TE WAIORA Nelson Marlborough Health

E87

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

Annual Plan

Incorporating the Statement of Performance Expectation

2021/22

Our Vision/ Tō tātou Manako

"All people live well, get well, stay well"

"Kaiao te tini, ka ora te mano, ka noho ora te nuinga"

Our Mission/ Tō tātou kaupapa

"Working with the people of our community to promote, encourage and enable their health, wellbeing and independence"

"Kei te mahitahi tātou hei whakapiki te oranga me te motuhaketanga o to tatou hapori"

Our Values/ Ō tātou whanonga pono

Nelson Marlborough Health Annual Plan

Produced July 2021

Pursuant to Sections 25 and 38 of the New Zealand Public Health and Disability Act 2000; Section 139 of the Crown Entities Act 2004; Section 49 of the Crown Entities Amendment Act 2013; New CE Act s149C.

Nelson Marlborough Health, Private Bag 18, Nelson

Cover photo: Pohara Tranquillity (Raylene Stringer, Registered Nurse at Alexandra Hospital)

Letter of Approval from Ministers

Hon Andrew Little

Minister of Health
Minister Responsible for the GCSB
Minister Responsible for the NZSIS
Minister for Treaty of Waitangi Negotiations
Minister Responsible for Pike River Re-entry

Jenny Black
Chair
Nelson Marlborough District Health Board
jenny.black@nmdhb.govt.nz

17 November 2021

Tēnā koe Jenny

Nelson Marlborough District Health Board 2021/22 Annual Plan

This letter is to advise you that we have jointly approved and signed Nelson Marlborough District Health Board's (DHB's) 2021/22 annual plan (Plan) for one year.

When setting expectations for 2021/22 it was acknowledged that your Plan would be developed in a period where our COVID-19 response, recovery and immunisation programmes remained a key focus and therefore planning requirements were streamlined towards your DHB's work to improve equity and to embed lessons and innovations from COVID-19. Thank you for providing a strong plan for these areas.

Your Plan for 2021/22 will be delivered in an environment where this work continues to be of critical importance and where our system transition process is underway. We acknowledge that providing clarity on the critical areas for improvement through transition is helpful and, on that basis, we are confirming the top challenges that will be of focus for us through 2021/22:

- Supporting readiness and management of COVID-19.
- Supporting the mental wellbeing of people, particularly of youth and young people.
- Ensuring child wellbeing, particularly through increased immunisation.
- Managing acute demand.
- Managing planned care.

More broadly, we also acknowledge the importance of your Board delivering on the Plan in a fiscally prudent way.

We invite you to work closely with your regional Chair colleagues to share your skills, expertise, and problem-solving efforts to ensure progress is achieved in these top challenges. As performance progress is discussed through the year, we will look forward to hearing about your joint efforts and progress.

Please note that approval of your Plan does not constitute acceptance of proposals for service changes that have not undergone review and agreement by the Ministry of Health (the Ministry), including changes in FTE. Please ensure that you advise the Ministry as early as possible of any proposals for service change that may require Ministerial approval. Approval of the Plan also does not constitute approval of any capital business cases or requests for equity support that have not been approved through the normal process.

Your 2021/22 Plan provides an important foundation to ensure our health system delivers for New Zealanders during the period of system transition and we expect all DHBs will be disciplined in delivery of their plans.

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

Nāku noa, nā

Hon Andrew Little
Minister of Health

Hon Grant Robertson
Minister of Finance

Cc Lexie O'Shea
Chief Executive of Nelson Marlborough DHB

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1 Overview of Strategic Priorities

1.1 Message from the Chairs and Chief Executive

It is our pleasure to present to you the Annual Plan for Nelson Marlborough Health for 2021-22. Acknowledging that this is a year of transition, the Board will continue to provide services, continue our efforts to prevent COVID 19 and ready the organisation for its transfer to the new health system.

Our health care teams continue to demonstrate manaakitanga; giving for the long-term and taking care of others and rising to the challenge of the mahi associated with the management of COVID-19. In the short term our workforce has simultaneously managed usual and growing demand and a once in a lifetime Public Health Response. It is our challenge to balance competing needs to ensure a sustainable workload across all teams. We are proud of efforts to date, but Nelson Marlborough Health is undoubtedly a system under pressure.

We know there is inequity in our population health outcomes, particularly for Māori, Pasifika, former refugees, people with disabilities and those on low incomes. To reduce these inequities we will uphold Te Tiriti o Waitangi and commit to activities that consider the wider determinants of health, not just traditional health services. Determinants are often the underlying causes of illnesses and include income, education, physical environment, employment, cultural alienation, housing and neighbourhoods, and the family/whānau life circumstances.

To improve population health, we must continue to work with local authorities, government departments and community agencies with a role to play in these wider determinants. We also need to transform the way we deliver services and work to eliminate systemic practices that discriminate or disadvantage certain populations.

One way we continue to improve the health of local people is through the Ki Te Pae Ora Programme. In 2018-19 this multi-year health system transformation programme began planning new models of care and identified specific activities and themes. The programme's focus on equity, sustainability, person and whānau-centred care, partnership, and excellence are well-aligned with the goals of the impending health system reform. While this may be Nelson Marlborough Health's last District Health Board Annual Plan, our annual programme of work will support our health and disability system to transition to Health NZ and the Māori Health Authority. We will continue to provide both physical and mental health services that improve health outcomes as our social and physical environments change.

This Annual Plan sets out the strategic objectives that Nelson Marlborough Health intends to achieve within the next twelve months to ensure that the population of Nelson Marlborough continues to 'live well, get well, and stay well'.

Jenny Black	Craig Dennis	Dawn McConnell	Lexie O'Shea	Hon Andrew Little	Hon Grant Robinson
Chair	Deputy Chair	Iwi Health Board Chair	Interim Chief Executive	Minister of Health	Minister of Finance

1.2 Message from our Partners

As members of the Top of the South Health Alliance (ToSHA), our organisations have participated in the production of the Nelson Marlborough Health (NMH) Annual Plan 2021/22. We will continue to work collaboratively with Nelson Marlborough Health to provide the best possible health and care services for the people of Nelson, Tasman and Marlborough.

We are pleased to advise that our respective Boards endorse the Nelson Marlborough Health Annual Plan 2021/22.

Sara Shaughnessy	Beth Tester	Anne Hobby
Chief Executive	Chief Executive	Tumuaki - General Manager
Nelson Bays Primary Health	Marlborough Primary Health	Te Piki Oranga

1.3 Strategic Intentions and Priorities

The Annual Plan for 2021/22 articulates Nelson Marlborough Health's (NMH) strategic intentions and priorities for the next 12 months. It outlines how Nelson Marlborough Health has partnered with our Iwi Health Board to develop the plan (section 2.2) and our commitment to meeting the expectations of the Government, and Minister of Health to deliver national and regional priorities. This plan also describes how the District Health Board is ensuring its outyear planning is robust and supports system sustainability (see section 2.4) through strong clinical leadership that supports the DHB to meet local, regional and national health needs.

Introducing Nelson Marlborough Health

NMH covers the top of the South Island including Nelson city, the Tasman district and the Marlborough district. The age profile and inequity experienced in parts of our population present two significant and competing challenges – to care for our older and frail population while also reducing the inequitable outcomes experienced by our predominantly younger Māori population.

In 2020, NMH is projected to serve 158,600 people with the greatest growth occurring in the population aged 75 years, which places significant demand on treatment and rehabilitation services. Overall, our population experience relatively good health, with adequate access to both primary and secondary health and disability services, but the burden of health loss falls inequitably on Māori, in terms of poor health, disability and premature death[1].

Within Nelson Marlborough, Māori make up 11 per cent of the total population; just under half are aged less than 24 years (45.7 percent) and only 5.2 percent are aged over 65 years. Māori continue to die younger than non-Māori, with coronary artery disease being the leading cause of avoidable mortality in Nelson Marlborough for Māori (and non-Māori). Chronic obstructive pulmonary disease (COPD) is ranked second among Māori residents, while suicide is second for non-Māori (and third for Māori).

Differences in the social, economic and behavioural determinants of health and wellbeing, differential access to health care and differences in the quality of care in health outcomes for Māori contribute to this inequity[2]. On average Māori residents of Nelson Marlborough are 16 percent more likely to be earning under $20,000 than non-Māori. Almost half of the Māori population (46 percent) reside in 40 percent of the most deprived areas of Nelson Marlborough and this trend is consistent across children and youth (0-19 years)[3]. These socioeconomic conditions not only impact access to primary health care, but they are also associated with many of the lifestyle factors, such as smoking and poor nutrition, that over a

[1] Ministry of Health. 2019e. Wai 2575 Māori Health Trends Report. Wellington: Ministry of Health.

[2] Walsh M, Grey C. 2019. The contribution of avoidable mortality to the life expectancy gap in Māori and Pacific populations in New Zealand – a decomposition analysis. New Zealand Medical Journal 132(1492): 46–60

[3] Nelson Marlborough Health Needs and Service Profile 2015

lifetime can contribute to poorer health outcomes such as coronary artery disease and COPD.

If current models of care and service configuration are maintained, growth in demand will exceed capacity, significant expansion of physical and associated staffing capacity will be required, and the equity gap identified above will persist. As noted above, the Māori population are generally younger than the non-Māori population so funding treatment and rehabilitation services at the expense of prevention and early intervention will continue to increase poorer health outcomes for Māori relative to non-Māori, resulting in widening inequity.

It is therefore evident that these significant equity gaps require a different approach to health services which also target the younger Māori population, rather than only general health services developed for the mostly older, non-Māori population. The strength of NMH's focus on improving health determinants in recent years, particularly among children, supports this approach. Between 2011-2014 and 2014 -2017 the percentage of Māori children consuming fizzy drink and fast food more than three times a week has decreased and a greater percentage of Māori children have a healthy weight. Furthermore, the percentage of Māori identifying as current smokers has also decreased.[4.]

These results indicate NMH's population-based health promotion and intersectoral approach is working. They suggest that through a sustained commitment to addressing the determinants of health alongside local iwi, we are addressing the inequitable health outcomes experienced by Māori while improving overall population health.

Nelson Marlborough has also been a resettlement region for former refugees for many years; with former refugees and refugee-like migrants comprising an estimated 1% of the population (exact figures unknown). This population encounters unique equity challenges; with the population experiencing language barriers, poor health literacy, physical and mental health problems and a history of trauma. Efforts to improve equity within NMH's population must increasingly consider these.

To address ongoing demand and equity gaps we will continue to develop new models of care that align with these approaches. These will continue to impact the existing ways of working, adoption of new systems and technology, and the evolution of our facilities and workforce. This approach will also benefit the environment and climate, as we maximise the potential of digital technology to deliver health services. The following sections further outline our strategic priorities, our key areas of focus and our commitment to public health which will support our positive trajectory.

