministry)		
SI4: Standardised Intervention Rates (SIRs)	Major joint replacement procedures - a target intervention rate of 21 per 10,000 of population		≥21
	Cataract procedures - a target intervention rate of 27 per 10,000 of population		≥27
	Cardiac surgery - a target intervention rate of 6.5 per 10,000 of population		≥6.5
	Percutaneous revascularization - a target rate of at least 12.5 per 10,000 of population		≥12.5
	Coronary angiography services - a target rate of at least 34.7 per 10,000 of population		≥34.7
SI5: Delivery of Whānau Ora	Provide reports as specified about engagement with Commissioning Agencies and for the focus areas of mental health, asthma, oral health, obesity, and tobacco		
SI7: SLM total acute hospital bed days per capita	As specified in the jointly agreed (by district alliances) SLM Improvement Plan		
SI8: SLM patient experience of care	As specified in the jointly agreed (by district alliances) SLM Improvement Plan		
SI9: SLM amenable mortality	As specified in the jointly agreed (by district alliances) SLM Improvement Plan		
SI10: Improving cervical screening coverage	80% coverage for all ethnic groups and overall		>80%
SI11: Improving breast screening rates	70% coverage for all ethnic groups and overall		>70%
SI12: SLM youth access to and utilisation of youth appropriate health services	See System Level Measure Improvement Plan		
SI13: SLM number of babies who live in a smoke-free household at six weeks post-natal	See System Level Measure Improvement Plan		

SI14: Disability support services	Report on activities in the Annual Plan	
SI15: Addressing local population challenges by life course	New measure to capture progress in delivery of actions identified in the Annual Plan to address local population challenges for life course groupings: ▪ Pregnancy ▪ Early years and childhood ▪ Adolescence and young adulthood ▪ Adulthood ▪ Older people and a quarter four report to provide a summary overview of their overall progress in improving equity across their population	
SI16: Strengthening Public Delivery of Health Services	Report on activities in the Annual Plan	
SI17: Improving quality	Report on activities in the Annual Plan	
SI18: Improving new-born enrolment in General Practice	55% of new-borns enrolled in General Practice by six-weeks of age	≥55%
	85% of new-borns enrolled in General Practice by three-months of age	≥85%
	Report on activities in the Annual Plan	
OS3: Inpatient length of stay	Elective LOS suggested target is 1.45 days, which represents the 75th centile of national performance.	≤1.45
	Acute LOS suggested target is 2.3 days, which represents the 75th centile of national performance.	≤2.3
OS8: Reducing Acute Readmissions to Hospital	≤12% of discharges will be readmitted acutely within 28 days	≤11.8%
OS10: Improving the quality of identity data within the National Health Index (NHI) and data submitted to National Collections		
Focus Area 1: Improving the quality of data within the NHI	New NHI registration in error (causing duplication)	>1.5% and <= 6%
	Recording of non-specific ethnicity in new NHI registrations	>0.5% and <= 2%
	Update of specific ethnicity value in existing NHI record with non-specific value	>0.5% and <= 2%
	Validated addresses excluding overseas, unknown and dot (.) in line 1	>76% and <= 85%
	Invalid NHI data updates	TBA
Focus Area 2: Improving the quality of data submitted to National Collections	NBRS collection has accurate dates and links to National Non-admitted Patient Collection (NNPAC) and the National Minimum Data Set (NMDS)	>= 97% and <99.5%
	National Collections File load Success	>= 98% and <99.5%
	Assessment of data reported to NMDS	>= 75%
	Timeliness of NNPAC data	>= 95% and <98%
Focus Area 3: Improving the quality of the Programme for	Provide reports as specified about data quality audits	

the Integration of Mental Health data (PRIMHD)	
Output 1: Mental health output Delivery Against Plan	Volume delivery for specialist Mental Health and Addiction services is within 5% variance (+/-) of planned volumes for services measured by FTE; 5% variance (+/-) of a clinically safe occupancy rate of 85% for inpatient services measured by available bed day; actual expenditure on the delivery of programmes or places is within 5% (+/-) of the year-to-date plan

APPENDIX A:
WHANGANUI DHB STATEMENT OF PERFORMANCE EXPECTATIONS INCLUDING FINANCIAL PERFORMANCE

ĀPITIHANGA A: TE TAUĀKI O TE PUTANGA AKE O TE DHB O WHANGANUI ME ONA RITENGA PUTEA

STATEMENT OF PERFORMANCE EXPECTATIONS

Outputs from activities

The statement of performance expectations shows how the DHB's planning direction, activities and performance are linked between the selected outputs and their contribution toward achieving the expected impacts, medium term outcomes and priorities. Where possible, Whanganui DHB identifies specific quantitative or qualitative measures and targets to show how it will demonstrate success for each output class and their related impacts.

LINKS BETWEEN OUTPUTS AND OUTCOMES

Whanganui DHB's intervention logic

A key role of the health sector is to make positive changes to the health status of the population. Many of the determinants of health are beyond the DHB's influence: Government priorities, national policy and decision-making, other public sectors and individuals, families and whānau themselves all have a part to play in making gains on health status and sustaining a healthy population. However, as a major funder and provider of public health and disability services in the Whanganui district, the decisions the DHB makes have a significant impact on its population and, if well planned and coordinated, the DHB will contribute to an improved, effective and efficient health care system.
Whanganui DHB's vision of *'better health and independence'* provides a strategic view of where the DHB wishes to direct its planning, funding and provision of health and disability services to meet its objectives under section 8 of the New Zealand Public Health and Disability Act 2000, and the New Zealand Public Health and Disability Amendment Act 2010.

- Improve the life expectancy for the DHB population, with improvement in equity for Māori
- Reduce mortality rates for the DHB population, with improvement in equity for Māori
- Reduce morbidity by improving the quality of life for the DHB population, focusing on those with the highest need
- Improve equity by reducing the health status gap between Māori and non-Māori across all measures, and between Whanganui and New Zealand.

Whanganui DHB has made four specific commitments to support achievement of the vision:

- Advancing Māori health and Whānau Ora
- Investing to improve health outcomes and live within our means
- Growing the quality and safety culture
- Rising to the challenge to build resilient communities.

In contributing toward these outcomes and making a difference (impact), Whanganui DHB plans to deliver or contract for a range of outputs on an annual basis but with a three-year outlook. This broadly describes the 'intervention logic' that is applied in planning and prioritising these activities. Simply, what Whanganui DHB plans to undertake in order to deliver what to whom for what benefit.

The following section provides more detail on what the DHB intends doing toward achieving those outcomes, and is organised into the three Focus Areas which will contribute.

FOCUS AREAS

Pregnancy, early years and adolescence

Whanganui DHB will implement a range of initiatives aimed at improving responsiveness to mothers, babies, children and the wider whānau, including rangatahi (youth). All initiatives will focus on reducing disparities in health status across these population groups.

Additionally, a system that provides better public services is one that has:

- Decreasing incidence of rheumatic fever
- Reduces unintended teenage pregnancy
- More responsive mental health services for youth
- Fully immunised children
- Early identification and support for vulnerable children.

The focus on maternal, child and youth follows advice received from Hauora a Iwi, the Māori Relationship Board, in 2012 which identified improved maternal and child health as a key priority. This includes:

- Improving access to antenatal and parenting education services
- Encouraging early enrolment with Lead Maternity Caregiver (LMC) for women who are pregnant (hapu)
- Improving and tracking enrolment of pepi into well child and general practice services
- Following up children (tamariki) who are hospitalised to improve their access to primary care and reduce further hospital events
- Following up primary and secondary DNAs for pepi and tamariki
- Increasing connectivity between maternal and child health services
- Recognising the impact of the social determinants of health and ensuring that other agencies are involved in care and care planning.

Whanganui DHB continues to be committed to ensuring maternity care is delivered by a LMC-based sustainable community based workforce that promotes early enrolment.

Adulthood and healthy ageing

As with the rest of New Zealand, Whanganui's population is ageing. Whanganui's district has a higher proportion of people aged 65 and over (19.9%) compared to New Zealand at 15.6%. By 2026, we expect the proportion of older people to increase to around 27% of the total population living in the district.

Whanganui DHB has good access to a wide range of services for older people spanning the continuum from home to specialist support. The aim is to maintain a system that provides choice, clear information, protection for vulnerable older people, provides care that maximises an older person's independence and improves quality of life. The DHB is committed to delivering on the government priorities for older people to make sure their needs are met now and in the future. This programme of work will be overseen by the Whanganui Alliance Leadership Team.

Services that support people to manage their needs and live well, safely and independently in their own homes are considered to provide a higher quality of life, as a result of staying active and positively connected to their communities. This is evident by less dependence on hospital and residential services and a reduction in acute illness, crisis or deterioration leading to acute admissions or readmission into hospital services.

Long term conditions account for a significant proportion of health care spend and hospitalisations as well as being a barrier to full participation and independence in the workplace and society by affected individuals and their family/whānau.

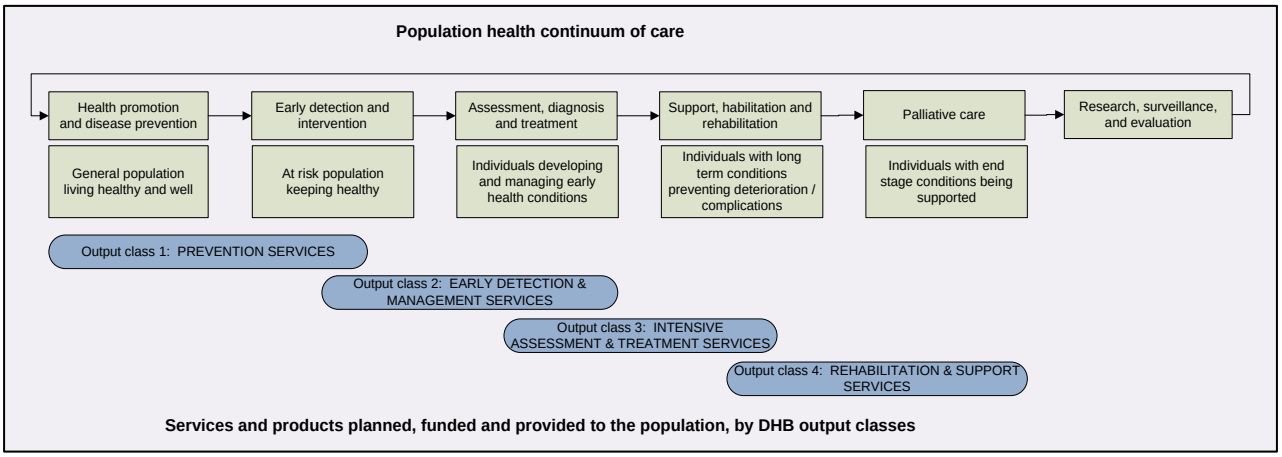
Whanganui DHB aims to enhance the quality of life for people with diabetes, cancer, respiratory illness, cardiovascular disease and other chronic (long duration) conditions and for people

experiencing a mental illness receive care provide services that maximises their independence and wellbeing.