Our strategic priorities

[4] https://healthspace.ac.nz/health-topics/maori-health/ [accessed 6 August 2020]

NMH also has a number of strategic priorities. To meet both the current and future needs of the Nelson Marlborough region, NMH needs to consider how health services are provided to ensure transparency and efficiency while providing patient-centred care.

NMH has identified six priorities to guide action across our health system over the next few years:

1. Achieve health equity – Improve health status of those currently disadvantaged, particularly Māori and reduce barriers to accessing healthcare
2. Drive efficient, effective, sustainable and safe healthcare – support clinical services sustainability across the system, clinical governance, innovation and invest to improve
3. One team – to achieve joined-up care within health and across local authority and social services
4. Workforce – develop the right workforce capacity, capability and configuration
5. Technology – digital enablement to allow better information sharing, more efficient health care delivery and better personal outcomes
6. Facilities Development - planning for a redevelopment of Nelson Hospital

These priorities were selected based on evidence about needs, current performance and future gains. We referenced local and national health and social sector strategies, reviewed the data and listened to feedback from key internal and external stakeholders.

The six priorities are supported by targeted actions in key focus areas, many of which emphasise building capacity and capability in primary and community settings and concentrate on integrating service models (see Appendix 3: Priorities Matrix). Every year we will see an improvement in the priority areas, but the priorities will not be 'fixed' quickly.

Our key areas of focus

Our key areas of focus for 2020-21 are those which we believe will impact the determinants of health, health equity and ultimately wellbeing. They include:

- on-going response to COVID-19 including preparedness, notification of cases, management of cases and contacts, contact tracing, community testing, communication, and recovery.
- recognising the importance of cultural connectedness for health and how integrating the principles of the Treaty of Waitangi can lead to increased equity and improved health outcomes
- focussing on improving the health of Māori through Māori-specific and mainstream services (including embedding Hauora Direct, establishing Wānanga Hapūtanga, and co-investing in a Whānau Ora work programme with Te Pūtahitanga, strengthening Katoa programme, expanding The Plan (delayed teen drinking) to Māori health providers, and Healthy Kai programme)
- investing in child wellbeing and supporting parents, with a cross sector approach to the first 1000 days at local and regional levels (via Hauora Alliance)

- ensuring young people feel safe and supported by health services through strengthening school-based health services, employing a youth consumer advisor, and promoting The Plan to encourage sensible attitudes towards alcohol.
- reviewing and improving access to mental health and addiction services, including implementing the Integrated Primary Mental Health and Addiction Access and Choice Programme and the Matrix for reducing harm caused by methamphetamine (within NMH services and Te Piki Oranga).
- increasing access to primary healthcare through advancing Health Care Home, improving access to professional advice, strengthening care coordination, maximising the role of community pharmacy and planning the required capacity and capability in the community to support this
- a joined up and coordinated cross-sector programme approach to key issues in the region, particularly on housing, food resilience, and improving the wellbeing of youth, former refugees and migrants
- service improvements that target sustainability, acute demand, patient flow, perioperative efficiency and the deteriorating patient. Improving cooperation to benefit people whose health or disability needs fall between current services, maximising support for those living with dementia, and implementing a Nelson-Wairau service delivery model are further areas for improvement.
- environmental sustainability: NMH is one of the largest organisations in the district, and negatively contributes to the health issues within the populations it cares for because it uses lots of resources and contributes to greenhouse gas emissions. Without prompt and direct action NMH will face increasing pressure from the burden of climate change related illnesses. Reducing greenhouse gas emissions is also an opportunity to improve the health, wellbeing and resilience of our communities.

In addition to these priorities and key focus areas, NMH has a number of key strategies and action plans which support the Annual Plan, including:

- Primary and Community Health Strategy (short term local health direction)
- Health for Tomorrow (long term local health system strategy).

This plan also reflects our commitment to:

- the Treaty of Waitangi
- the New Zealand Health Strategy
- He Korowai Oranga and Whakamaua 2020-25
- the Healthy Ageing Strategy
- the UN convention on the Rights of Persons with Disabilities and the Disability Strategy
- Ola Manuia:Pacific Health and Wellbeing Action Plan 2020-2025.

Public Health and COVID-19 Response

International evidence shows that a wide range of preventive approaches in public health are cost-effective (both in the short and longer term), including interventions that address the environmental and social determinants of health, build resilience and promote healthy behaviours, as well as population vaccination and screening. Investing in public health generates not only cost-effective health outcomes but can contribute to the wider sustainability, with economic, social and environmental benefits (World Health Organization, 2014[5]). The NZ-wide success in limiting community transmission in the first wave of the COVID-19 virus illustrates this well. NMH has integrated into this plan the NMH Public Health Plan and seeks to shift some focus from healthcare delivery to prevention activity, including but not limited to effective health promotion and screening. NMH is committed to supporting the roll out and success of the COVID-19 vaccination programme.

The changes that are anticipated in the wider health and disability system will undoubtedly create new opportunities for PHUs to work in different ways, using different models and levers. It will be a missed opportunity if a lack of resourcing limits their flexibility to respond to a changing work environment and changing community/population needs. Key changes that may impact the context in which PHUs work include:

- Changes in the drinking water work/capacity arising from increased service expectations following the Havelock North Drinking Water Inquiry (2017) and the establishment of a new drinking water regulator
- The Health and Disability System Review (HDSR)
- The Crown's response to Wai 2575 Health Services and Outcomes Kaupapa Inquiry
- The Ministry's NDE Commissioning Review
- The Public Service Bill
- Local Government (Community Well-being) Amendment Act 2019
- the Ministry's recent update of the Māori Health Action Plan and the Ministry's new Pacific Health Plan - Ola Manuia 2020-2025.

[5] World Health Organization (WHO), 2014. The case for investing in public health. WHO Regional Office for Europe.

2 Delivering on Minister Priorities

This section of the Annual Plan for 2021/22 articulates the activities that Nelson Marlborough Health (NMH) will undertake over the next 12 months to address the determinants of health and achieve better health equity and wellbeing.

Nationally consistent

Nelson Marlborough Health's vision is closely aligned to the Government's long-term vision for the health sector, as articulated through the New Zealand Health Strategy with its central theme 'live well, stay well, get well.'

Our vision also reflects alignment with the Government theme 'Improving the wellbeing of New Zealanders and their families' and the priority outcomes: Support healthier, safer, more connected communities; Make New Zealand the best place in the world to be a child; and Ensure everyone who is able to, is earning, learning, caring or volunteering.

The Minister of Health's annual Letter of Expectations signals priorities and expectations for DHBs. The expectations for the coming year signal a strong focus on wellness, equity and sustainability throughout the system change programme.

The priorities emphasised for 2021/22 are:

- Giving practical effect to Whakamaua (the national Māori Health Action Plan);
- Improving sustainability;
- Improving child wellbeing;
- Improving mental wellbeing;
- Improving wellbeing through prevention;
- Better population health outcomes, supported by a strong, equitable public health & disability system; and
- Better population health outcomes, supported by primary health care.

The Minister's letter also signals expectations for DHB to continue to support the COVID-19 response and to maintain their focus on their population as the national Health and Disability System Review recommendations are implemented. The Delivering on Government Priorities section of this Plan outlines how we will deliver on the Minister's expectations in the coming year.

Regionally responsive

There are five DHBs in the South Island (Nelson Marlborough, Canterbury, West Coast, South Canterbury and Southern) and together we provide services for almost 1.2 million people, 23.3% of the total New Zealand population. While each DHB is individually responsible for the provision of services to its own population, we work collaboratively through the South Island Regional Alliance to develop more innovation and efficient health services, and improve health outcomes for the collective population of the South Island.

The five DHB's are currently working on a refocus and reset of priorities for the Regional Alliance in order to better support vulnerable service areas, address the inequities evident across our health system and respond to the recommendations of the National Health and Disability System Review.

Nelson Marlborough Health has made a strong commitment to this regional work, and activity from the current regional work programme is reflected through our Annual Plan. Further information on the Regional Alliance can be found on the Alliance website: www.sialliance.health.nz.

2.1 Healthy Equity

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

After considering the characteristics of our current and future populations (Health Needs and Service Profile 2015), Nelson Marlborough Health is pleased to include actions in our annual plan that will make measurable progress towards achieving equity in health outcomes for all. These actions include condition specific activity, as well as actions to resolve inequities of access and identifying unmet need.

Furthermore, we include at least one equity action focused on Māori within each planning priority. These are clearly identified within the plan by the code EOA for Equitable Outcomes Action immediately following any action that is specifically designed to help reduce health outcome equity gaps.

2.2 Māori Health

Our obligations as a Treaty partner are specified in legislation and we are aware that failure to engage with Te Tiriti o Waitangi or the Treaty of Waitangi can be a barrier towards achieving health equity.

Te Tiriti o Waitangi establishes a partnership that recognises Māori as tangata whenua and guarantees their sovereignty. Nelson Marlborough Health is committed to working within the four articles of the Treaty of Waitangi.

Working within **Article One** involves sharing power and establishing structural and other mechanisms to ensure Māori representation and involvement in decision-making throughout the health sector. Nelson Marlborough Health, in alignment with Te Tiriti o Waitangi and the Treaty principles of partnership, participation and active protection, will ensure that Iwi/ Māori have input into decision making at all levels of the organisation.

At a governance level the Iwi Health Board (IHB) is the Treaty partner to Nelson Marlborough Health's Board. The IHB advises Nelson Marlborough Health's Board on strategic matters that affect the health and disability status of Māori in the rohe (region) of Te Tauihu o te Waka a Maui (top of the South Island). IHB Members:

- monitor agreed Māori health and disability outcomes
- influence key strategic policies
- monitor engagement and participation activity of Māori across the organisation
- monitor activity that develops Māori capacity
- provide strategic advice about service development
- provide advice about consultation options for strategic projects.

At an executive and operational level the General Manager for Māori Health and Vulnerable Populations and the Te Waka Hauora team, the Mental Health and Addictions team, the Public Health team all facilitate and enable Māori input into decision making at an executive and operational level within Nelson Marlborough Health through establishing and running initiatives and programmes that engage directly with the community (eg, Hauora Direct).

At a Strategic, Primary and Community level Te Piki Oranga (TPO) is a Top of the South Health Alliance (ToSHA) partner and the Chief Executive of TPO has input into ToSHA decision making and initiatives. ToSHA's main priority is to address health status disparities in Nelson and Marlborough through providing increasingly integrated and coordinated health services through clinically led service development. TPO, as a kaupapa Māori wellness services provider, plays a key role in these decisions.

Meanwhile at a service provision level Māori staff at Nelson Marlborough Health are encouraged to attend Te Puawai Hauora (the Māori staff network) which provides a network of support and enables Māori staff to participate in various initiatives at Nelson Marlborough Health.