Equitable access to clinical services

Providing excellent clinical services is key for Whanganui DHB. Equitable, timely access to intensive assessment and treatment services can significantly improve quality of life. Responsive services and timely treatment supports improvements across the whole system, and gives people confidence that complex intervention is available when needed. Quality improvement in all aspects of service delivery can improve patient safety and improve outcomes for people in our services. Quality and safety of clinical services and preventing harm is a key priority and commitment for the WDHB. Whanganui DHB recognises that effective clinical leadership and partnering with patients and their whānau/families positively influences the care patients receive, results in fewer adverse events, and improves patient experience.

Relationship between population health continuum of care and outputs
The relationship between the continuum of health care and the corresponding response with more intensive and specialised health and disability services is shown in the following diagram.



This shows that the DHB has obligations to meet the health needs of the population it serves ranging from promoting healthy lifestyles to the general population right through to treating and supporting individuals and their family in end of life care. In doing so the DHB, as a Crown entity, must respond to the requirements of Parliament and the expectations and priorities of Government for the public health sector.

OUTPUT CLASSES

Output Class 1: Prevention services

Output class description
Preventative services are publicly funded services that protect and promote health in the whole population or identifiable sub-populations comprising of services designed to enhance the health status of the population as distinct from treatment services which repair/support health and disability dysfunction.

On a continuum of care these services are public wide preventative services.

Why is this output class significant?
The DHB will support people to take more responsibility for their own health and reduce the prevalence and impact of long term illness or disease.

Reducing risk factors such as tobacco smoking, poor nutrition, low levels of physical activity and alcohol consumption together with health and environmental protection factors will contribute to an improved health status of our population overall and reduce the potential for untimely and avoidable death.

What outcomes are we contributing to?
- People enjoy healthy lifestyles within a healthy environment
- The needs of specific age-related groups, e.g. older people, children/youth, are addressed
- The healthy will remain well.

Output Class 2: Early detection and management

Output class description
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. They include: General practice, community and Māori health services, community diagnostic and pharmacy services and child and adolescent oral health services.
These diagnostic and treatment services are focused on, and delivered to, individuals and smaller groups of individuals.

Why is this output class significant?
For most people, their general practice team is their first point of contact with health services. Primary care is also vital as a point of continuity and effective coordination across the continuum of care with the ability to deliver services sooner and closer to home.

Supporting primary care are a range of health professionals including midwives, community nurses, social workers, aged residential care providers, Māori health providers and pharmacists who work in the community, often with the neediest families.

What outcomes are we contributing to?
- Health and disability services are accessible and delivered to those most in need
- The health and wellbeing of Māori is improved
- The needs of specific age-related groups, including older people, vulnerable children and youth, and people with chronic conditions are addressed
- The quality of life is enhanced for people with diabetes, cancer, respiratory illness, cardiovascular disease and other chronic (long duration) conditions.

Output Class 3: Intensive assessment and treatment

Output class description
Intensive assessment and treatment services are delivered by a range of secondary and tertiary 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

Whanganui DHB provides a wide range of intensive assessment and treatment services to its population. The DHB also funds some intensive assessment and treatment services for its population that are provided by other DHBs.

These services are at the complex end of treatment services and are focused on, and delivered to, individuals.

Why is this output class significant?
Equitable, timely access to intensive assessment and treatment can significantly improve people's quality of life either through early intervention.

Responsive services and timely treatment support improvements across the whole system can give people confidence that complex intervention is available when needed.

Quality improvement in service delivery, systems and processes will improve the effectiveness of clinical practices and patient safety, reduce the number of events causing injury or harm and provide improved outcomes for people in our services.

What outcomes are we contributing to?

- Health and disability services are accessible and delivered to those most in need
- The health and wellbeing of Māori is improved
- The quality of life is enhanced for people with diabetes, cancer, respiratory illness, cardiovascular disease and other chronic (long duration) conditions
- People experiencing a mental illness received care that maximises their independence and wellbeing.

Output Class 4: Rehabilitation and support

Output class description
Rehabilitation and support services are delivered following a 'needs assessment' process and coordination input by Needs Assessment and Service Coordination (NASC) Services for a range of services such as home-based support services and residential care services for older people. This output class also includes palliative care services for people with end-stage conditions and services that support people with a disability.

Whanganui DHB contracts for the provision of these services from a wide range of providers, including Hospice Whanganui, rest homes and home-based support agencies.

These services are focused on, and delivered to, individuals.

Why is this output class significant?
Older people (aged 65+ years) have higher rates of mortality and hospitalisations for most chronic conditions, some infectious diseases and injuries (often from falls), all of which have a significant impact, not only for the individual and their family/whānau, but also on the capacity of health and social services to respond to the demands.

For people living with a disability or age-related illness, it is important they are supported to maintain their best possible functional independence and quality of life. It is also important that people who have end-stage conditions and their families are appropriately supported by palliative care services, so that the person is able to live comfortably, have their needs met in a holistic and respectful way, and die without undue pain and suffering.

Whanganui DHB is keen to place an emphasis on an increased proportion of older people living in their own home with their natural support system and if necessary supplemented by subsidised home-based support services, before aged residential care is pursued.

What outcomes are we contributing to?

- The needs of specific age-related groups, including older people, vulnerable children and youth, people with chronic conditions are addressed
- The wider community and family support and enable older people and the disabled to participate fully in society and enjoy maximum independence.

Performance measures

The following section outlines performance measures against key services grouped into focus areas which Whanganui DHB expects will make a difference to the health and wellbeing of the population it serves over time and contribute to the following outcomes:

- People enjoy healthy lifestyles within a healthy environment
- The healthy will remain well
- Health and disability services are accessible and delivered to those most in need
- The health and wellbeing of Māori is improved
- The quality of life is enhanced for people with diabetes, cancer, respiratory illness, cardiovascular disease and other chronic (long duration) conditions
- People experiencing a mental illness receive care that maximises their independence and wellbeing
- The needs of specific age-related groups, e.g. older people, children/youth, are addressed
- The wider community and family supports and enables older people and the disabled to participate fully in society and enjoy maximum independence
- Oral health is improved
- People's journey through the health system is well managed and informed.

The performance measures chosen are not an exhaustive list of all our activity but provide a good representation of the performance in key focus areas for 2018/19. Activity not mentioned in this section continues to be funded and monitored.
Reducing inequalities in health outcomes, in particular health inequalities experienced by Māori, is a key priority identified in the National Health Strategy and a key priority for the Whanganui DHB.

To help understand the inequality in health outcomes between Māori and non-Māori an equity ratio has been included with some measures. The equity ratio illustrates the relative gap between the health outcomes measured for Māori and non-Māori. A ratio of two for a disease state shows that Māori are twice as likely to have the disease. A ratio of two for a screening service illustrates that non-Māori population are screened at twice the rate of Māori. A lower ratio indicates relatively reduced inequality. A ratio of one illustrates that health outcomes and services measures for Māori and non-Māori are the same.

PREGNANCY, EARLY YEARS & ADOLESCENCE

Output class	Measure description	Ethnicity	2016/17 Actual	2017/18 Forecast	2018/19 Target	2021/22 Outlook
Prevention Services						
	Percent of target population of children who have received Before School Checks (B4SC)					
		All	92.0%	90.0%	≥ 90.0%	≥ 90.0%
		Māori	95.0%	90.0%	≥ 90.0%	≥ 90.0%
		High Deprivation	98.0%	90.0%	≥ 90.0%	≥ 90.0%
	Percentage of obese children identified in the Before School Check (B4SC) programme will be referred to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions					
		Maori	63.0%	63.0%	≥ 95.0%	≥ 95.0%
		Non-Maori	100%	100.0%	≥ 95.0%	≥ 95.0%
	Proportion of infants exclusively or fully breastfed at six-weeks					
		All	52.0%	72.0%	≥ 75.0%	≥ 75.0%
		Māori	51.0%	61.0%	≥ 75.0%	≥ 75.0%
	Proportion of infants exclusively or fully breastfed at three-months					
		All	35.0%	56.0%	≥ 70.0%	≥ 70.0%
		Māori	35.0%	50.0%	≥ 70.0%	≥ 70.0%
	Rheumatic fever rates					
		Māori	0.0%	0.0%	≤1.1 per 100,000 total population	≤1.1 per 100,000 total population
		Non-Māori	0.0%	0.0%	≤1.1 per 100,000 total population	≤1.1 per 100,000 total population
	Four-year old children living in smoke free homes					
		All	N/A (data)	N/A	No Target	No Target
	Immunisation coverage rates at milestone (eight-months old)					
		Māori	90.0%	91.8%	≥ 95.0%	≥ 95.0%
		Non-Māori	92.0%	96.0%	≥ 95.0%	≥ 95.0%
	Immunisation coverage rates at milestone (two-years old)					
		Māori	93.0%	88.7%	≥ 95.0%	≥ 95.0%
		Non-Māori	91.0%	90.7%	≥ 95.0%	≥ 95.0%
	Immunisation coverage rates at milestone (five-years old)					
		Māori	86.0%	86.1%	≥ 95.0%	≥ 95.0%
		Non-Māori	87.9%	84.2%	≥ 95.0%	≥ 95.0%
	Ambulatory Sensitive Hospitalisations (ASH) rates for children 0-4 years of age relative to the national rate					
		All	117.2%	114.6%	≤100%	≤100%
		Māori	127.7%	147.8%	≤100%	≤100%
		Non-Māori	108.8%	87.9%	≤100%	≤100%
		Equity Ratio	1.27	1.48		
	Ambulatory Sensitive Hospitalisations (ASH) rates for asthma and wheeze admission for children 0-4 years relative to the national rate					
		ALL	131.6%	125.8%	≤107.5%	≤100.0%
		Māori	163.0%	179.4%	≤138.3%	≤100.0%
		Non-Māori	106.6%	82.5%	≤76.5%	≤100.0%