Article Two requires that Māori are able to exercise tino rangatiratanga (sovereignty)—being in control of individual and collective destiny. Complimenting this work has been the removal of barriers and obstacles to Māori success, which involves challenging institutional and other forms of racism and providing kaupapa Māori services. Some examples of these services in Nelson Marlborough include Te Waka Hauora Hospital Services which has been created to support the cultural needs of whānau admitted to either Nelson or Wairau hospitals that identify as Māori by:

- Supporting whānau with information that aids understanding of hospital process, procedures
- and expectations
- Provides whānau with information that facilitates active participation in the treatment and discharge
- planning process. This may include facilitation of whānau hui to enhance understanding of proposed care
- and treatment options
- Advocacy and referral on discharge to a range of community services.

Article Three is about embracing ethical decision-making that reduces health inequities and addresses the wider determinants of health. In Nelson Marlborough Health both the activities in our Annual Plan and System Level Measures Plan focus on narrowing identified equity gaps.

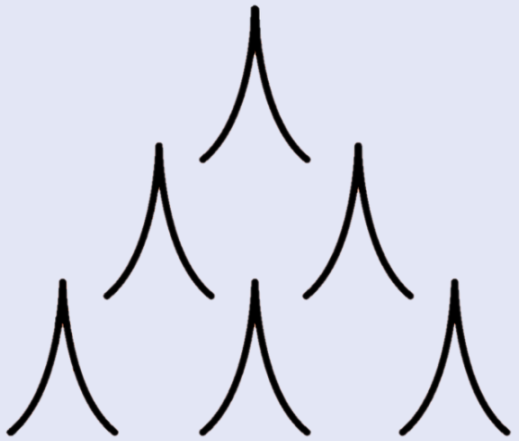
Working with **Article Four** involves upholding wairuatanga, te reo me ono tikanga (Māori language and cultural protocols). Nelson Marlborough Health offers a range of education and training opportunities for staff to improve their te reo Māori and understanding of tikanga as it relates to provision of healthcare and services.

2.3 Give practical effect to Whakamaua: Māori Health Action Plan 2020-2025

Whakamaua: the Māori Health Action Plan 2020-2025 has been developed to achieve the vision of pae ora- healthy futures set out in He Korowai Oranga, the Māori Health Strategy.

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

These challenges are substantial and require a strong plan to implement actions and meet expectations. The first part of this section, Engagement and obligations as a Treaty partner, is based on our current legislative responsibilities. The other sections are based on the objectives from Whakamaua. Some action areas from Whakamaua are highlighted in each part. These are specific areas for our attention in 2021/22.



2.3.1 **Engagement and obligations as a Treaty partner**

Action(s) (include one action and milestone per row)	**Milestone(s)**
Nelson Marlborough Health meets its Te Tiriti o Waitangi obligations through maintaining processes that enable Māori to participate in, and contribute to, strategies for Māori health improvement; including an expectation that the Annual Plan (including the System Level Measures Plan) is developed and implemented alongside Te Waka Hauora and Te Piki Oranga and is signed off by Nelson Marlborough Health's Iwi Health Board (IHB) (which comprises representatives of all local iwi, including Mata waka (iwi from outside of this rohe). The IHB has input into strategic planning and helps direct and guide major district health board initiatives that seek to improve Māori health status. They also provide cultural guidance covering off areas including the Treaty of Waitangi, addressing systemic racism and initiatives that seek to build both the capacity and capability of the Māori health workforce. **(EOA)**	Q2: Progress update Q4: Final Annual Plan (including System Level Measures Plan) is signed off by Iwi Health Board and there is evidence of Māori participation in, and contribution to, its development.
To develop iwi partnerships that support local-level Māori development and kaupapa Māori service solutions, Nelson Marlborough Health is building on the iwi response to COVID-19 by continuing the Vulnerable population Technical Advisory Group (VTAG) to discuss barriers experienced by iwi and identify	Q2: Progress update Q4: TOSIF and Social Pou (RIF) combined into a single forum.

joint areas for further work. This year, Nelson Marlborough Health will also negotiate with iwi, and in particular iwi leadership, to join the Top of the South Impact Forum (TOSIF) and the Regional Intersectoral Forum (RIF)'s Social Pou into one forum. This will mean that iwi leaders will be working to progress a joined-up approach that will benefit the health and wellbeing of our local Māori population. Nelson Marlborough Health will also work very closely with iwi around any future developments to do with COVID-19. This joined-up approach improved the availability and accessibility of resources for priority groups during the COVID-19 response. **(EOA)**	
To develop iwi partnerships that support local-level Māori development and kaupapa Māori service solutions, Nelson Marlborough Health is investing in Te Piki Oranga, our local Māori Health provider that provides Kaupapa services to whanau within the Nelson Marlborough Health. The DHB also partners with other local Māori providers on a number of its key Māori Health initiatives (ie, Te Waka Hauora, Hapū Wānanga (Pregnancy & Parenting Programme), Hauora Direct (comprehensive Māori health indicator assessment and intervention), Whare ora (healthy homes initiative) and Did not Attract (DNA) Project. It is important to work with iwi who are our Treaty partner and who also have solutions to the health and wellbeing of our local Māori population and governance over our local Māori providers. **(EOA)**	Q2: Progress update Q4: Partnerships with local Māori providers support new and existing Māori Health initiatives.
To design and deliver professional development and training opportunities for Māori DHB board members and members of DHB/iwi/Māori partnership boards, Nelson Marlborough Health will engage training for iwi health board members around governance to support them in their role. The DHB will also support the concept of the secondment of future iwi health board members who will attend prior to the departure of an iwi's current representative. This is important because it is investing in the transfer of knowledge and expertise between generations. Iwi health board members will also be given the opportunity to attend any training around Te tiriti o Waitangi or health inequities which will be provided to the DHB Board (see *Health Workforce* priority area). **(EOA)**	Q2: Progress update Q4: At least one training opportunity offered annually.

2.3.2 **Whakamaua: Māori Health Action Plan 2020-2025**

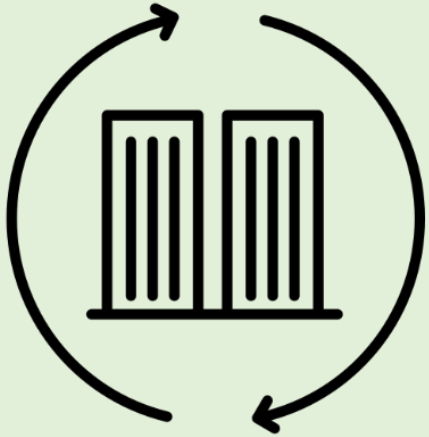
Action(s) (include one action and milestone per row)	**Milestone(s)**
To expand existing Māori health workforce initiatives aimed at encouraging Māori to enter health careers, including supporting existing initiatives such as Kia Ora Hauora in their local area, Nelson Marlborough Health are also engaging Rangatahi Māori from secondary schools as career option through the Kia Ora Hauora Programme. This is important because currently Māori are less likely to enter health careers than non-Māori. **(EOA)**	Q4: Each secondary school offered the opportunity to attend the Kia Ora Hauora programme which promotes health as a career.

To expand existing Māori health workforce initiatives aimed at encouraging Māori to enter health careers, including supporting existing initiatives such as Kia Ora Hauora in our local area, Nelson Marlborough Health are implementing a prioritised recruitment strategy, whereby Māori applicants with the same experience as non-Māori applicants will be employed over non-Māori. This is important because a lower proportion of Māori are employed in health careers than non-Māori (see *Health Workforce* priority area). **(EOA)**	Q1: Prioritised recruitment strategy implemented.
To increase access to and choice of kaupapa Māori primary mental health and addiction services, Nelson Marlborough Health are, for all intake and allocation processes across the service, ensuring Māori practitioners are involved. This is important because it ensures all needs are being considered which ultimately will contribute to achievement of pae ora – healthy futures for Māori. **(EOA)**	Q3: Māori practitioners are involved in all intake and allocation processes
To adopt innovative technologies and increase access to telehealth services that streamline patient pathways and provide continuity of care for Māori individuals and their whānau, especially building on recent experience of operating differently during COVID-19 alert levels 3 and 4, Nelson Marlborough Health will explore investment in devices for distribution to high-needs whanau as a means for eliminating the digital divide between Māori and non-Māori, and will include training on how to use them for kaumātua and rangatahi to access health services in a more effective way. This is important because it enables virtual access to health services in the face of physical and financial barriers. **(EOA)**	Q4: Devices secured and distributed to priority populations.
To support DHBs and the Māori health sector to attract, retain, develop and utilise their Māori health workforce effectively, including in leadership and management, Nelson Marlborough Health are implementing Te Puawai Māori Staff Forum, chaired by GM Māori & Vulnerable Populations, which will provide staff an opportunity to discuss Māori health issues within the workplace and gain cultural support. This is important because it provides a mechanism for issues and concerns to be raised and addressed regarding the way health services operate. **(EOA)**	Q4: Five meetings per year and one at Noho Marae.
To communicate Nelson Marlborough Health's plans and progress towards achieving equitable health outcomes for Māori, Nelson Marlborough Health will publish our Annual Plan and System Level Measures Plan and provide quarterly reports to the Board and Iwi Health Board on key indicators of Māori equity, including the measures in the *Whakamaua :Māori Health Action Plan*. This is important because transparency is required for effective governance and accountability. **(EOA)**	Q4: Plans and progress towards achieving equitable health outcomes for Māori are reported to the Board and Iwi Health Board quarterly.
The first most significant action Nelson Marlborough Health is undertaking to invest in innovative tobacco control, immunisation and screening programmes to increase equitable access and outcomes for Māori is the multi-faceted intervention programme, Hauora Direct which focuses on priority population groups and which addresses smoking cessation, immunisation and screening programmes. **(EOA)**	Q4: Virtual version of Hauora Direct will be integrated into Te Piki Oranga, Nelson Tasman Pasifika Trust, Victory Community Centre and our local PHOs.