Output class	Measure description	Ethnicity	2016/17 Actual	2017/18 Forecast	2018/19 Target	2021/22 Outlook
	Percentage of youth who have received HPV vaccine					
		Māori	89.0%	71.0%	≥ 75.0%	≥ 75.0%
		Non-Māori	66.0%	63.0%	≥ 75.0%	≥ 75.0%
	Percentage of pregnant women smoke-free at two-weeks post-natal					
		All	75.3%	78.0%	≥ 95%	≥ 95%
		Māori	65.2%	62.0%	≥ 95%	≥ 95%
	Percentage of pregnant women (who identify as smokers at confirmation of pregnancy in general practice or booking with a LMC) will be offered advice and support to quit smoking					
		All	100.0%	100.0%	≥ 90.0%	≥ 90.0%
		Māori	100.0%	100.0%	≥ 90.0%	≥ 90.0%
Early Detection and Management						
	New-borns are enrolled with a Primary Health Organisation (PHO) by three-months					
		Other	84.0%	82.0%	≥ 85.0%	≥ 85.0%
		Māori	95.0%	88.0%	≥ 85.0%	≥ 85.0%
	Number of 0-4 year old children enrolled in DHB funded dental service					
		ALL	4,450	4,282	4,450	4,450
		Māori	1,940	1,839	1,940	1,940
		Non-Māori	2,510	2,443	2,510	2,510
	Percentage of children under 14 years able to access free primary care within 60 minutes including after hours					
		Māori	100.0%	100.0%	≥ 95.0%	≥ 95.0%
		Non-Māori	100.0%	100.0%	≥ 95.0%	≥ 95.0%
	Proportion of adolescent population utilising DHB-funded dental services					
		All	79.4%	81.4%	≥ 85.0%	≥ 85.0%
	Proportion of youth (12-19 years olds) seen each quarter by primary mental health services					
		Māori	4.5%	2.3%	≥ 3.0%	≥ 3.0%
		Non-Māori	1.4%	1.2%	≥ 3.0%	≥ 3.0%
		Equity Ratio	3.21	1.92		
	Mean score of decayed, missing and filled teeth of year eight children					
		Māori	1.28	1.39	≤ 0.83	≤ 0.83
		Non-Māori	0.78	0.74	≤ 0.83	≤ 0.83
		Equity Ratio	1.64	1.88		
	Proportion of pregnant women accessing DHB funded pregnancy and parenting education					
		All	22.0%	20.5%	≥ 30.0%	≥ 30.0%
Intensive Assessment and Treatment						
	Ambulatory Sensitive Hospitalisations (ASH) rate for dental in children 0-4 years compared with national rates					
		ALL	160.4%	181.2%	≤180.5%	≤100.0%
		Māori	203.0%	257.9%	≤243.9%	≤100.0%
		Non-Māori	113.0%	126.0%	≤118.2%	≤100.0%
	Proportion of 0-19 year olds referred for non-urgent mental health and addiction services seen within three-weeks (all services)					
		All	71.0%	66.8%	≥ 80.0%	≥ 80.0%
	Percentage of long term clients with mental illness who have an up-to-date relapse prevention plan (child)					
		All	100.0%	100.0%	≥ 95.0%	≥ 95.0%
	Number of Paediatric Department admissions					
		Māori	490	494	No Target	No Target
		Non-Māori	710	684	No Target	No Target

ADULTHOOD AND HEALTHY AGEING

Output class	Measure description	Ethnicity	2016/17 Actual	2017/18 Forecast	2018/19 Target	2021/22 Outlook
Prevention Services						
	Percentage of all pregnant Māori women smoke-free at two-weeks post-natal					
		All	78.3%	78.3%	≥95.0%	≥95.0%
		Māori	65.2%	66.2%	≥95.0%	≥95.0%
	Percentage of patients who smoke and are seen by a health practitioner in public hospitals will be offered brief advice and support to quit smoking					
		Māori	97.2%	94.6%	≥95.0%	≥95.0%
		Non-Māori	96.6%	90.4%	≥95.0%	≥95.0%
	Percentage of PHO enrolled patients who smoke have been offered help to quit smoking by a healthcare practitioner in the last 15-months					
		All	86.0%	87.8%	≥90.0%	≥90.0%
	Percentage of pregnant women who identify as smokers upon registration with a DHB employed midwife or Lead Maternity Carer (LMC) are offered advice and support to quit smoking					
		Māori	100.0%	100.0%	≥90.0%	≥90.0%
		Non-Māori	100.0%	100.0%	≥90.0%	≥90.0%
	Proportion of enrolled population aged 65+years who have received flue vaccination					
		Māori	60.4%	69.5%	≥75.0%	≥75.0%
	Cervical screening three-year coverage rate for women aged 20-69 years					
		Māori	71.2%	71.7%	≥ 80.0%	≥ 80.0%
		Non-Māori	79.6%	80.1%	≥ 80.0%	≥ 80.0%
		Equity Ratio	1.11	1.12		
	Breast screening two-year coverage rate for eligible women aged 50-69 years					
		Māori	71.4%	70.6%	≥ 70.0%	≥ 70.0%
		Non-Māori	79.0%	81.3%	≥ 70.0%	≥ 70.0%
		Equity Ratio	1.11	1.15		
Early Detection and Management						
	Improve the proportion of patients with good or acceptable glycaemic control (HbA1C < 64 mmol/mol)					
		Māori	48.0%	38.0%	≥53.0%	≥53.0%
		Non-Māori	39.0%	45.0%	≥53.0%	≥53.0%
		Equity Ratio	0.81	1.18		
	Percentage of eligible Māori men in the PHO aged 35-44 years who have had a CVD risk recorded within the past five-years					
		Māori	70.9%	72.8%	≥90.0%	≥90.0%
	Proportion of eligible population who have had their cardiovascular risk assessed in the last five-years					
		Māori	89.2%	87.6%	≥90.0%	≥90.0%
		Non-Māori	91.8%	91.4%	≥90.0%	≥90.0%
	Ambulatory Sensitive Hospitalisations (ASH) rates for 45-64 years of age relative to national rate					
		All	153.8%	165.6%	<150%	≤100.0%
		Māori	243.2%	293.1%	<268.4%	≤100.0%
		Non-Māori	131.8%	134.0%	≤130.1%	≤100.0%
		Equity Ratio	1.85	2.19		
	Proportion of over 64 year olds who are prescribed 11 or more medications					
		All	2.0%	2.0%	≤2.0%	≤2.0%

Output class	Measure description	Ethnicity	2016/17 Actual	2017/18 Forecast	2018/19 Target	2021/22 Outlook
Intensive Assessment and Treatment						
	Percentage of long term clients with mental illness who have an up-to-date relapse prevention plan					
		All	100.0%	100.0%	≥95.0%	≥95.0%
	Percentage of service users receiving community care within seven days prior to an admission (KPI 18)					
		Māori	40.8%	52.5%	≥75.0%	≥75.0%
		Non-Māori	59.9%	58.6%	≥75.0%	≥75.0%
	Percentage of service users receiving community care within seven days following their discharge (KPI 19)					
		Māori	74.2%	75.6%	≥75.0%	≥90.0%
		Non-Māori	73.0%	72.2%	≥75.0%	≥90.0%
	Rate per 100,000 population Māori are committed to compulsory treatment relative to non-Māori					
		Māori	187	217	No Target	No Target
		Non-Māori	109	103	No Target	No Target
		Equity Ratio	1.72	2.11		
	Percentage of patients will be admitted, discharged, or transferred from an Emergency Department within six hours					
		Māori	95.0%	93.7%	≥95.0%	≥95.0%
		Non-Māori	95.0%	92.4%	≥95.0%	≥95.0%
	The number of people identified as having fragility fractures and the proportion who avoid a secondary fracture					
		All	88.0%	88.0%	No Target	No Target
	Percentage of older patients given a falls risk assessment					
		All	96.0%	96.0%	≥90%	≥90%
Rehabilitation and Support						
	Percentage of referrals for an InterRAI assessment that are completed within national guidelines - low risk 15-days					
		All	82.0%	99.6%	≥95.0%	≥95.0%
	Percentage of referrals for an InterRAI assessment that are completed within national guidelines - crisis within 48 hours					
		All	93.0%	100%	≥95.0%	≥95.0%
	Percentage of referrals for an InterRAI assessment that are completed within national guidelines - high risk as soon as possible					
		All	89.0%	99.0%	≥95.0%	≥95.0%
	Percentage of referrals for an InterRAI assessment that are completed within national guidelines - medium risk 10 days					
		All	83.0%	98.0%	≥95.0%	≥95.0%
	Proportion of population aged 65+ years who have been assessed with a home support service coordination outcome					
		Māori	7.6%	7.6%	No Target	No Target
		Non-Māori	7.6%	6.4%	No Target	No Target
	Percentage of aged residential facilities in DHB area using, or training their nurses to use, the InterRAI Long Term Conditions Facilities (LTCF) assessment tool					
		All	100.0%	100.0%	100.0%	100.0%

Output class	Measure description	Ethnicity	2016/17 Actual	2017/18 Forecast	2018/19 Target	2021/22 Outlook
	Percentage of older people in aged residential care by facility who have a second InterRAI Long-Term Conditions Facilities (LTCF) assessment completed 230 days after admission					
		All	82.0%	84.0%	100.0%	100.0%
	Proportion of population aged 65+ years receiving DHB funded support in ARC facilities over the year					
		Māori	3.3%	3.0%	No Target	No Target
		Non-Māori	5.4%	5.8%	No Target	No Target
	Number of long term residents living in aged residential care facilities who die in acute settings					
		Māori	1	1	No Target	No Target
		Non-Māori	19	27	No Target	No Target

EQUITY OF ACCESS AND ENABLERS

Output class	Measure description	Ethnicity	2016/17 Actual	2017/18 Forecast	2018/19 Target	2021/22 Outlook
Prevention Services						
	Percentage of WDHB population enrolled on a Primary Health Organisation					
		All	97%	97%	100%	100%
		Māori	93%	97%	100%	100%
		Non Māori	99%	97%	100%	100%
Early Detection and Management						
	Percentage of people accepted for an urgent diagnostic colonoscopy received their procedure within two-weeks (14 days)					
		All	98.2%	94.4%	≥90.0%	≥90.0%
	Percentage of people accepted for a non-urgent diagnostic colonoscopy received their procedure within (42 days)					
		All	49.8%	77.8%	≥70.0%	≥70.0%
	Percentage of people waiting for a surveillance or follow-up colonoscopy that wait no longer than 12 weeks (84 days) beyond the planned date					
		All	46.0%	85.2%	≥70.0%	≥70.0%
Intensive Assessment and Treatment						
	Percentage of category one patients seen immediately (resuscitation)					
		Māori	85.7%	85.0%	100.0%	100.0%
		Non-Māori	83.7%	85.0%	100.0%	100.0%
	Percentage of category three patients seen within 30 minutes (urgent)					
		Māori	54.8%	60.0%	≥75.0%	≥75.0%
		Non-Māori	54.7%	61.0%	≥75.0%	≥75.0%
	Percentage of category two patients seen within 10-minutes (emergency)					
		Māori	61.3%	69.0%	≥80.0%	≥80.0%
		Non-Māori	95.0%	92.4%	≥80.0%	≥80.0%
	Number of Emergency Department attendances					
		Māori	4,986	5,291	No Target	No Target
		Non-Māori	15,709	16,136	No Target	No Target
	Percentage of admission through Emergency Department					
		Māori	Baseline to be established			
		Non-Māori	Baseline to be established			
	Number of acute surgical inpatient discharges (excluding emergency medicine)					
		Māori	508	473	No Target	No Target
		Non-Māori	1,987	1,826	No Target	No Target
	Number of acute medical inpatient discharges (excluding emergency medicine)					
		Māori	889	809	No Target	No Target
		Non-Māori	2,791	2,467	No Target	No Target
	Percentage of patients waiting less the maximum waiting time for first specialist assessment and treatment					
		All	99.0%	100.0%	≥100.0%	≥100.0%
	Unplanned readmission rate at 28 days					
		Māori	12.5%	14.1%	≤11.8%	≤11.8%