The second most significant action Nelson Marlborough Health is undertaking to invest in innovative tobacco control and outcomes for Māori is the promotion of quit smoking through Pepi First's Hapū Wananga programme and investment in Kaupapa Māori quit smoking programme through Te Piki Oranga with the use of vapes. **(EOA)**	Q4: Vaping as a quit smoking tool funded for Te Piki Oranga whanau.
To engage local iwi when developing major capital business cases Nelson Marlborough Health are ensuring the Iwi Heath Board, Regional Intersectoral Forum (RIF) and Top of the South Impact Forum (ToSIF) are closely involved in the business case for the Nelson hospital re-build; ensuring that tikanga is being upheld and the facility is responsive to the needs of Māori. **(EOA)**	Q4: Iwi Health Board, Regional Intersectoral Forum (RIF) and Top of the South Impact Forum will review feedback from the Ministry of Health on the resourcing of the re-build and any models of care changes.
To invest in growing the capacity of iwi and the Māori health sector as a connected network of providers to deliver whānau-centred and kaupapa Māori services to provide holistic, locally-led, integrated care and disability support, Nelson Marlborough Health are implementing *Tipuora* which will support the Māori health workforce within Nelson Marlborough Health and Māori provider settings to undertake cultural development opportunities. This is important because it will enable Māori to build cultural strength which will support them to deliver services to their people in a way that is more culturally responsive. **(EOA)**	Q4: 90% of participants in *Tipuora* complete certification.
To support the delivery of Whāia te Ao Mārama 2018-2022: The Māori Disability Action Plan, Nelson Marlborough Health will continue to involve the Consumer Council and Te Piki Oranga in the identification of health service improvements particularly for those with disabilities. This is important because access and health outcomes for people with disabilities are significantly poorer than those without. **(EOA)**	Q4: Consumer Council and Te Piki Oranga have the opportunity to influence multiple service decisions and advocate for and link patients to the support services they need.
To ensure that major system funding frameworks consider and adjust for unmet need and the equitable distribution of resources to Māori. Nelson Marlborough Health will work jointly with the Ministry of Health and other DHBs to invest in Te Piki Oranga to deliver Kaupapa Māori health services. This funding will be used to ensure pay parity of workforce employed within Te Piki Oranga.**(EOA)**	Q2: Investment in Te Piki Oranga and Te Waka Hauora increased Q4: Pay parity achieved for staff within Te Piki Oranga and Hauora Direct fully integrated within Nelson Marlborough DHB and two other DHB's within the South Island.

2.4 Improving sustainability (confirming the path to breakeven)

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



Nelson Marlborough Health clearly demonstrates how strategic and service planning, both immediate and medium term, are supporting improvements in system sustainability, including work initiated from/supported by dedicated sustainability funding.

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

Nelson Marlborough Health has delivered a breakeven plan and to sustain a breakeven position over the three-year planning period.

2.4.1 **Short term focus 2021/22**

Improvements to support improved sustainability in 2021/22
Please Identify **one** action (and quantify the expected financial impacts of that action to be realised in 2021/22) in each of the **areas** below. Please include at least a **Q2** and a **Q4** milestone for each action.

It is expected DHBs will be undertaking a wide set of activities to improve sustainability, the action identified should be the action expected to have the most significant measurable sustainability impact in 2021/22.

- Please include **one** action initiated from/supported by sustainability funding initiatives
- Please include **one** action initiated from/supported by national analytics
- Please include **one** action initiated from/supported by strengthened production planning

Action(s) (include one action and milestone per row)	**Milestone(s)**
Sustainability funding initiatives will support the continued implementation of the CCDM programme. Implementation of the CCDM programme does not, in and of itself, save money however it reduces the usage of casual nursing and will assist in the management of annual and other leave.	Q2: CCDM implementation on track
	Q4: CCDM implementation on track
National analytics initiatives will support the further development of the workforce development plan that commenced during the 2020/21 year as part of the Ki Te Pae Ora programme. The workforce development plan also supports the Detailed Business Case for the Nelson Hospital Redevelopment. No savings are expected from this initiative however future cost growth can be contained through improved workforce planning.	Q2: Draft plan completed
	Q4: Plan completed
NMH will commence a review of its production planning process through the 2021/22 year to improve the production planning efforts and inform future fiscal budgets	Q2: Review commenced
	Q4: Improvements implemented in fiscal budget process

2.4.2 **Medium term focus (three years)**

Innovative approaches from COVID-19 learnings
From the set of actions that the DHB is embedding as a result of COVID-19 learning/innovation (included throughout this plan) please identify **one** action expected to have the most significant impact on medium term sustainability.

Sustainable system improvements over three years
Please identify **one** action that will contribute the most to a reduction in cost growth over the next three years:
(for example, in the areas of equity-based commissioning, integration of community and hospital services, using workforces in different ways)
Quantified actions from the DHB's path to breakeven
Please include a subset of **three** actions/initiatives from the DHB's path to get to and/or sustain its path to breakeven over the next three years. Identify key milestones for each of the 3 years and quantify the impacts of each action to be realised in each year.

Please include at least a **Q2** and a **Q4** milestone for each action.

Action(s) (include one action and milestone per row)	**Milestone(s)**
The innovative approach from COVID-19 learnings expected to have the most significant impact on medium term sustainability is the continued implementation of the Ki Te Pae Ora transformation programme.	Q2: Progress across all workstreams within the Ki Te Pae Ora programme
	Q4: Progress across all workstreams within the Ki Te Pae Ora programme
The single action that will contribute the most to a reduction in cost growth over the next three years will be the improvements in regional service initiatives that commenced discussions during the 2020/21 financial year.	Q2: Progress on the key priority areas identified in the regional work programme
	Q4: Progress on the key priority areas identified in the regional work programme
The first initiative from the DHB's path to get to sustain a breakeven position over the next three years is the progression of the acute care workstream within the Ki Te Pae Ora programme. This workstream will develop a work plan and lead redevelopment of acute care services. It will also identify activities for inclusion in future System Level Measures Improvement Plans. Savings are not expected to be generated however the programme will ensure cost growth in future is minimised or avoided.	Q2: Workplan agreed
	Q4: Progress against work plan
The second action/initiative from the DHB's path to sustain a breakeven position over the next three years is the progression of the planned care workstream within the Ki Te Pae Ora programme. This workstream	Q2: Improved ESPI compliance Ministry of Health targets

will maintain delivery achieved in 2019/20 recovery plan and focus on First Specialist Assessment (FSA). . Savings are not expected to be generated however the programme will ensure cost growth in future is minimised or avoided.	Q4: ESPI compliance Ministry of Health targets achieved
The third action/initiative from the DHB's path to sustain a breakeven position over the next three years is to increase the uptake of telehealth consultations for planned care consultations, with a focus on follow-ups. Savings are not expected to be generated however the programme will ensure cost growth in future is minimised or avoided.	Q2: 2.5% increase in telehealth consultations from baseline
	Q4: Additional 2.5% increase in telehealth consultations

2.5 Improving maternal, child and youth wellbeing

The Child and Youth Wellbeing Strategy (the Strategy) provides a framework to align the work of government and others to achieve the vision of 'Making New Zealand the best place in the world for children and young people'.
The nine principles promoting wellbeing and equity for all children and young people, operationalised for the Health and Disability system, are:

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

Nelson Marlborough Health will actively work to improve the health and wellbeing of infants, children, young people and their whānau and carers with a particular focus on improving equity of outcomes.

Nelson Marlborough Health considers the above principles in all our activities, as part of our contribution to delivering the Strategy, and preparing the health and disability sector for system transformation over time.

2.5.1 **Ambulatory sensitive hospitalisations for children age (0-4) (refer System Level Measures Plan 2021/22)**

Action(s) (include one action and milestone per row)	**Milestone(s)**
The first key improvement action that is expected to have the most significant impact on performance improvement is **to offer greater support and education to whanau in primary and secondary settings about the determinants and management of childhood asthma.**	Q1: Review existing information resources available on the determinants, prevention and management of asthma.

	Q2: Update or develop resources where necessary, including locality specific services.
	Q3: Test, refine and agree updates with clinicians and consumers.
	Q4: Information circulated by PHOs and Health Pathways to practices and emergency departments for provision to patients.
The second key improvement action that is expected to have the most significant impact on performance improvement is to continue to support the delivery of fluoride to children's teeth by increasing **the enrolment and examination of children by the Community Oral Health service.**	Q1: Multiple short appointments and alternate examination strategies offered to children experiencing nervousness.
	Q2: Health navigators and interpreters utilised to address access and communication barriers.
	Q3: Te Piki Oranga to provide a list of all 0-4 year olds currently enrolled with them to Community Oral Health to cross-check whether they are enrolled and when their last examination was.
	Q4: Te Piki Oranga to explore the potential of using beneficiaries list from Ministry of Social Development to cross-check with GP enrolment.

2.5.2 **Maternity care**

Action(s) (include one action and milestone per row)	**Milestone(s)**
To support primary birthing and home births within the Nelson Marlborough Health catchment area, thereby freeing up secondary and tertiary facilities, Nelson Marlborough Health will ensure there are sufficient Lead Maternity Carer (LMC) community midwives for all women to prevent women from having	Q1: Planning for supported midwifery model underway
	Q2: Supported midwifery model in place

their primary care delivered by secondary services. This involves introducing a supported midwifery model and supporting the student midwifery pipeline through clinic placements and working with ARA satellite midwifery programme. This is important to ensure women are supported in their birth choices.	Q3: Clinical midwifery placements identified Q4: At least 4 midwifery graduates in position.
To ensure women and whānau have access to **social services**, Nelson Marlborough Health will use the monthly Maternity Care Interagency Meeting (MCIM) and Wellchild Tamariki Ora Intergency Meeting (WICM) which include Oranga Tamariki and other services, to discuss vulnerable women and their issues and refer them to the appropriate social services. This is important because representatives from midwifery, social work, oranga tamariki, and mental health are able to provide wrap around care/support to these women. **(EOA)**	Q1: MCIM and WICM process reviewed and recommendations around membership complete. Q3: Recommendations from MCIM and WICM review are implemented.
To ensure women and whānau have access to **ultrasound**, Nelson Marlborough Health will subsidise the copayment for the anomaly and NT scan for all women in Nelson (to make consistent with Wairau). This is important because all women are eligible for free access to primary maternity ultrasound scans as part of the national service coverage schedule.	Q1: Implementation underway Q3: Implementation complete
To ensure women and whānau have access to **parenting education**, Nelson Marlborough Health is reviewing the effectiveness of using a virtual platform for parenting education sessions. This is important because inequity of access to parenting education has been identified and ensuring access, particularly for rural and more vulnerable communities is our priority. **(EOA)**	Q1: Audit tool/patient survey for the evaluation developed by MQSP Q3: Recommendations from survey available and implementation planning underway.
To ensure women and whānau have access to **WCTO**, Nelson Marlborough Health is working regionally to establish and electronic referral platform (eg, use of Electronic Referral Management System/ERMS) for referral to WCTO providers from LMCs and the district health board. This is important because one of the national health indicators requires families have timely access to WCTO services and this will reduce barriers associated with using hardcopies. **(EOA)**	Q1: Feasibility of Plunket and referrers using ERMS as the electronic referral platform determined. Q3: Implementation of preferred system.
To ensure women and whānau have access to the newborn metabolic and hearing screening programme, Nelson Marlborough Health is continuing to ensure samples are received by the lab within the standard timeframes and meet the other quality standards set by NSU through couriers and communication with midwives regarding completion of standards. The hearing screening programme has a flexible roster to improve accessibility to women (ie, staff travel to the whānau homes and rural areas). This is important to ensure babies are provided the necessary tests and treatments in a timely manner, and specifically to ensure >95% of samples reach the lab within the 4 day standard and <1% of samples had quality issues.	Q1: Targets met in Maternity Quality Safety Programme Report Q3: Targets met in Maternity Quality Safety Programme Report
To support a sustainable workforce through a positive culture, Nelson Marlborough Health plans to improve national consistency across midwifery positions and titles; increasing workforce diversity to reflect	Q2: Progress on implementing Midwifery Accord report available.

our community and continuing to implement the CCDEM programme. This is important because a positive culture ensures staffing levels are safe for midwives, mothers and babies.	Q4: Progress on implementing Midwifery Accord report available.
Nelson Marlborough Health are implementing the following recommendations from the Perinatal and Maternity Mortality Review Committee in 2021-22: 1. All women should commence maternity care before 10 weeks 2. Ensuring that midwifery staffing ratios and acuity tools enable active observation of mothers and babies who are undertaking skin to skin contact in the postnatal inpatient period and allow for the identification of and additional needs of mothers who have increased risk factors for SUDI 3. A co developed and implemented model of care that meet the needs of mothers of all ethnic groups, with a specific focus on those experiencing poorer outcomes. 4. Provision of free interdisciplinary fetal surveillance education for all clinicians involved in intrapartum care on a triennial basis including LMC's. 5. Improve awareness and responsiveness of maternal mental health services for Māori women. These activities are important for ensuring the health, safety and wellbeing of mother and child during pregnancy and delivery for all ethnic and socio-economic groups in Nelson Marlborough. **(EOA)**	Q1: Stakeholders and implementation partners identified (eg, clinicians, consumers, iwi). Q2: Implementation plan developed for each recommendation (including identification of resource requirements). Q3: Implementation underway for at least two recommendations. Q4: Implementation of all recommendations reviewed and develop resolution plans for any barriers identified.

2.5.3 **Immunisation**

Action(s) (include one action and milestone per row)	**Milestone(s)**
Nelson Marlborough Health will improve the effectiveness of the Outreach Immunisation Service (OIS) by by Te Piki Oranga by increasing the availability of the team by using existing programme office staff and other trained staff as support people. This is important because currently the outreach service is limited in the ability to reach tamariki Māori by the availability of second CPR-trained support person.	Q1: CPR-trained support workers identified and being utilised by the OIS
Nelson Marlborough Health will maintain immunisation coverage during the COVID-19 immunisation programme by creating a **monitoring dashboard** to help the Programme Office manage and allocate resources to meet all immunisation priorities.	Q1: Immunisation Coverage Dashboard created.

Nelson Marlborough Health will develop and implement an Immunisation marketing and communications plan for each of the key immunisation campaigns and one of the key action/s to be delivered from this engagement plan in 2020/21 will be to develop a video. This is important because vaccine hesitancy is a driver of lower levels of vaccine coverage. Increasing community confidence in and demand for vaccine is a goal that requires focussed social marketing. **(EOA)**	Q1: Communication plans developed for each key vaccination programme Q2: Video developed for local use addressing vaccine hesitancy
Nelson Marlborough Health will continue a Māori-led Māori focussed approach to immunisation through offering community immunisation clinics at Franklyn Village, Blenheim Emergency and Transitional Housing Service (BETHS) and other venues to target Māori and vulnerable populations**.** This is important because as many barriers to vaccine as possible need to be removed. Geography is one of these that can be overcome by taking vaccination to where the people are. **(EOA)**	Q1: 3 x immunisation clinics undertaken
Nelson Marlborough Health will continue a Māori-led Māori focussed approach to immunisation through undertaking two Hauora Direct (Community Health Assessment) events in the community to target Māori and vulnerable populations including Māori tamariki, locating those that are unvaccinated and ensuring immunisation if offered This is important because reduction of inequity requires unequal care delivered by targeting need, the Hauora Direct assessment is a tool to achieve this goal. (**EOA**)	Q2: 2 x Hauora Direct events occur in the community
Nelson Marlborough Health will continue a Māori-led Māori focussed approach to immunisation through Implementing Hauora Direct Digital within Te Piki Oranga, Victory Community Centre and the Pasifika Trust. This is important because it will allow for assessment and undertaking of immunisations for the most vulnerable families, including Māori tamariki within the communities that they live, work and play. (EOA)	Q4: Electronic Hauora Direct implemented at NGOs
Implement a lanyard card, information care and education package for kaimahi and non-health professionals working with vulnerable families as part of our engagement plan. This is important because it will support vaccination conversations across the health sector, improving childhood immunisation coverage from infancy to age 5. **(EOA)**	Q1: package adapted Q2: education undertaken Q3: roll out programme
Work with Early Childhood Education (ECE) providers to encourage immunisation registers as part of our engagement plan. This will support the vaccination conversation in early childhood education and, improve childhood immunisation coverage from infancy to age 5.	Q1: letter sent to all ECE providers encouraging registers

	Q2: follow up with ECE providers at immunisation clinics at ECEs
The first key improvement action that is expected to have the most significant impact on increasing immunisation at 2 years (CW05) within Nelson Marlborough is to implement an additional 0.7FTE within the Programme Office to identify unvaccinated children and follow up with General Practice, outreach immunisation, other providers and individuals to offer and provide vaccination. Contributory measure: Number of unvaccinated children identified and offered vaccinations increases.	Q1: Position implemented
	Q2: Active identification and follow up with providers/individuals of all unvaccinated 2 year olds
	Q4: Measurable impact on 2 year vaccination rates
The second key improvement action that is expected to have the most significant impact on increasing immunisation at 2 years (CW05) within Nelson Marlborough is to expand the Talk Immunisation programme to encourage all health professionals to promote vaccinations. This is important because it addresses the local significant issue of vaccine hesitancy and offers more opportunities to undertake, or refer for, vaccination. Contributory measure: Proportion of people opting off/declining vaccination decreases.	Q1: Talk Immunisation programme promoted to Te Piki Oranga
	Q2: Talk Immunisation programme promoted across General Practice
	Q3: Completion of education packages to community
	Q4: Impact on opt off/declines measured

2.5.4 **Youth health and wellbeing**

Action(s) (include one action and milestone per row)	**Milestone(s)**
To improve the health and wellbeing of the priority youth populations: Māori rangatahi, Pacific rangatahi, rainbow rangatahi, rangatahi in care and disabled rangatahi, Nelson Marlborough Health are establishing a cross-sector Youth Service Level Alliance Team to set out a *'priorities for youth programme'*. This is important because it contributes to achievement of pae ora – healthy futures for priority youth populations. **(EOA)**	Q2: Priority action areas recommendations made
As a School Based Health Service (SBHS) quality improvement activity Nelson Marlborough Health will support Whanake Youth to implement Youth Chat (a rapid, electronic, self-report screening tool that assesses risky health-related behaviours and mental health concerns and supports priority decision making	Q4: Youth Chat being provided as an option within at least 5 secondary schools and 2 General Practices

by the young person) across all funded and some non-funded school based health services and trial the tool in General Practice. This is important because it supports youth participation and accessibility of services for youth.	
To increase SBHS providers' and users' access to telehealth options for service delivery, Nelson Marlborough Health will identify the options available and allow if possible, in order to facilitate access to Health Connect South (HCS) and provide patient portal options in school based service providers that don't currently have this option. This is important because it enables interdisciplinary working, visibility of clinical information to interdisciplinary teams and provides more accessibility of services.	Q2: System implemented at SBHS provider

2.5.5 **Family violence and sexual violence**	
Action(s) (include one action and milestone per row)	**Milestone(s)**
Nelson Marlborough Health will continue to support COVID-19 recovery and/or embed key learnings from its COVID-19 response in this priority area by revising our training programmes so they can be delivered in a virtual setting and adding video clips from the training to Health Pathways so they can be accessed better by general practitioners, nurses and practice managers. This is important because it increases access to family violence and sexual violence training across the system, thereby better equipping our workforce to respond to the needs of our population (**EOA**).	Q2: Co-design policies and procedures with PHOs, SHINE, and Health Networks about considerations for placing training online as precursor to (or in absence of) further face-to-face training opportunities.
	Q4: Pilot online training with practice/s with high proportion of enrolled priority population groups.
Additional full time equivalent (FTE) staffing to enable better participation in the FVRS is an evidence-based equity action within the family violence and sexual violence priority area that Nelson Marlborough Health has identified as a planning priority for 2021-22. This is important because currently, Nelson Marlborough Health are only able to supply information to inform the meeting. Additional FTE will enable someone to attend the meeting and for information to flow back from the meeting and be actioned by Nelson Marlborough Health. The impact of this will be that children's needs are addressed better through quicker referrals and improved understanding of clinicians and specialists receiving health-related referrals. **(EOA).**	Q2: Specific FTE in place to attend daily FVRS meetings; sharing and circulating information as appropriate.

2.6 Improving mental wellbeing

Improving the mental wellbeing of people in New Zealand remains a priority for the Government. *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addiction* and the Government's response have set the direction for transforming New Zealand's approach to mental health and addiction. This includes:

- ensuring our approach works for and meets the needs of Māori and addresses inequitable mental wellbeing outcomes experienced by other groups including Pacific peoples, rainbow communities and children and young people
- moving to a holistic approach grounded in wellbeing that recognises the social, cultural and economic foundations of mental wellbeing and looks across the life course
- ensure access to mental health services, alcohol and drug treatment and harm reduction services
- increasing access to and choice of mental wellbeing supports to ensure all people in New Zealand receive the support they need, when and where they need it
- putting people and their whānau at the centre of their care and designing supports collaboratively with whānau, communities and people with lived experience
- ensuring suicide prevention and postvention approaches demonstrably align with *Every Life Matters – He Tapu te Oranga o ia tangata Suicide Prevention Strategy 2019 – 2029 and Suicide Prevention Action Plan 2019 – 2024 for Aotearoa New Zealand*, and that each DHB has a current Suicide Prevention Action Plan.

This transformation has become more critical in the wake of COVID-19 and the expected ongoing impacts on people's mental wellbeing. Actions should further this transformation and align with the mental wellbeing framework that underpins *Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID 19 Psychosocial and Mental Wellbeing Plan.* DHBs will demonstrate leadership in transforming the system and will establish new services where appropriate. Collective action is needed to build a whole-of-system, integrated approach to mental health, addiction and wellbeing that provides holistic options for New Zealanders across the full continuum of need.

Nelson Marlborough Health will work collaboratively with sector partners, communities and whānau to provide a range of services that are of high quality, safe, evidence informed, equitable and provided in the least restrictive environment.