Output class	Measure description	Ethnicity	2016/17 Actual	2017/18 Forecast	2018/19 Target	2021/22 Outlook
		Non-Māori	14.2%	14.1%	≤11.8%	≤11.8%
	Percentage of presentations by 0-5 years to the emergency department between 2100 and 0800					
		All	3770	3747	3509	3509
	Standardised Intervention Rate - Elective services					
		Major Joints	28.2	35.2	>21.0	>21.0
		Cataracts	32.9	18.2	≥27.0	≥27.0
		Cardiac surgery	4.5	4.8	≥6.5	≥6.5
		Angioplasty	11.2	11.2	≥12.5	≥12.5
		Angiography	26.5	28.0	≥34.7	≥34.7
	Inpatient Length of Stay - Acute					
		All	2.36	2.27	≤2.30	≤2.30
	Inpatient Length of Stay - Elective					
		All	1.49	1.50	≤1.45	≤1.45
	Improving the quality of identity data within the National Health Index Indicator 2: Recording of non-specific ethnicity in new NHI registration					
		All	0.00%	0.00%	≤2.00%	≤2.00%
	Indicator 3: Update of specific ethnicity value in existing NHI record with a non-specific value					
		All	0.00%	0.00%	≤2.00%	≤2.00%
	Percentage of patients to 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					
		All	83.3%	83.1%	≥85.0%	≥85.0%
	Proportion of patients with a confirmed diagnosis of cancer who receive their first cancer treatment (or other management) within 31 days of the decision to treat					
		All	83.0%	87.9%	≥85.0%	≥85.0%
	Number of cardiac surgery discharges for the local population					
		N/A	37	50	>52	>52
	Percentage of Acute cardiac services patients who receive an angiogram within three days of admission					
		Māori	43.0%	94.4%	≥70.0%	≥70.0%
		Non- Māori	74.0%	58.9%	≥70.0%	≥70.0%
	Percentage compliance with good hand hygiene practice					
		All	85.6%	84.0%	≥80.0%	≥80.0%
	Percentage of surgical procedures where the level of team engagement with the surgical safety checklist were at five or above					
		Sign in	92%	92%	≥95.0%	≥95.0%
		Time out	88%	100%	>95.0%	>95.0%
		Sign out	No data	97%	>95.0%	>95.0%
	Surgical site infection 'Process Marker 1': Percentage of primary hip and knee replacement patients receiving prophylactic antibiotics 0-60 minutes before incision					
		All	99.0%	100.0%	100.0%	100.0%
	Surgical site infection 'Process Marker 2': Percentage of hip and knee replacement patients receiving 2.0g or more of cefazolin or 1.5g or more cefuroxime					
		All	98.0%	100.0%	>95.0%	>95.0%

Output class	Measure description	Ethnicity	2016/17 Actual	2017/18 Forecast	2018/19 Target	2021/22 Outlook
Rehabilitation and Support						
	Number of patients seen by cardiac rehabilitation and education team whilst in hospital					
		All	326	335	335	No Target
	Percentage of patients admitted with acute stroke who are transferred to inpatient rehabilitation services are transferred within seven days of acute admission					
		All	88.0%	88.0%	≥80.0%	≥80.0%
	Percentage of stroke patients admitted to a stroke unit or organised stroke service with demonstrated stroke pathway					
		All	90.0%	97.0%	≥80.0%	≥80.0%
	Percentage of potentially eligible stroke patients thrombolysed					
		All	11.0%	3.0%	≥6.0%	≥6.0%

WHANGANUI DHB FINANCIAL PERFORMANCE

Full Time Equivalents (FTES)

	Actual 2015/16	Actual 2016/17	Actual 2017/18	Plan 2018/19	Plan 2019/20	Plan 2020/21	Plan 2021/22
Medical Personnel	94.73	96.76	97.54	112.32	112.32	112.32	112.32
Nursing Personnel	403.92	419.66	449.38	455.00	456.50	453.35	453.35
Allied Health Personnel	138.85	145.12	146.13	160.71	160.71	160.71	160.71
Support Personnel	17.62	17.90	14.97	15.96	15.96	15.96	15.96
Management/Administration Personnel	157.73	158.68	168.09	171.39	171.39	171.39	171.39
Provider FTEs	812.85	838.12	876.12	915.39	916.89	913.74	913.74
Medical Personnel	–	–	–	–	–	–	–
Nursing Personnel	–	–	–	–	–	–	–
Allied Health Personnel	0.01	–	–	1.01	1.01	1.01	1.01
Support Personnel	–	–	–	–	–	–	–
Management/Administration Personnel	16.98	18.16	17.10	17.52	17.52	17.52	17.52
Governance & Funding Admin	16.99	18.16	17.10	18.53	18.53	18.53	18.53
	829.84	**856.28**	**893.22**	**933.91**	**935.41**	**932.26**	**932.26**

Ministerial Cap Management and Admin Full Time Equivalents (FTES)

	Actual 2017/18	Plan 2018/19	Plan 2019/20	Plan 2020/21	Plan 2021/22
FTES Established (including vacancies)	185.00	185.00	185.00	185.00	185.00
Contractors	2.00	2.00	2.00	2.00	2.00
Subsidiaries					
	187	**187**	**187**	**187**	**187**

Full Time Equivalents (FTES)

	Actual 2015/16	Actual 2016/17	Actual 2017/18	Plan 2018/19	Plan 2019/20	Plan 2020/21	Plan 2021/22
Provider	813	838	876	915	917	914	914
Governance and Funding Administration	17	18	17	19	19	19	19
	830	**856**	**893**	**934**	**935**	**932**	**932**

Capital Expenditure

$000s	Actual 2016/17	Actual 2017/18	Plan 2018/19	Plan 2019/20	Plan 2020/21	Plan 2021/22
RHIP – regional	752	968	965	–	–	–
WebPAS – regional	216	1,574	–	–	–	–
Oracle – finance system investment	–	116	223	–	750	–
Sub–Total Strategic Project	**968**	**2,658**	**1,188**	**–**	**750**	**–**
Therapies department, level 2 of Clinical Services Blo	–	–	–	1,200	800	–
RHIP Local costs	–	–	–	–	–	–
Clinical portal	104	4	–	–	–	–
Clinical portal (CP2)	60	36	44	–	–	–
Regional RIS	166	–			–	–
e–pharmacy local costs	352	4			–	–
e–Prescribing and admin	–	–	–	650	–	–
WebPAS local costs	583	1,052			–	–
WebPAS phase 2 locla costs	–	8	106	50		
PBX – telephony					–	–
Facility– Buildings	397	635	1,795	1,840	2,002	2,333
Clinical Equipment	1,081	1,181	2,476	2,188	2,095	1,533
Other Equipment	71	253	100	100	400	400
Information Technology	255	324	789	379	109	84
Software	252	221	219	180	110	70
Motor vehicle	1,082	64	140	–	–	–
Sub– Total other Project	**4,403**	**3,782**	**5,669**	**6,587**	**5,516**	**4,420**
Total Capital	**5,371**	**6,440**	**6,857**	**6,587**	**6,266**	**4,420**
Total Capital and investment	**5,371**	**6,440**	**6,857**	**6,587**	**6,266**	**4,420**
Total after capital support	**5,371**	**6,440**	**6,857**	**6,587**	**6,266**	**4,420**

Statement of prospective comprehensive revenue and expense for the four years to 30 June 2022

	Actual 2016/17 000	Actual 2017/18 $000	Plan 2018/19 $000	Plan 2019/20 $000	Plan 2020/21 $000	Plan 2021/22 $000
Revenue						
Revenue from non–exchange transactions	213,964	222,111	230,901	240,867	248,122	255,226
Revenue from exchange transactions	27,914	31,627	31,950	30,129	30,337	30,396
Other Revenue	352	339	339	339	339	339
Total Revenue	**242,230**	**254,077**	**263,190**	**271,335**	**278,798**	**285,961**
Expenses						
Wages, salaries and employee benefit costs	(78,280)	(83,456)	(92,116)	(94,944)	(97,456)	(100,358)
Grant and other transfer payments	–	–	–	–	–	–
Outsourced services	(13,590)	(14,397)	(13,635)	(14,031)	(14,447)	(14,880)
Depreciation and amortisation expense	(4,687)	(4,720)	(5,528)	(6,141)	(6,416)	(6,500)
Impairment of property plant and equipment	–	–	–	–	–	–
Capital charge	(2,422)	(4,357)	(4,413)	(3,755)	(3,667)	(3,505)
Finance costs	(967)	(10)	(22)	(19)	(16)	(13)
Other expenses	(142,996)	(151,445)	(155,457)	(157,892)	(160,813)	(163,832)
Total expenses	**(242,942)**	**(258,385)**	**(271,171)**	**(276,782)**	**(282,815)**	**(289,088)**
Share of Profit of Associate	–	129	95	90	90	90
Surplus/(deficit) for the period from continuing operation						
Loss for the period from discontinued operations						
Surplus / (deficit)	**(712)**	**(4,179)**	**(7,886)**	**(5,357)**	**(3,927)**	**(3,037)**
Other Comprehensive revenue and expense						
Gain on property revaluation	–	**7,024**	–	–	–	–
Total other comprehensive revenue and expense	–	**7,024**	–	–	–	–
Total comprehensive revenue and expense	**(712)**	**2,845**	**(7,886)**	**(5,357)**	**(3,927)**	**(3,037)**

Statement of prospective financial position as at year end for four years to 30 June 2022

	Actual 2016/17 000	Actual 2017/18 $000	Plan 2018/19 $000	Plan 2019/20 $000	Plan 2020/21 $000	Plan 2021/22 $000
ASSETS						
Current assets						
Cash and cash equivalents	7,406	1,284	5	5	5	5
Receivables from non-exchange transactions	216	223	169	169	169	169
Receivables from exchange transactions	6,424	8,514	7,313	7,234	7,234	7,234
Prepayments	885	13	13	13	13	13
Investments	3,000	3,000	–	–	–	–
Inventories	1,327	1,412	1,412	1,412	1,412	1,412
Trust /special funds	134	141	141	141	141	141
Patient and restricted trust funds	4	4	4	4	4	4
Non- current assets held for sales	–	–	–	–	–	–
Total current assets	**19,396**	**14,591**	**9,057**	**8,978**	**8,978**	**8,978**
Non current assets						
Property, plant and equipment	70,624	76,766	77,361	78,173	78,594	77,882
Intangible assets	9,209	12,417	13,251	12,885	12,314	10,946
Investments in associates	1,126	1,121	1,167	1,213	1,259	1,305
Other financial assets	–	–	–	–	–	–
Total non current assets	**80,959**	**90,304**	**91,779**	**92,271**	**92,167**	**90,133**
Total assets	**100,355**	**104,895**	**100,836**	**101,249**	**101,145**	**99,111**
LABILITIES						
Current Liabilities						
Bank Overdraft	–	–	5,038	10,878	12,033	12,280
Payables under non-exchange transitions	3,097	2,179	2,720	2,736	2,752	2,768
Payables under exchange transitions	11,698	11,743	11,420	11,115	11,120	11,125
Borrowings	155	227	230	198	100	103
Employee entitlements	10,695	12,874	11,827	12,435	12,836	13,328
Provisions	–	–	–	–	–	–
Total current liabilities	**25,645**	**27,023**	**31,235**	**37,362**	**38,841**	**39,604**
Non-current liabilities						
Borrowings	371	914	684	486	386	282
Employee entitlements	872	805	808	807	809	811
Provisions	–	–	–	–	–	–
Total non current liabilities	**1,243**	**1,719**	**1,492**	**1,293**	**1,195**	**1,093**
Total liabilities	**26,888**	**28,742**	**32,727**	**38,655**	**40,036**	**40,697**
Net Assets	**73,467**	**76,153**	**68,109**	**62,594**	**61,109**	**58,414**
EQUITY						
Equity						
Contributed Capital	105,884	105,725	105,567	105,409	107,851	108,193
Accumulated surplus / (deficit)	(49,409)	(53,594)	(61,480)	(66,837)	(70,764)	(73,801)
Property revaluation reserves	16,857	23,881	23,881	23,881	23,881	23,881
Hospital special funds	135	141	141	141	141	141
Total equity	**73,467**	**76,153**	**68,109**	**62,594**	**61,109**	**58,414**