Action(s) (include one action and milestone per row)	**Milestone(s)**
To support the psychosocial response to and recovery from COVID-19 for various populations within Nelson Marlborough, approaches to virtual service delivery will be embedded through facilitating tangata whaiora access to virtual rather than face-to-face clinics and psychosocial therapies (eg, provision of data	Q2: Pathway to equip and support persons to access virtual therapies and technologies is well communicated.

cards and access to local community locations). This is important because it enables continued access to support therapies to reduce trauma and harm, for families, children and young people and tangata whaiora wherever they may be located.	
As part of Nelson Marlborough Health's COVID-19 resurgence plan, Nelson Marlborough will ensure the integration of primary mental health and addiction services with specialist mental health and addiction services by activating its Emergency Operations Center (EOC) Psychosocial COVID Response Framework. This is important because it provides a governance framework for preparing, responding and coping with a resurgence.	Q1: Mechanism to review COVID19 Response Framework quarterly in place.
To address inequitable mental health and addiction outcomes experienced by Māori, Nelson Marlborough Health will integrate its Māori Mental Health team into its wider Māori Health Team. This is important because it contributes to achievement of pae ora – healthy futures for Māori through enabling access to treatment by Māori for Māori. Overtime, we expect that Improving access to appropriate services will reduce long-term demand for secondary care (ie, acute hospital bed days due to Major Affective Disorder**(EOA)**	Q2: Māori Mental Health clinicians have a strong presence onsite at the Nikau Hauora Hub.
The **first** key improvement action Nelson Marlborough Health will take to improve follow-up within seven days post-discharge from an inpatient mental health unit (MH07) is the twice weekly review, by Clinical Coordinators, of the **safety measure** within the '*Discharge Report*'. Progress towards which will be measured through the contributory measures MH02: Transition/discharge planning and % of all acute inpatient discharges that were followed up, regardless of where that follow up occurred (DHB, NGO or both) (from the *Adult Stream KPI*). This is important because it contributes to embedding and focusing on a priority that prevents further harm and distress among tangata whaiora.	Q1: The importance of the 7-day post-discharge care for consumers, as a safety measure, communicated
	Q2: 2-weekly review of 'Discharge Reports' embedded
	Q3: 7-day post-discharge figures communicated and discussed with services to improve understanding and raise importance
	Q4: 7-day post-discharge target achieved
The **second** key improvement action Nelson Marlborough Health will take to improve follow-up within seven days post-discharge from an inpatient mental health unit (MH07) is the twice weekly review, by Clinical Coordinators, of the **quality/KPI measure** within the '*Discharge Report* Progress towards this will be measured through the post-discharge community care indicator – *Adult Stream KPI (*% of all acute inpatient discharges that were followed up, regardless of where that follow up occurred (DHB, NGO or	Q1: *'An effective and safe 7-day post-discharge'* process agreed
	Q2: The 7-day post-discharge process is understood by team members

both). This is important because it is firstly an internationally recognised quality measure and secondly aims to address performance indicators such as reduced re-admission and seamless community follow-up.	Q3: Document *'the difficult to contact'* guidance protocol
	Q4: Thematic evaluation complete and ideas for improvement identified.

2.7 Improving wellbeing through prevention

Public health services are distinct and different from publicly-funded personal healthcare services (eg, hospital services) in that they improve, promote and protect health at a community or population level, and may include services and programmes focused on identifiable community, population or sub-population groups.

Public health services address a broad range of disease risk factors and diseases at both the population level (eg, investigation of disease outbreaks, emergency planning and management) and the individual level (eg, immunisation, breast and cervical screening). The breadth of services delivered ranges from tackling emerging issues, such as environmental sustainability and climate change, and antimicrobial resistance, to encouraging DHBs to become Public Health competent and supporting communities to live well and achieve healthy lifestyle behaviours.

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

Accordingly, Nelson Marlborough Health and our PHU recognise that we have an important role to play to address key determinants of health, improve Māori health and achieve wellbeing and equity by supporting greater integration of public health action and effort. We will continue to make a major contribution, not only in improving the health and wellbeing of all New Zealanders but also improving equity and the quality of health services and ensuring the health system is financially and clinically sustainable.

2.7.1 **Communicable Diseases**

Action(s) (include one action and milestone per row)	**Milestone(s)**
The first key action, resulting in the most significant impact, that Nelson Marlborough Health will undertake to continue to support COVID-19 recovery in this priority area is to continue to develop, refine and enhance Public Health COVID-19 response plans. This is important to ensure that plans are up to date and aligned to national guidance	Q2: NMH response plans are up to date and aligned to national guidance.
The second key action, resulting in the most significant impact, that Nelson Marlborough Health will undertake to continue to support COVID-19 recovery in this priority area is continue to train and upskill staff in case investigation &/or the use of the National Contact Tracing Solution (NCTS). This is important	Q2: A register is developed and complete for maintaining a record of competency within NCTS and case investigation

to ensure that NMH are ready and able to respond to case and contact management, including contact tracing, when there are outbreaks either in Nelson Marlborough or elsewhere	
The key actions Nelson Marlborough Health will undertake to advance other communicable diseases control work, where resources and capacity allows, include developing a Nelson Marlborough Health Tuberculosis Pathway. These are important to ensure that roles and responsibilities are clear to ensure a consistent, clear pathway is available to support the patient journey and ensure equitable access and care.	Q2: The services which need inclusion are identified
	Q4: Completion of a TB pathway
Nelson Marlborough Health will also continue to monitor and report on communicable disease trends and outbreaks, follow up communicable disease notifications to reduce disease spread, with a focus on culturally appropriate response, and identify and control communicable disease outbreaks.	Q4: Functions required to protect the populations of Nelson Marlborough are carried out as agreed.

2.7.2 **Environmental sustainability**

Action(s) (include one action and milestone per row)	**Milestone(s)**
The first key action, resulting in the most significant impact, that Nelson Marlborough Health will undertake to continue to support COVID-19 recovery in this priority area is to pilot and extend a food waste reduction project for hospital food waste (cafes and kitchens). This is important because consumable food waste could be used as donations to the Pātaka Mai programme (feeding our people) within Kia Kotahi te Hoe, the Iwi COVID Recovery Plan in Te Tau Ihu. **(EOA)**	Q2: Pilot initiated
Nelson Marlborough Health has progressively moved to replacing its vehicle fleet with hybrid or electric vehicles and seeks to continue to increase the number of vehicles with less reliance on fossil fuels. Currently there are 219 vehicles within the fleet of which 26 are hybrid and 7 are fully electric.	Q2: Fleet replacement programme increases hybrid/electric vehicles by 5%
	Q4: Fleet replacement programme increases hybrid/electric vehicles by 5%
Nelson Marlborough Health will meet our obligations under the Carbon Neutral Government Programme (CNGP), including readiness to report emissions from 1 July 2022 and setting of reduction targets and plans for 2025 and 2030, by resourcing an ongoing programme of work.	Q2: Implementation plan for emissions reporting developed.
	Q4: Reduction targets and plans for 2025 and 2030 set.

2.7.3 **Antimicrobial resistance**

Action(s) (include one action and milestone per row)	**Milestone(s)**
To advance progress towards managing the threat of antimicrobial resistance, Nelson Marlborough Health will ensure infection prevention and AMR is a priority at DHB senior executive management meetings,	Q1: ELT discuss the governance, collaboration and investment necessary for improving

which is aligned with the objective of Governance, Collaboration and Investment in the New Zealand Antimicrobial Resistance (AMR) Action Plan (2017-2022). This is important because infection prevention requires adequate resourcing and engagement from multiple parts of the health system (ie, to conduct antibiotic use audits, de-labelling testing and patient education, and improve equity through surveillance, by identifying ethnic groups who are disproportionately affected by MRSA, TB MDR, drug resistant N. gonorrhoea).	infection prevention and AMR management in Nelson Marlborough Health. Q4: Antibiotic Prescribing Reports (produced by BPAC) are promoted to general practices as a tool for improving practice.
Nelson Marlborough Health will work to undertake and advance AMR management across primary care, community (in particular age-related residential care services) and hospital service by ensuring that AMR is a standing item in the Infection Prevention Committee's (IPC) work programme and that the IPC membership has broad representation. This is important because the IPC brings together nurses, physicians and pharmacists working in different settings across the system which will enable a consistent and collaborative approach.	Q1: Antimicrobial Resistance is a standing item in the infection prevention work programme that is reported on quarterly at ELT.

2.7.4 **Drinking water**	
Action(s) (include one action and milestone per row)	**Milestone(s)**
Support the Ministry of Health and/or *Taumata Arowhai* to implement water fluoridation as required. This is important because water fluoridation is the most cost-effective action that can be taken to improve child and adolescent oral health, particularly those in poverty. It is also a key action that could narrow the equity gap in ambulatory sensitive hospitalisations for oral health conditions among 0-4 year olds between Māori and non-Māori. **(EOA)**	Q2: Engage with the Ministry of Health and/or *Taumata Arowhai* as required. Q4: Engage with the Ministry of Health and/or *Taumata Arowhai* as required.
Delivering and reporting on the drinking water activities in the MoH environmental health exemplar is an evidence-based equity action within the drinking water priority area that Nelson Marlborough Health has identified as a planning priority for 2021-22. This is important because it tracks key drinking water activity and outcomes relating to the safety of drinking water. **(EOA)**	Q2: Deliver and report on drinking water activities and measures in the exemplar Q4: Deliver and report on drinking water activities and measures in the exemplar
Complete the annual review compliance reporting for 2020/21 during Quarter 1.	Q1: Annual review compliance reporting for 2020/21 is completed during Quarter 1.

2.7.5 **Environmental and border health**	
Action(s) (include one action and milestone per row)	**Milestone(s)**

The key action, resulting in the most significant impact, that Nelson Marlborough Health will undertake to continue to support COVID-19 recovery in this priority area is maintaining the maritime border controls. This is important to mitigate the risks from COVID-19 from entering the Nelson Marlborough community. This will be achieved by such actions as managing pratique applications, shore leave and disembarkment requests, utilisation of the NCTS Border register and associated continual upskilling of Health Protection, maintaining collaboration meetings with stakeholders and enforcement agencies and Public Health risk assessment of breaches reported.	Q2: The NCTS Border register is utilised for all vessels entering Port Marlborough or Port Nelson as first Port of Call from overseas.
	Q4: The NCTS Border register is utilised for all vessels entering Port Marlborough or Port Nelson as first Port of Call from overseas.
Providing access to COVID-19 testing for crew and border staff and COVID-19 vaccination at the borders is an evidence-based equity action within the environmental and border health priority area that Nelson Marlborough Health has identified as a planning priority for 2021-22. This is important because it mitigates the risk of COVID-19 from entering the Nelson Marlborough community by providing protection for high risk workers from contracting COVID-19, as well as providing a level of surveillance to ensure that COVID-19 is not present	Q2: Provision of COVID-19 testing underway
	Q4: Support vaccinations of high priority and vulnerable populations then the general population.
Undertake activities as per the Environmental and Border Health exemplar planning and reporting template 2021/22 for Public Health Units including hazardous substances; border health; emergency planning and response; resource management, regulatory environments and sanitary works; and other regulatory issues.	Q2: Planning and reporting template submitted.
	Q4: Planning and reporting template submitted.

2.7.6 **Healthy food and drink environments**

Action(s) (include one action and milestone per row)	**Milestone(s)**
The key action, resulting in the most significant impact, that Nelson Marlborough Health will undertake to continue to support COVID-19 recovery in this priority area is to facilitate the establishment of a Fruit and Vegetable Cooperative for Māori and low income communities. This is important because food insecurity has increased as a result of Covid-19, with many whanau struggling to put kai on the table. A Fruit and Vegetable Cooperative is a sustainable model that can sit alongside existing food provision to support the increased demand and promote resilience (see *Te Aho o Te Kahu – Cancer Control Agency* priority area). **(EOA)**	Q2: Fruit and Vegetable cooperative is expanded to at least one other community
	Q4: Number of whanau accessing the cooperative has increased from the 12 months prior.
Nelson Marlborough Health will continue to implement our Healthy Food and Drink Policy by providing ongoing support to ensure compliance. This is important because Hospital settings need to lead by example and promote wellness. Having a Healthy Food and Drink policy supports all whanau to have supportive environment that promotes healthy eating.	Q2: Support provided to maintain and promote our Healthy Food Drink Policy
	Q4: Support provided to maintain and promote our Healthy Food Drink Policy

Nelson Marlborough Health is supporting the implementation of Healthy Active Learning in priority settings by the Healthy Active Learning Advisor, Heart Foundation Nutrition Advisor and Free and Healthy School Lunch Advisor working together to support Healthy Food Environments in Early Learning Services (ELSs') and schools. Prioritisation of support will have an equity lens, supporting firstly ELS and schools with high Māori populations and low income families. This is important because ELS's and schools are key environments to influence tamariki and their whanau. There are a significant number of ELS's and schools across Te Tau Ihu, requiring a collaborative approach with an equity lens. Impact will be measured through monitoring (also refer *System Level Measures Plan*) **(EOA).**	Q2: Number of ELS's and schools with water only and nutrition policies increases. Q4: Number of ELS's and schools with water only and nutrition policies.

2.7.7 **Smokefree 2025**

Action(s) (include one action and milestone per row)	**Milestone(s)**
Establish an interagency meeting between the Stop Smoking Service team and agencies that can work with clients with increasingly complex (non-smoking related) needs. It is expected that this action will facilitate timely, wrap-around support for vulnerable clients and strengthen smokefree kaimahi's ability to confidently refer clients to services that support their wider physical and mental health needs.	Q1: interagency meetings happening at least quarterly
Nelson Marlborough Health will progress strategies and incentives that support the development of Smokefree whānau and homes including progressing incentives for whānau and vape to quit options for adults aged 18 years and over. These actions will support both individual and whānau efforts to quit and to maintain a smokefree environment for tamariki and hapū māmā (see *Te Aho o Te Kahu-Cancer Control Agency* priority area and *System Level Measures Plan*). **(EOA)**	Q2: Vape to quit and whānau incentive programmes in place

2.7.8 **Breast Screening**

Action(s) (include one action and milestone per row)	**Milestone(s)**
Nelson Marlborough Health are prioritising the screening of Māori and Pacific wāhine throughout the COVID-19 response and recovery by undertaking data matching between the PHO enrolment register and BreastScreen Aotearoa (BSA) database to identify priority wāhine and wāhine who are not enrolled and	Q2: Undertake data matching between the national BSA database and PHO enrolment register.

then support these wāhine to enrol and undertake breast screening. This will also include working with Victory Square Pharmacy, who have a database of local former refugees to data match with BSA records to identify former refugees who need extra language and navigational support to access screening. This is important because by data matching, we will be able to identify those wāhine most at risk of not taking part in screening and provide targeted support to engage them. **(EOA)**	Q4: Data matching for all priority wāhine not enrolled with PHO completed. Q4: Two facilitated breast screening sessions at Pacific Radiology for priority and refugee wāhine completed.
Nelson Marlborough Health will eliminate equity gaps in participation between Māori and non-Māori/non-Pacific women and between Pacific and non-Māori/non-Pacific women by developing targeted support strategies to assist women to access breast screening including weekend and after hours opportunities for screening, providing transport, ensuring services are culturally appropriate and undertaking double up clinics with cervical screening. This is important because we know that many of the barriers to accessing screening are associated with access. By providing more opportunities for screening, supporting women through providing transportation and ensuring services are culturally appropriate (e.g. providing kai) we will improve uptake of screening and expect to improve participation to at least 70% for Māori and Pacific women aged 45-69 years (ie Performance Measure PV01). **(EOA)**	Q1: Strategies identified Q4: Two double-up clinics with cervical screening will be held Q4: Two after hours and/or weekend sessions will be held targeting Māori and Pacific women

2.7.9 **Cervical Screening**

Action(s) (include one action and milestone per row)	**Milestone(s)**

Nelson Marlborough Health will reduce the equity gap for Māori and Pacific women from baseline as at February or March 2021 by promoting alternative opportunities within both Primary Care and Community settings and increasing the number of alternative clinics to support access to cervical screening. This is important because we know that many of the barriers to engaging with cervical screening are associated with access. By providing more opportunities for screening, supporting women through providing transportation and ensuring services are culturally appropriate (e.g. providing kai) we will improve uptake of cervical screening and meet our 80% coverage target for Māori and Pacific women aged 25-69 years. **(EOA)** • Weekend & After Hours clinics • Community clinics • Workplace clinics • "Double Up" clinics (with breast screening) • Home visits	Q4: A minimum of 40 screens will be completed through alternative clinics/home visits for ethnicity (Māori/Pacific)
Nelson Marlborough Health will improve equitable access to diagnostic and treatment colposcopies for priority groups referred with a high-grade result by implementing a more robust proactive communication stream with priority groups prior to diagnostic and treatment appointments. This will identify those priority groups who may not access the service and enable us to engage Māori health (or appropriate) support services prior to non-engagement (rather than after). This is important because some factors contributing to non-engagement can be resolved; ensuring safety and timeliness as per Section 6 and a reduction of Did Not Attract (DNA) appointments; reducing unutilised resources. **(EOA)**	Q4: Did Not Attract rates have reduced for Māori and other priority groups.
Nelson Marlborough Health will continue to support COVID-19 recovery and/or embed key learnings from its COVID-19 response in this priority area by providing lists of overdue / not screened priority women and support their recall processes. This is important to identify those women most at risk of not taking part in screening and be able to discuss the barriers to engaging with cervical screening, and provide alternative opportunities and innovative approaches to support our priority women to undertake regular screening with our Cervical Screening Outreach Service.	Q4: Data matching for all quarters occurs with all practices to assist with increase of targets and 10% of Cervical Screening Outreach referrals received for ethnicity (Māori/Pacific) will complete their screening with our Cervical Screening Outreach Service.

2.7.10 **Reducing alcohol related harm**	
Action(s) (include one action and milestone per row)	**Milestone(s)**
The first key action, resulting in the most significant impact, that Nelson Marlborough Health will undertake to continue to support COVID-19 recovery in this priority area is to support Health Action Trust to coordinate community workshops in high Māori and high deprivation communities to increase understanding of the alcohol licencing process and encourage the community to confidently participate and have a voice. This is important because there has been an increased number of licences in high deprivation areas. Currently there is a lack awareness of the community objection process (see *Te Aho o Te Kahu – Cancer Control Agency* priority area). **(EOA)**	Q4: Increased understanding in communities of alcohol licencing processes (as measured by the number of communities engaged in the licence application objection process)
The second key action, resulting in the most significant impact that Nelson Marlborough Health will undertake to continue to support COVID-19 recovery in this priority area is to increase understanding of school principals of current alcohol and other drug related harm issues impacting young people. This is important because school leadership have the opportunity to influence the school environment and engage parents.	Q2: Presentation with school principals to increase understanding of current alcohol and other drug related harm issues. Q4: School principals show leadership through dissemination of key messages and/or engagement with services to support the wider school community.
Nelson Marlborough Health has identified the following evidence-based equity actions to reduce inequities in alcohol related harm: 1. Support ongoing training and development of Māori Wardens in Wairau and advocate for the expansion of the programme to Nelson Tasman. 2. Scope the expansion of the current follow up process in Nelson Tasman for Rangatahi presenting to ED to Marlborough. 3. Review the approach CAYAD are taking in Northland with Marae and Māori providers utilising 'The Plan' resource to delay teen drinking for Māori and scope applicability in Te Tau Ihu. 4. Support the Nelson Tasman Alcohol Harm Prevention Partnership and Marlborough Alcohol Governance Group with key projects to reduce inequities in alcohol related harm. **(EOA)**	Q4: All actions completed.
The actions Nelson Marlborough Health will undertake to advance activities relating to reducing alcohol related harm, including awareness of FASD and the risks of drinking during pregnancy are: 1. facilitating training and support for agencies / organisations 2. ensuring FASD awareness and risks are included with other health messaging within the Motueka First 1000 days pilot programme	Q4: All actions completed

3. support and ensure facilitators / organisers of māmā / pēpi groups are aware of and include FASD key awareness messaging	
Nelson Marlborough Health will continue to undertake compliance activities relating to the *Sale and Supply of Alcohol Act 2012* including reporting on performance measures contained in the Reducing Alcohol Related Harm: Health Protection planning and reporting document.	Q4: Compliance and reporting undertaken as required.

2.7.11 **Sexual and reproductive health**	
Action(s) (include one action and milestone per row)	**Milestone(s)**
A key action, resulting in the most significant impact, that Nelson Marlborough Health will undertake to continue to support COVID-19 recovery in this priority area is to improve access to emergency contraception for women and advice on sexually transmitted infections. This is important because early access to emergency contraception and advice on sexually transmitted infections will reduce morbidity associated with unplanned pregnancy, sexual violence and sexually transmitted infection.	Q1: Undertake a stocktake of the number of practitioners who have completed training in ECP and STIs in the region and the availability of services for Māori, Pacific and after hours.
	Q2: Undertake targeted promotion to practitioners and providers to increase uptake of training and improve accessibility.
	Q4: Undertake repeat stocktake of number of practitioners trained and if after-hours access has improved.
To reduce inequities in sexual and reproductive health harm, Nelson Marlborough Health will undertake a marae-based workshop for people who work with rangatahi and at risk groups such as RSE workers and sex workers focusing on sexual and reproductive health, addressing stigma associated with sexually transmitted infections and healthy relationships. This is important because many youth workers, teachers and health practitioners face their own barriers to discussing sexual and reproductive health due to lack of knowledge, shyness and context. This workshop will provide a safe learning environment, provide supportive opportunities to practice having difficult conversations and encourage collaborative approaches across communities and providers. The anticipated outcome will be improved knowledge and competence in discussing sexually transmitted infections, increased knowledge of support services for care and improved collaboration across agencies. The long-term outcome will be provision of improved access to sexual health and reproductive services for rangatahi and other at-risk groups, a reduction in stigma associated with sexual health and improved uptake of services among rangatahi and other at risk groups.	Q2: Workshop planned, held and evaluated
	Q4: Dependent on outcomes, further workshops planned.