Statement of prospective changes in equity for the year end for four years to 30 June

	Actual 2016/17 000	Actual 2017/18 $000	Plan 2018/19 $000	Plan 2019/20 $000	Plan 2020/21 $000	Plan 2021/22 $000
Balance at 1 July	37,637	73,467	76,153	68,109	62,594	61,109
Total comprehensive revenue and expense for the year	(712)	2,845	(7,886)	(5,357)	(3,927)	(3,037)
Owners Transactions						
Capital contribution	36,700	–	–	–	2,600	500
Repayment of Capital	(158)	(159)	(158)	(158)	(158)	(158)
Balance at 30 June	**73,467**	**76,153**	**68,109**	**62,594**	**61,109**	**58,414**

Statement of prospective cash flows for the year end for four years to 30 June 2022

	Actual 2016/17 000	Actual 2017/18 000	Plan 2018/19 $000	Plan 2019/20 $000	Plan 2020/21 $000	Plan 2021/22 $000
Cash flows from Operating Activities						
Receipts from the Crown	240,875	248,493	262,703	269,553	276,937	284,100
Interest Received	574	509	410	410	410	410
Receipt from other revenue	1,392	1,934	1,495	1,495	1,495	1,495
Payment to Supplies	(159,634)	(164,496)	(168,577)	(172,228)	(175,255)	(178,707)
Payment to Employees	(77,495)	(81,334)	(93,196)	(94,321)	(97,037)	(99,848)
Interest Paid	(1,208)	(10)	(22)	(19)	(16)	(13)
Payment to capital charged	(2,422)	(4,357)	(4,413)	(3,755)	(3,667)	(3,505)
GST (net)	89	(91)	37	–	–	–
Net Cash inflow/(outflow) from operating activities	**2,171**	**648**	**(1,563)**	**1,135**	**2,867**	**3,932**
Cash flows from Investing Activities						
Receipts from sale of property, plant and equipment	–	38	–	–	–	–
Purcahse of property, plant and equipment	(2,884)	(2,457)	(5,572)	(5,707)	(5,406)	(4,350)
Purcahse of intengible assets	(2,487)	(3,983)	(1,797)	(880)	(860)	(70)
Acquisition of othrer investment	–	–	–	–	–	–
Net appropriation from trust funds	26	(7)	3,000	–	–	–
Net Cash inflow/(outflow) from investing activities	**(5,345)**	**(6,409)**	**(4,369)**	**(6,587)**	**(6,266)**	**(4,420)**
Cash flows from Financing Activities						
Capital contribution	–	–	–	–	2,600	500
Proceds from borrowings	–	–	–	–	–	–
Payment of finance lease	(33)	(57)	(92)	(95)	(97)	(101)
Repayment of Capital	(158)	(159)	(158)	(158)	(158)	(158)
Payment of loans	(136)	(135)	(135)	(135)	(101)	–
Other Equity Movement	–	–	–	–	–	–
Net Cash inflow/(outflow) from financing activities	**(327)**	**(351)**	**(385)**	**(388)**	**2,244**	**241**
Net increase/(decreased) in cash and cash equivalents	(3,501)	(6,112)	(6,317)	(5,840)	(1,155)	(247)
Cash and cash equivalents at beginning of year	10,907	7,406	1,284	(5,033)	(10,873)	(12,028)
Cash and cash equivalents at end of year	**7,406**	**1,294**	**(5,033)**	**(10,873)**	**(12,028)**	**(12,275)**

Consolidated Summary of Revenue and Expenses by Output Class

	Actual 2016/17 $ 000	Actual 2017/18 $ 000	Plan 2018/19 000	Plan 2019/20 $ 000	Plan 2020/21 $ 000	Plan 2021/22 $ 000
Funding Arm						
Revenue						
Crown	229,346	241,545	249,727	257,547	264,787	271,825
Other	570	502	406	406	406	406
Total Revenue	**229,916**	**242,047**	**250,133**	**257,953**	**265,193**	**272,231**
Expenses						
Personnel	–	–	–	–	–	–
Depreciation	–	–	–	–	–	–
Capital Charge	–	–	–	–	–	–
Other	(228,399)	(242,413)	(249,607)	(257,946)	(265,172)	(272,148)
Total Expenditure	**(228,399)**	**(242,413)**	**(249,607)**	**(257,946)**	**(265,172)**	**(272,148)**
Net Surplus/(Deficit)	**1,517**	**(366)**	**526**	**7**	**21**	**83**
Governance & Funder Admin						
Revenue						
Crown	3,848	3,884	3,961	4,051	4,175	4,223
Other	16	17	16	16	16	16
Total Revenue	**3,864**	**3,901**	**3,977**	**4,067**	**4,191**	**4,239**
Expenses						
Personnel	(2,077)	(1,922)	(2,196)	(2,239)	(2,283)	(2,329)
Depreciation	(14)	(9)	(10)	(10)	(10)	(10)
Capital Charge	(1,177)	(1,085)	(870)	(922)	(924)	(929)
Other	(663)	(384)	(898)	(896)	(974)	(971)
Total Expenditure	**(3,931)**	**(3,400)**	**(3,974)**	**(4,067)**	**(4,191)**	**(4,239)**
Net Surplus/(Deficit)	**(67)**	**501**	**3**	**–**	**–**	**–**
Provider Arm						
Revenue						
Crown	120,387	126,885	132,426	138,613	143,291	147,652
Other	1,380	1,919	1,529	1,529	1,529	1,529
Total Revenue	**121,767**	**128,804**	**133,955**	**140,142**	**144,820**	**149,181**
Expenses						
Personnel	(76,203)	(81,534)	(89,920)	(92,705)	(95,173)	(98,029)
Depreciation	(4,673)	(4,711)	(5,518)	(6,131)	(6,406)	(6,490)
Capital Charge	(1,245)	(3,272)	(3,543)	(2,833)	(2,743)	(2,576)
Other	(41,808)	(43,601)	(43,389)	(43,837)	(44,446)	(45,206)
Total Expenditure	**(123,929)**	**(133,118)**	**(142,370)**	**(145,506)**	**(148,768)**	**(152,301)**
Net Surplus/(Deficit)	**(2,162)**	**(4,314)**	**(8,415)**	**(5,364)**	**(3,948)**	**(3,120)**
In House Elimination						
Revenue						
Crown	(113,317)	(120,546)	(124,780)	(130,737)	(135,316)	(139,600)
Other	–	–	–	–	–	–
Total Revenue	**(113,317)**	**(120,546)**	**(124,780)**	**(130,737)**	**(135,316)**	**(139,600)**
Expenses						
Personnel	–	–	–	–	–	–
Depreciation	–	–	–	–	–	–
Capital Charge	–	–	–	–	–	–
Other	113,317	120,546	124,780	130,737	135,316	139,600
Total Expenditure	**113,317**	**120,546**	**124,780**	**130,737**	**135,316**	**139,600**
Net Surplus/(Deficit)	**–**	**–**	**–**	**–**	**–**	**–**
Consolidated						
Revenue						
Crown	240,264	251,768	261,334	269,474	276,937	284,100
Other	1,966	2,438	1,951	1,951	1,951	1,951
Total Revenue	**242,230**	**254,206**	**263,285**	**271,425**	**278,888**	**286,051**
Expenses						
Personnel	(78,280)	(83,456)	(92,116)	(94,944)	(97,456)	(100,358)
Depreciation	(4,687)	(4,720)	(5,528)	(6,141)	(6,416)	(6,500)
Capital Charge	(2,422)	(4,357)	(4,413)	(3,755)	(3,667)	(3,505)
Other	(157,553)	(165,852)	(169,114)	(171,942)	(175,276)	(178,725)
Total Expenditure	**(242,942)**	**(258,385)**	**(271,171)**	**(276,782)**	**(282,815)**	**(289,088)**
Net Surplus/(Deficit)	**(712)**	**(4,179)**	**(7,886)**	**(5,357)**	**(3,927)**	**(3,037)**

Statement of prospective Financial Performance for 2018–19

	Funding ('$000's)	Governance and Funding Admin ('$000's)	Hospital Provider ('$000's)	Elimination ('$000's)	Total ('$000's)
Revenue					
Government & Crown Agency sourced	249,727	3,961	132,426	(124,780)	261,334
Other	406	16	1,529	–	1,951
Total revenue	**250,133**	**3,977**	**133,955**	**(124,780)**	**263,285**
Expenditure					
Personnel	–	(2,196)	(89,920)	–	(92,116)
Outsourced Services	–	(552)	(13,083)		(13,635)
Clinical Supplies	–	(5)	(15,962)		(15,967)
Infrastructure and non–clinical expenses	–	(935)	(13,750)		(14,685)
Interest cost	–	–	–	–	–
Depreciation	–	(10)	(5,518)		(5,528)
Capital charge	–	(870)	(3,543)		(4,413)
Personal Health	(143,126)	–	–	99,079	(44,047)
Mental Health	(26,031)	–	–	18,342	(7,689)
Disability Support Service	(32,370)	–	–	3,215	(29,155)
Public Health	(1,166)	–	–	73	(1,093)
Maori Health	(1,764)	–	–	110	(1,654)
Inter–district outflow	(41,189)				(41,189)
Other	(3,961)	594	(594)	3,961	–
Total expenditure	**(249,607)**	**(3,974)**	**(142,370)**	**124,780**	**(271,171)**
Revaluation of Revaluation of property, plant and equipment			–		–
Net (Surplus) / deficit	**526**	**3**	**(8,415)**	**–**	**(7,886)**

Statement of prospective Financial Performance for 2019–20

	Funding ('$000's)	Governance and Funding Admin ('$000's)	Hospital Provider ('$000's)	Elimination ('$000's)	Total Board ('$000's)
Revenue					
Government & Crown Agency sourced	257,547	4,051	138,613	(130,737)	269,474
Other	406	16	1,529	–	1,951
Total revenue	**257,953**	**4,067**	**140,142**	**(130,737)**	**271,425**
Expenditure					
Personnel	–	(2,239)	(92,705)	–	(94,944)
Outsourced Services	–	(560)	(13,471)		(14,031)
Clinical Supplies	–	(5)	(15,859)		(15,864)
Infrastructure and non–clinical expenses	–	(937)	(13,901)		(14,838)
Interest cost	–	–	–	–	–
Depreciation	–	(10)	(6,131)		(6,141)
Capital charge	–	(922)	(2,833)		(3,755)
Personal Health	(149,197)	–	–	104,510	(44,687)
Mental Health	(26,554)	–	–	18,710	(7,844)
Disability Support Service	(33,140)	–	–	3,280	(29,860)
Public Health	(1,192)	–	–	74	(1,118)
Maori Health	(1,800)	–	–	112	(1,688)
Inter–district outflow	(42,012)				(42,012)
Other	(4,051)	606	(606)	4,051	–
Total expenditure	**(257,946)**	**(4,067)**	**(145,506)**	**130,737**	**(276,782)**
Revaluation of Revaluation of property, plant and equipment			–		–
Net (Surplus) / deficit	**7**	**–**	**(5,364)**	**–**	**(5,357)**

Statement of prospective Financial Performance for 2020–21

	Funding ('$000's)	Governance and Funding Admin ('$000's)	Hospital Provider ('$000's)	Elimination ('$000's)	Total Board ('$000's)
Revenue					
Government & Crown Agency sourced	264,787	4,175	143,291	(135,316)	276,937
Other	406	16	1,529	–	1,951
Total revenue	**265,193**	**4,191**	**144,820**	**(135,316)**	**278,888**
Expenditure					
Personnel	–	(2,283)	(95,173)	–	(97,456)
Outsourced Services	–	(568)	(13,879)		(14,447)
Clinical Supplies	–	(5)	(15,880)		(15,885)
Infrastructure and non–clinical expenses	–	(1,019)	(14,069)		(15,088)
Interest cost	–	–	–	–	–
Depreciation	–	(10)	(6,406)		(6,416)
Capital charge	–	(924)	(2,743)		(3,667)
Personal Health	(154,081)	–	–	108,521	(45,560)
Mental Health	(27,086)	–	–	19,085	(8,001)
Disability Support Service	(33,926)	–	–	3,346	(30,580)
Public Health	(1,216)	–	–	75	(1,141)
Maori Health	(1,836)	–	–	114	(1,722)
Inter–district outflow	(42,852)				(42,852)
Other	(4,175)	618	(618)	4,175	–
Total expenditure	**(265,172)**	**(4,191)**	**(148,768)**	**135,316**	**(282,815)**
Revaluation of Revaluation of property, plant and equipment			–		–
Net (Surplus) / deficit	**21**	**–**	**(3,948)**	**–**	**(3,927)**

Statement of prospective Financial Performance for 2021–22

	Funding ('$000's)	Governance and Funding Admin ('$000's)	Hospital Provider ('$000's)	Elimination ('$000's)	Total Board ('$000's)
Revenue					
Government & Crown Agency sourced	271,825	4,223	147,652	(139,600)	284,100
Other	406	16	1,529	–	1,951
Total revenue	**272,231**	**4,239**	**149,181**	**(139,600)**	**286,051**
Expenditure					
Personnel	–	(2,329)	(98,029)	–	(100,358)
Outsourced Services	–	(576)	(14,304)		(14,880)
Clinical Supplies	–	(5)	(16,026)		(16,031)
Infrastructure and non–clinical expenses	–	(1,020)	(14,246)		(15,266)
Interest cost	–	–	–	–	–
Depreciation	–	(10)	(6,490)		(6,500)
Capital charge	–	(929)	(2,576)		(3,505)
Personal Health	(158,742)	–	–	112,305	(46,437)
Mental Health	(27,627)	–	–	19,466	(8,161)
Disability Support Service	(34,732)	–	–	3,413	(31,319)
Public Health	(1,242)	–	–	77	(1,165)
Maori Health	(1,873)	–	–	116	(1,757)
Inter–district outflow	(43,709)				(43,709)
Other	(4,223)	630	(630)	4,223	–
Total expenditure	**(272,148)**	**(4,239)**	**(152,301)**	**139,600**	**(289,088)**
Revaluation of Revaluation of property, plant and equipment					–
Net (Surplus) / deficit	**83**	**–**	**(3,120)**	**–**	**(3,037)**

Prevention	Plan 2018/19	Plan 2019/20	Plan 2020/21	Plan 2021/22
Revenue				
Crown	5,152	5,302	5,435	5,562
Other Income	43	43	43	43
Interdistrict Inflows	39	40	41	42
Total Revenue	5,234	5,385	5,519	5,647
Expenditure				
Personnel	(3,392)	(3,497)	(3,590)	(3,698)
Capital charge	(237)	(193)	(187)	(177)
Depreciation	(13)	(14)	(15)	(15)
Other	(388)	(392)	(398)	(405)
Other Provider Payments	(3,051)	(3,104)	(3,168)	(3,232)
Interdistrict Outflows	(50)	(51)	(52)	(53)
Overheads	0	0	0	0
Total Expenditure	(7,131)	(7,251)	(7,410)	(7,580)
Net Surplus (Deficit)	**(1,897)**	**(1,866)**	**(1,891)**	**(1,933)**

Early Detection & Management	Plan 2018/19	Plan 2019/20	Plan 2020/21	Plan 2021/22
Revenue				
Crown	54,133	55,636	56,933	58,197
Other Income	436	436	436	436
Interdistrict Inflows	1,752	1,787	1,823	1,859
Total Revenue	56,321	57,859	59,192	60,492
Expenditure				
Personnel	(10,745)	(11,072)	(11,363)	(11,700)
Capital charge	(567)	(501)	(491)	(474)
Depreciation	(485)	(539)	(563)	(570)
Other	(8,270)	(8,353)	(8,482)	(8,623)
Other Provider Payments	(38,066)	(38,776)	(39,599)	(40,434)
Interdistrict Outflows	(3,305)	(3,371)	(3,438)	(3,507)
Overheads	0	0	0	0
Total Expenditure	(61,438)	(62,612)	(63,936)	(65,308)
Net Surplus (Deficit)	**(5,117)**	**(4,753)**	**(4,744)**	**(4,816)**

Intensive Assessment & Treatment	Plan 2018/19	Plan 2019/20	Plan 2020/21	Plan 2021/22
Revenue				
Crown	154,790	160,137	165,133	169,875
Other Income	1,392	1,392	1,393	1,393
Interdistrict Inflows	4,573	4,664	4,756	4,851
Total Revenue	160,755	166,193	171,282	176,119
Expenditure				
Personnel	(73,786)	(76,056)	(78,072)	(80,400)
Capital charge	(3,367)	(2,830)	(2,762)	(2,631)
Depreciation	(4,893)	(5,437)	(5,680)	(5,755)
Other	(32,528)	(32,856)	(33,353)	(33,910)
Other Provider Payments	(11,887)	(12,112)	(12,370)	(12,634)
Interdistrict Outflows	(34,905)	(35,602)	(36,314)	(37,040)
Overheads	–	–	–	–
Total Expenditure	(161,366)	(164,893)	(168,551)	(172,370)
Net Surplus (Deficit)	**(611)**	**1,300**	**2,731**	**3,749**

Support & Rehabilitation	Plan 2018/19	Plan 2019/20	Plan 2020/21	Plan 2021/22
Revenue				
Crown	39,798	40,789	41,674	42,549
Other Income	80	80	79	79
Interdistrict Inflows	1,097	1,119	1,142	1,165
Total Revenue	40,975	41,988	42,895	43,793
Expenditure				
Personnel	(4,193)	(4,319)	(4,431)	(4,560)
Capital charge	(242)	(231)	(227)	(223)
Depreciation	(137)	(151)	(158)	(160)
Other	(3,101)	(3,132)	(3,187)	(3,239)
Other Provider Payments	(30,634)	(31,205)	(31,867)	(32,539)
Interdistrict Outflows	(2,929)	(2,988)	(3,048)	(3,109)
Overheads	0	0	0	0
Total Expenditure	(41,236)	(42,026)	(42,918)	(43,830)
Net Surplus (Deficit)	**(261)**	**(38)**	**(23)**	**(37)**

APPENIDX B:
WHANGANUI DHB SYSTEM LEVEL MEASURES (SLM) IMPROVEMENT PLAN

ĀPITIHANGA B: SLM MĀHERE WHAKAWHANAKE O WHANANUI DHB

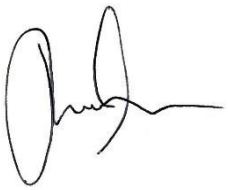
Whanganui Regional Health Network

National Hauora Coalition

Whanganui District Health Board

System Level Measures Improvement Plan 2018-19

Signatories



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1. Background

This Whanganui System Level Measures Improvement Plan 2018-19 has largely been informed by work that has occurred over the past year supported by the DHB and PHOs annual planning processes. The actions and activities outlined are expected to contribute to system performance over time which will require collaboration across other sectors.

We support the six SLM measures identified for 2018-19 as we see the linkage to the strategic priorities and vision for our health district, which include:

- ☐ Advancing Māori health and Whānau Ora
- ☐ Improving life expectancy with improvement in equity for Māori
- ☐ Reducing morbidity by improving the quality of life focusing on those with the highest need
- ☐ Improve equity by reducing the health status gap between Māori and non-Māori across all measures, and between Whanganui and New Zealand.

The focus of the SLM governance for this year will therefore be to further engage with a broader group of sector stakeholders in socialising the measures to gain more visibility and buy in to the outcomes we are seeking to achieve.

All measures, including contributory measures, will be monitored by ethnicity where data is available.

2018-19 Priorities

The priorities for 2018/19 focus on improvements in equity of outcome or access and activities to support intervention in high risk populations with measures that support more than one milestone.

These activities are expected to contribute to sustainable improvement in the life expectancy and health and wellbeing of the districts population. The activities will also support addressing equity issues.

System Level Measures Governance

The development of the 2018-19 plan has been led through an integrated approach with the following:

- ☐ Whanganui Alliance Leadership Team
- ☐ PHO Clinical Leads
- ☐ Hospital Services Clinical Team
- ☐ Service & Business Planning
- ☐ Child Youth Governance
- ☐ Tobacco Advisory Group
- ☐ Diabetes and Long Term Conditions Clinical Operational Overview Group

It is intended to formally establish service alliances in population priority areas (healthy ageing, including acute demand and child and youth) to support the ongoing development and monitoring of the System Level Measures (SLMs).

2. System level measures improvement milestones 2018-19

Ambulatory Sensitive Hospitalisation rates per 100,000 0-4 year olds	
System Level Outcome	Keeping children out of hospital
Improvement milestone	7,149 presentations per 100,000 Maori
Total Acute Hospital Bed Days	
System Level Outcome	Using health resources effectively
Improvement milestone	Reduce equity gap by 50% for Maori (490-438 bed days)
Patient Experience of Care	
System Level Outcome	Ensuring patient centered care
Improvement milestone	100% of practices participating Hospital inpatient survey: aggregate score of 8.5 across all four domains is maintained to 30 June 2019
Amenable Mortality	
System Level Outcome	Preventing and detecting diseases early
Improvement milestone	Reduce the equity gap between Maori & non-Maori 25% over the next two to four years
Youth Access to and Utilisation of Youth appropriate health services	
System Level Outcome	Youth receive oral health preventative service annually until their 18th birthday
Improvement milestone	85% of youth will access DHB funded adolescent dental services
Babies in Smokefree Homes	
System Level Outcome	Healthy start
Improvement milestone	40% of Maori babies live in a smokefree home by 30 June 2019

3. Whanganui Health District SLM Improvement Plan 2018/19

3.1 Acute Hospital Bed Days per Capita

This measure is about using our health resources effectively. As a Whanganui health system we want our population to be well in the community, and to be supported to receive appropriate care when they are not well. We want to reduce the amount of time people need to spend in hospital through integrated care and collaboration across providers. This requires good communication and cooperation between primary and secondary care and models of care which support greater capability in primary care. We know that better prevention and management of long term conditions is essential to support improvement against this target in the long term.

Where are we now?

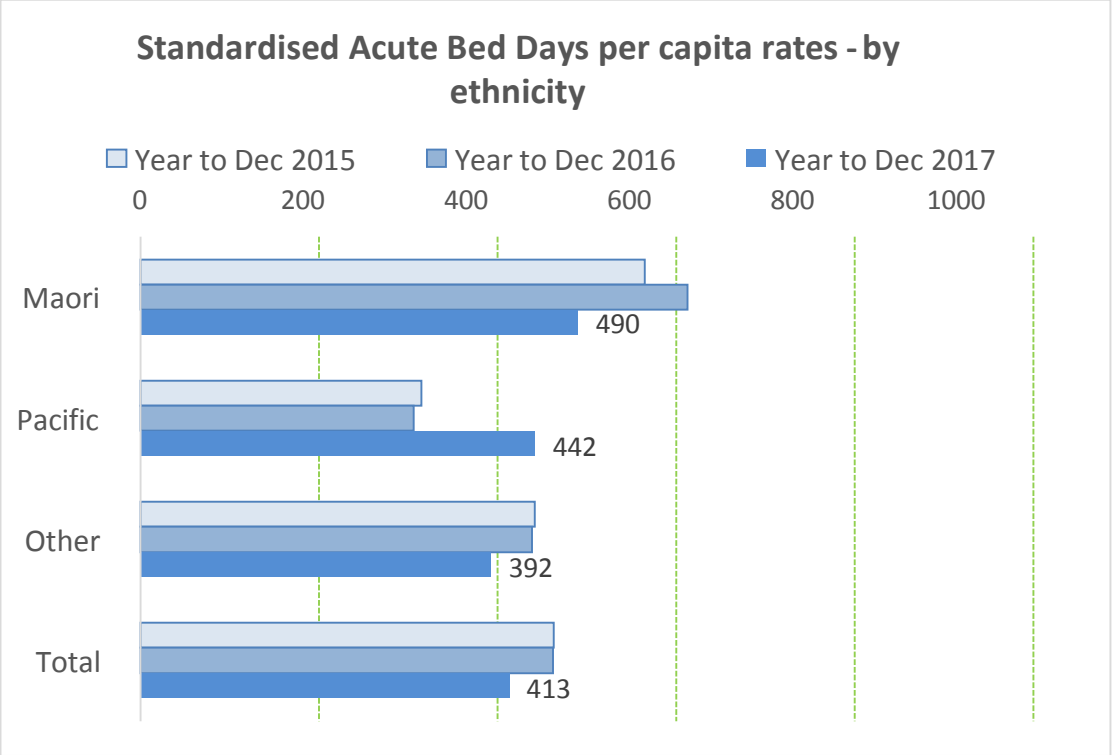
While there has been an improvement in the acute bed day rate for Whanganui DHB in 2017-18, this decrease is attributed to a DRG coding technicality which was in place until April 2017.

As background, Whanganui DHB developed a virtual ward to monitor and manage rest home bed days utilised for intermediate care. This resulted in utilisation recorded within the MOH calculation of acute bed days as inpatients under DRG Z63.

The significant increase in the Pacific acute bed day rate is attributed to three outlier patients who accrued 165 days.

Standardised Acute Bed Days per capita rates Whanganui DHB

	Estimated Popn	Acute Stays	Acute Bed Days	Standardised Acute Bed Days per 1,000 Popn		
Year	Year to Dec 2017	Year to Dec 2017	Year to Dec 2017	Year to Dec 2015	Year to Dec 2016	Year to Dec 2017
Maori	16,620	2,658	5,825	565	612	490
Pacific	1,600	243	544	315	306	442
Other	44,075	8,071	24,645	442	439	392
Total	62,295	10,972	31,014	463	462	413



Areas of focus we believe will assist us to achieve the target, including contributory measures we will monitor are:

Acute hospital bed days	
Improvement milestone: Reduce equity gap by 50% for Maori from 490 to 438 bed days	
Actions / Activity	**Contributory measures**
Support equitable CVD risk assessment for Maori by: • Identification of eligible patients and proactive follow-up and engagement by general practice General practice will identify their at risk patients and provide optimisation of medications supported by evidence-based management of cardiovascular risk High risk COPD patients are offered influenza vaccinations Ensure identified high risk patients are supported post discharge by their general practice, community and specialist teams where appropriate Increase access to echo-sonography through purchasing additional sonography resource	90% CVD risk assessment for Maori Acute readmission to hospital 5% reduction in wait times for echocardiogram (not in library)
Milestones: Amenable Mortality and Total Acute Hospital Bed Days milestones will be improved by these activities.	

3.2 Ambulatory Sensitive Hospitalisations (ASH) 0 – 4 years

As a Whanganui health system we want our children to have a healthy start in life, so we can reduce the burden of disease in childhood with a strong focus on health equity. Data indicates Maori pepi and tamariki are over represented in hospital admissions.

One of the DHB's strategic goals is to improve child health and advance Maori health outcomes in the Whanganui health district. Whilst we have chosen to focus on Maori children for this measure, we recognise that improvements within the system that achieve gains for Maori will see gains for total population as well.

Where are we now?

- Overall, Whanganui DHB ASH rates are significantly higher than NZ national rates.
- ASH admissions for 0-4 year olds have increased in the 12 month period to December 2017 while the national average has declined slightly

ASH 0-4 years old Non-standard ASH rate per 100,000 population	12 months to December 2016		12 months to December 2017	
	Whanganui DHB	New Zealand	Whanganui DHB	New Zealand
Other	5,811	5,735	7,149	5,582
Maori	7,786	7,290	9,643	7,292
Pacific	(NA)	12,175	(NA)	11,213
Total	6,690	6,730	8,283	6,545

Of the top ten causes of ASH admissions equity gaps are small for a majority of the indicators. Inequities between Maori and 'others' in asthma and dental conditions are significant. The DHB and health sector partners will focus on activities to reduce these ASH indicators.

ASH rates in 0-4 year olds	
Improvement milestone: ASH rates for Māori children to fall by 12.5% (21 events) by the end of June 2019, resulting in a rate of 7,149, the current rate for others.	
Actions / Activity	**Contributory measures**
Complete a stock take of coding practice within secondary care to ensure asthma events recorded are genuine asthma events. This will achieve: • Increased confidence in the accuracy of the ASH data by clinicians • Consistency of language between pediatricians and coders This action will increase clinician ownership of the ASH result and may identity in accuracies in data collection creating a high ASH rate.	Reduction in the level of hospital admissions for children 0-4 years with a primary diagnosis of asthma and dental
Develop wraparound support for this cohort within primary care services that include: • Primary care to audit and promote the	

commencement of recall for all babies with respiratory problems and promote 100% of eligible children receive a call back influenza vaccinations • Women who present to general practice and are pregnant shall receive information on the importance of Pertussis vaccination and receive a call back when it is due (third trimester) Primary care will ensure all under 4s discharged from hospital for asthma are followed up by general practice within 2 weeks this will ensure: • General practice align/update asthma plans and medication • Reinforce the importance of immunisation (if required) • Provide parents additional education / support to improve their understanding of asthma and how they can support prevent/minimise its impact	Increase of child influenza vaccination of 10%
Oral health initiatives are outlined within the Whanganui DHB annual plan 2018/19	See WDHB annual plan
Milestones - Ambulatory Sensitive Hospitalisation for 0-4 and Total acute hospital bed days, will be improved with these activities	

3.3 Amenable Mortality

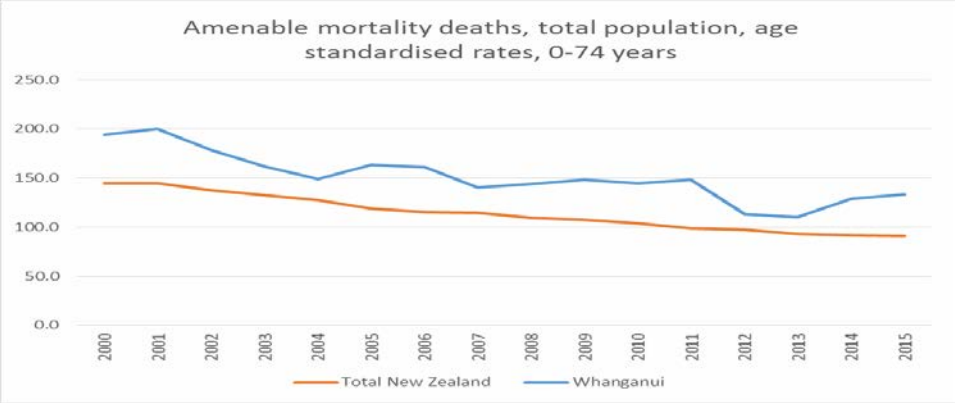
This measure is about prevention and early detection to reduce premature death. Amenable mortality is defined as premature deaths (deaths under age 75) that could potentially be avoided, given effective and timely healthcare. That is, early deaths from causes (diseases or injuries) for which effective health care interventions exist and are accessible to New Zealanders in need.

Not all deaths from these causes could be avoided in practice, for example, because of comorbidity, frailty and patient preference. However, a higher than expected rate of such deaths in a DHB may indicate that improvements are needed with access to care, or quality of care. We know that the prevention and management of risk factors is essential in reducing the development of morbidity.

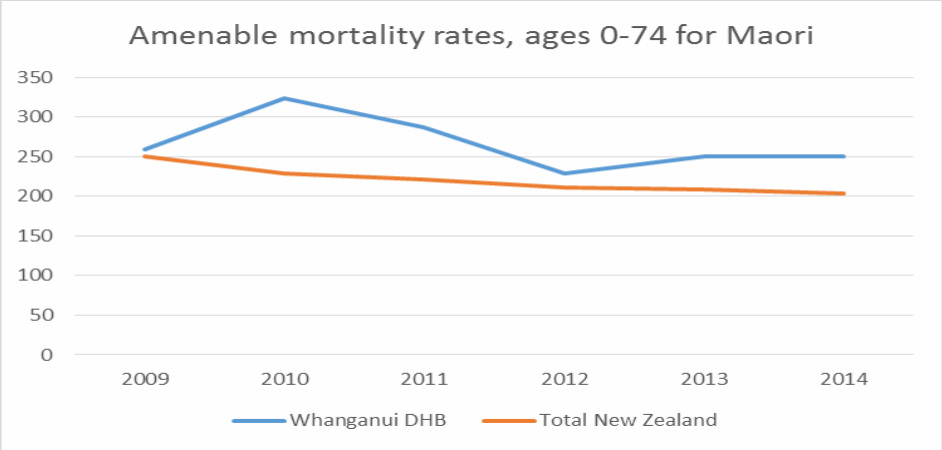
Amenable mortality is grouped into six super-categories:

- Infections
- Maternal and infant conditions
- Injuries
- Cancers
- Cardiovascular diseases and diabetes
- Other chronic diseases.

Where are we now?



Areas of focus we believe will assist us to achieve the target, including contributory measures we will



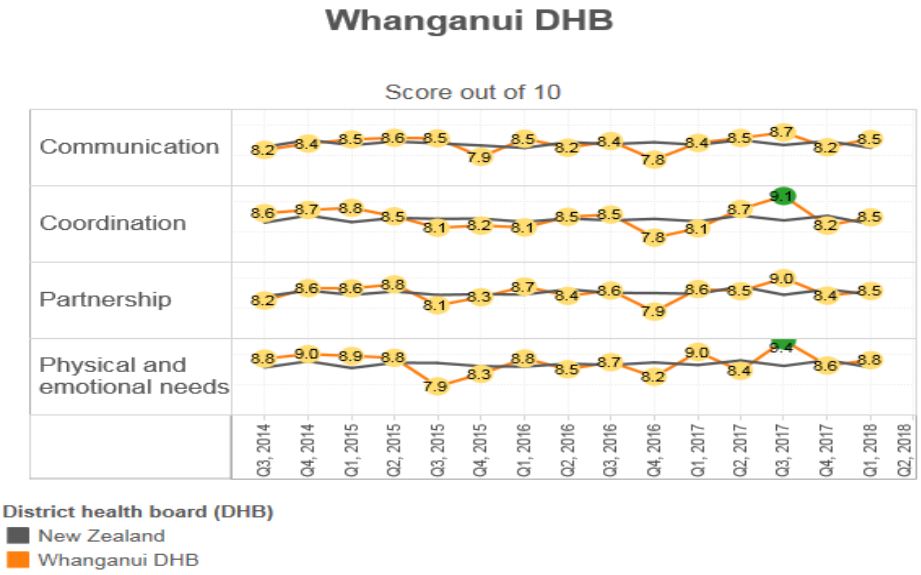
monitor.

Amenable mortality – Complex conditions	
Improvement milestone: Reduce the equity gap between Maori & non-Maori by 25% over the next two to four years	
Actions / Activity	**Contributory measure**
• Improvement of clinical management through comparison of dispensing data to prescribing data and identify opportunities for improvements • Commission community diabetes educational programmes • PHOs & general practice will review and implement efficient systems and processes to support referrals to and engagement with stop smoking services WALT will agree data sharing parameters between the PHOs & DHB to support effective planning	Diabetes detection & follow up – proportion of the population to have diagnosed diabetes have a diabetes annual review Programme evaluations demonstrate increased patient health literacy (measure not in library) 95% of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking
and service delivery	Primary care maintain 90% better help for smokers to quit target
Milestones - Total acute hospital bed days and amenable mortality and will be improved with these activities	

3.4 Patient experience of care

This measure is about our commitment to 'Whānau, person centred care'. As a health system we encourage patient involvement and feedback to support service development to lead to improved patient experience of care. We recognise that how people experience health care can be influenced by all parts of the system and the people who provide the care. We want to get a better understanding of the patient experience from the patients and their whānau themselves.

We are committed to making sure our services are responsive to those with the highest needs, as we know that if we get it right for this group, we are well on the way to getting it right for everyone. As a district with a high Maori population, and high levels of social deprivation, there is a strong emphasis on making sure services are culturally appropriate.



Areas of focus we believe will assist us to achieve the target, including contributory measures we will monitor.

Patient Experience of Care	
Improvement milestone: 100% of practices participating in the primary health patient experience survey	
Actions / Activity	**Contributory measure**
Primary care • Maintain and improve practice participation in the PHC PES • Continue to implement the National Enrolment Service • Review survey results and identify improvements to deliver quality and coordinated care	Increase in number of Maori patients providing feedback via the primary care patient experience survey Practices increase collection of patient email addresses to support patient portal & patient experience survey (not in library)

• Practices will support patient uptake and use of e-portals	
• Consumer forum will continue to participate in service redesign and investigation of serious incidents including development of recommendations Focus on coordination of care under the adult inpatient survey, with special focus on the lowest scoring question in the HQSC survey including tracer audits	Aggregated DHB in-patient survey score in maintained at 8.5 across all domains.
Milestone - The Patient Experience of Care milestone will be improved by these activities	

3.5 Youth access to Preventative Services

Youth have differing needs from health services than adults or children. These need to fall into five domains, each of which requires a specific and focused approach.

Of these, Whanganui DHB shall focus on the domain: Access to Preventive Services. By focussing on this domain, the DHB and partners believe youth will increase the level of utilisation of services to support their physical and psychological needs in a timely manner to maintain their wellbeing.

Information on the levels of youth accessing health service is currently spread across multiple service reports. Much of this information is not currently available for the sector to use; as a result we have limited understanding on the services being used by youth.
Adolescent access to oral health services is an effective proxy measure youth engagement. Youth access to oral health services has increased substantially since 2010/11 but has levelled off with provisional the 2017/18 period likely you end with 79% service utilisation, the same as the 2016/17 period

Breakdown by DHB, Estimated Utilisation Rate

DHB	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Whanganui	71%	79%	77%	78%	79%	81%	79%
Total	**68%**	**72%**	**73%**	**74%**	**72%**	**72%**	**71%**

The DHB and supporting health service providers want youth to be engaged with all health service, especially services that support them to maintain wellbeing and mana within their homes and communities.

For oral health, the DHB strives to achieve the 85% utilisation of oral health services as an indication of increased services utilisation. To achieve this a significant focus on ensuring Maori

Youth Access to Preventative Service	
Improvement milestone: 62% of Maori and 96% of 'other' adolescence received dental care during 2017-18. The improvement milestone for 2018-19 is 85% of Maori will utilise oral health services (approximately 200 additional individual consultations).	
Actions/Activity	**Contributory measure**
Implement and support an iwi driven oral health	Utilisation of Dental Services

initiative delivering education to Maori children 0-18 years focusing on: • The development of culturally appropriate / acceptable oral health resources • Delivery of education to schools to maximise the cultural connection/context of oral health care within schools with high Maori enrolment Increase the health literacy of Maori children and youth with culturally acceptable messaging to increase effective oral healthcare and reduce DMFT	by Adolescents Oral Health - DMFT score at Year 8
Oral health initiatives are outlined within the Whanganui DHB annual plan 2018/19	See WDHB annual plan
Milestone - Total acute hospital bed days, youth access to preventative service	

3.6 Babies living in smokefree households

The impact of smoking on our whole population is well understood, but children are more at risk when they breathe in second-hand smoke because their lungs are smaller and more delicate. In addition, they also often have no way of getting away from the smoke.

Children exposed to smoke are more likely to go to hospital, get coughs, colds and wheezes and are off school more often, while infants have a significantly higher risk of SUDI. Children whose parents smoke have double the risk of lower respiratory illnesses like bronchitis and pneumonia compared to children of parents who do not smoke.

Where are we now?

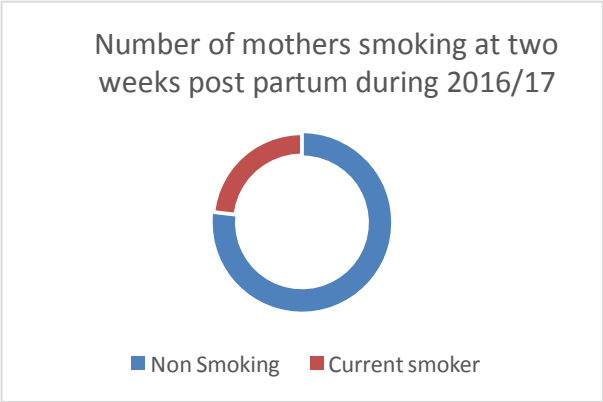
Overall our community does have a higher than the national average level of smoking with a decreasing level of smoke free homes based WCTO provider data.

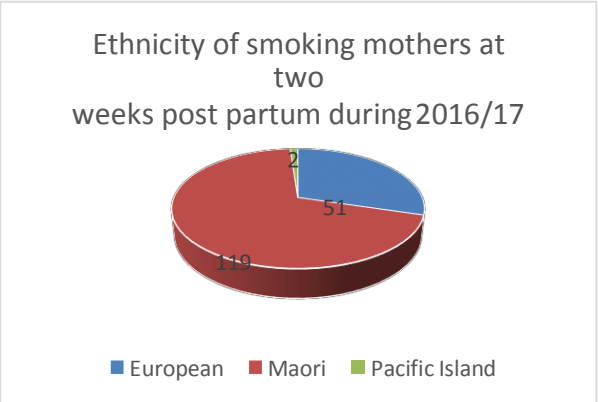
The table below demonstrates that a steadily decreasing number of homes are smoke free. The decrease may be related better data collection; this being the focus of the 2017/18 plan, as such 54.8% may be our true base line.

	Num	Denom	Rate of Smokefree Homes		
Year	**Jul 17 - Dec**	**Jul 17 - Dec**	**Jul 16 - Dec 16**	**Jan 17 - Jun 17**	**Jul 17 - Dec 17**
Maori	39	126	43.9%	37.1%	31.0%
Pacific Peoples	4	11	57.1%	62.5%	36.4%
Others	129	177	82.0%	76.9%	72.9%
Total	172	314	63.2%	60.4%	54.8%
DHB Equity Gap (Rate Ratio of Maori and			0.7	0.6	0.6

Source: https://nsfl.health.govt.nz/dhb-planning-package/system-level-measures-framework/data-support- system-level-measures/babies

Graphs demonstrating the smoke free status of mothers at two weeks within our DHB and ethnicity of smokers.





Source: MoH SLM NHI level data release 2018 (LMC data)

LMC collected data indicates that 23% of mothers smoked at two weeks postpartum, of these 60% were Maori. This reinforces the importance of this DHB in focusing on activities expected to reach Maori women. With 45.2% of children potentially being exposed to smoke, the importance of a whānau focused approach rather than mother focused is clear if we are to reduce smoke exposure.

Our milestone is to increase the percentage of smokefree homes at six weeks from 31% to 40% for Maori and 54% to 60% for the total population.

Babies in Smokefree Households	
Improvement milestone: Increase the number of Maori babies living smoke free homes from 31% to 40%	
Actions/Activity	**Contributory measure**
Undertake stock take of smoking cessation services targeting pregnant women and provide information to: o LMCs o WCTO services o Core midwives o Iwi providers	Mothers who are smokefree at two weeks and 6 weeks post-natally Babies whose families/whanau referred from their Lead Maternity Carer to a Well Child Tamariki Ora provider and general practice provider Measure volume of referrals from LMCs to local smokefree services
Ensuring the health workforce is equipped to support mothers / whānau become smokefree. • Support training and development of providers focusing on those working with priority groups, Maori, Pacific, pregnant women and mental health • Vape to quit education and training requirements are identified and provided	95% of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking 100% of WCTO nurses receive vaping and smoking cessation education during 2018/19. 100% of LMC's/core midwives are offered/receive vaping and smoking cessation education during 2018/19. Establish a baseline with a view to an increase in the proportion of smokers who receive medicines to support their cessation
Milestones – Babies in Smokefree Homes, Ambulatory Sensitive Hospitalisation rates 0-4, Amenable Mortality, Youth access to and utilisation of youth appropriate health services	

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