To reduce inequities in sexual and reproductive health harm, Nelson Marlborough Health will undertake activities to engage with the Pasifika community to promote sexual health. This is important because traditionally low engagement with sexual health services by Pasifika people is limiting their access to high quality sexual and reproductive health services. RSE workers and young people are particularly at risk in the community. These activities will include working with the two local Pasifika Trusts and RSE employers to identify appropriate approaches to engaging with Pasifika people, implementation of identified approach and evaluation, and running sexual health pop up clinics where appropriate. **(EOA)**	Q2: Engagement with Pasifika Trusts and RSE employers, identification of appropriate approaches for engaging with Pasifika people, running of pop up clinics. Q4: Implementation and evaluation of identified approach and pop up clinics.

2.7.12 **Cross Sectoral Collaboration including Health in All Policies**	
Action(s) (include one action and milestone per row)	**Milestone(s)**
The first key action, resulting in the most significant impact, that Nelson Marlborough Health will undertake to continue to support COVID-19 recovery in this priority area is to respond to Whakawhiti – the communications, coordination and advocacy pou of Kia Kotahi Te Hoe, the iwi COVID recovery plan for Te Tauihu. This is important because iwi have identified Nelson Marlborough Health as a key partner, with whom they wish to work collaboratively, to lever off existing initiatives and create alignment (see *Delivery of Whānau Ora* priority area). **(EOA)**	Q2: Relationship with iwi established on Kia Kotahi Te Hoe Q4: Communication and coordination in place.
Nelson Marlborough Health will address the wider determinants of health by continuing leadership in the Top of the South Impact Forum (TOSIF) and in particular progressing the identified regional priorities. This will require continuing with a cross sectoral collaboration approach using the HiAP model and will enhance tino rangatiratanga and achieve equity. This is important because this is the established regional leaders forum in the region, and has potential to support Kia Kotahi Te Hoe, the iwi COVID recovery plan for Te Tauihu as described above. **(EOA)**	Q2: Meetings in Q1 and Q2 including reporting on progress against priorities Q4: Report on progress in TOSIF collaboration with Kia Kotahi Te Hoe,

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

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

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

2.8.1 **Delivery of Whānau Ora**

Action(s) (include one action and milestone per row)	**Milestone(s)**
The first key action, resulting in the most significant impact, that Nelson Marlborough Health will undertake to continue to support COVID-19 recovery in this priority area is to ensure the Māori Health Forum (Vulnerable Persons Technical Advisory Group-VTAG) chaired, by GM Māori Health, has Te Pūtahitanga (South Island Whānau Ora Commissioning Agency) as one of its key members who will assist our response to COVID-19 for Māori within our district, in cooperation with other stakeholders. This is important because Whānau Ora can offer a number of support services for priority whanau who will have better access to Whānau Ora and health services. **(EOA)**	Q4: Engage VTAG to inform the roll-out of the COVID-19 immunisation campaign.
The second key action, resulting in the most significant impact, that Nelson Marlborough Health will undertake to continue to support COVID-19 recovery in this priority area is to respond to Whakawhiti – the communications, coordination and advocacy pou of Kia Kotahi Te Hoe, the iwi COVID recovery plan for Te Tauihu. This is important because iwi have identified Nelson Marlborough Health as a key partner, with whom they wish to work collaboratively, to lever off existing initiatives and create alignment (see *Cross-sector collaboration* priority area). **(EOA)**	Q2: Relationship with iwi established on Kia Kotahi Te Hoe Q4: Communication and coordination in place.
To invest $150,000 to support joint Whānau Ora initiatives with Te Pūtahitanga that target the First 1,000 Days is an evidence-based equity action within the delivery of Whānau Ora priority area that Nelson Marlborough Health has identified as a planning priority for 2021-22. This is important because it enables	Q3: Joint project identified

Māori providers or whanau to access resources to improve the health of children and their whanau within the First 100,000. **(EOA)**	

2.8.2 **Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025**

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Action(s) (include one action and milestone per row)	**Milestone(s)**
The most significant action Nelson Marlborough Health will take to develop the cultural responsiveness of our services to Pacific peoples is to establish a cultural education programme around Pasifika health (and health inequities) and roll that out within Nelson Marlborough Health and open it up to staff employed in non-government organisations (NGOs) and local Māori providers as well as our Pasifika Providers. We will continue to develop the Hauora Direct assessment and intervention programme and ensure the funding for the nurse within the Nelson Tasman Pasifika Trust is sustainable. This is important because Pasifika peoples generally experience poorer health outcomes than non-Pasifika and having staff that understand the culture of our Pasifika people mean that service delivery is more effective and results in higher engagement with health services; addressing health inequities in this population group. **(EOA)**	Q4: Three cultural education programmes held throughout the year.

2.8.3 **Care Capacity and Demand Management (CCDM)**

Action(s) (include one action and milestone per row)	**Milestone(s)**
Nelson Marlborough Health will detail key results from the SSHW evaluation of fully implanting the Care Capacity Demand Management (CCDM) for nursing and midwifery in all units/wards.	Q1: Key results provided to the Ministry of Health.
Nelson Marlborough Health will ensure CCDM Council meet and monitor against improved CCDM workstream workplans every four to six weeks to maintain the implementation of the **governance component** of CCDM in 2021/22.	Q4: CCDM Council meet as indicated during the year.
Nelson Marlborough Health will undertake to continue to monitor the data produced in the patient acuity tool and amend business rules as required to maintain the implementation of the **patient acuity component** of CCDM in 2021/22.	Q4: Data is monitored regularly throughout the year

Nelson Marlborough Health have implemented 22 of the 23 core dataset metrics and will undertake to implement the remining metric within 12 months and continue to monitor the existing core dataset metrics via the CCDM implementation groups and local data councils. This includes the development of an automated core dataset dashboard to maintain the implementation of the **core data set component** of CCDM in 2021/22.	Q4: Core dataset metric on staff satisfaction is revamped and a new survey tool is implemented.
	Q4: Core dataset monitored monthly and automated dashboard complete.
Variance indicator scoring and standard operating procedures will be reviewed annually to maintain the implementation of the **variance response management component** of CCDM in 2021/22.	Q4: Variance response management monitored monthly and variance indicator scoring and operating procedures reviewed and updated.
Nelson Marlborough Health will undertake to complete an FTE calculation for all eligible areas to maintain the implementation of the **FTE calculations component** of CCDM in 2021/22.	Q1: Report on number FTE calculations completed since Q4 2021, whether FTE calculations have been agreed at an executive level and are within budget, and what additional FTE has been recruited.
	Q2: Report on number FTE calculations completed since Q4 2021, whether FTE calculations have been agreed at an executive level and are within budget, and what additional FTE has been recruited.
	Q3: Report on number FTE calculations completed since Q4 2021, whether FTE calculations have been agreed at an executive level and are within budget, and what additional FTE has been recruited.
	Q4: Report on number FTE calculations completed since Q4 2021, whether FTE calculations have been agreed at an executive level and are within budget, and what additional FTE has been recruited.

2.8.4 **Health outcomes for disabled people**	
Action(s) (include one action and milestone per row)	**Milestone(s)**
The first key action, resulting in the most significant impact, that Nelson Marlborough Health will undertake to continue to support COVID-19 recovery in this priority area is to improve disabled persons access to the general practice (GP) by identifying people who have not seen their GP in the past 5 years and build in a discussion about barriers to accessing GP services as part of their regular annual review. This is important because people with disabilities are less likely to access primary care services than people without disabilities and we expect all disabled people will have consulted their GP within 24 months.	Q4: Everyone receiving Ministry of Health funded disability supports will have been asked about barriers to access.
The second key action, resulting in the most significant impact, that Nelson Marlborough Health will undertake to continue to support COVID-19 recovery in this priority area is that disabled people's support services will be recorded on Health Connect South (HCS). This is important because currently information is kept in a separate place. This will enable other health professionals to understand the disability related need and support if the person requires emergency services.	Q2: People identified as 'at risk' of presenting to emergency department (ED) will have an acute care plan on HCS
All disabled people who identify as Māori will be offered support from a Māori team e.g linking them with a kaupapa Māori service (Te Piki Oranga), or our Māori health team (Te Waka Hauora). This is an evidence-based equity action to improve health outcomes for disabled people that Nelson Marlborough Health has identified as a planning priority for 2021-22. This is important because disabled people are disadvantaged in the health system both because of their disability and because they are Māori. **(EOA)**	Q4: Disabled people will be offered support from a Māori health service e.g. Te Piki Oranga or Te Waka Hauora at review or re-assessment.

2.8.5 **Planned care**	
Action(s) (include one action and milestone per row)	**Milestone(s)**
The first key action, resulting in the most significant impact, that Nelson Marlborough Health will undertake to continue to support COVID-19 recovery in this priority area is maintain delivery achieved in 2019/20 recovery plan and focus on First Specialist Assessment (FSA). This is important to ensure continued service delivery in the event of any COVID-19 resurgence and to ensure access and timeliness	Q4: ESPI compliance Ministry of Health targets achieved
The second key action, resulting in the most significant impact, that Nelson Marlborough Health will undertake to continue to support COVID-19 recovery in this priority area is to increase the uptake of	Q2: 2.5% increase in telehealth consultations from baseline

telehealth consultations for planned care consultations, with a focus on follow-ups. . This is important to ensure maximum service continuity in the event of a COVID-19 resurgence. .	Q4: Additional 2.5% increase in telehealth consultations
To improve understanding of local health needs, with a specific focus on addressing unmet need, consumer's health preferences, and inequities that can be changed, Nelson Marlborough Health plans to carry out a review of declined referrals in General Surgery and Cardiology. The reviews will include an equity focus, and will in partner with consumers and local iwi, identify actions to improve equity. This is important because this allows the identification and removal of barriers to planned care services access.	Q4: Review of services complete Use of DHB acuity tool applied across all planned care services.
To balance national consistency and the local context, Nelson Marlborough Health plans to collaborate on the development of alternative models of dermatology service that includes maximising opportunities for use of digital and technological innovations, and to support a South Island and national approach. This is important because dermatology service provision is unsustainable in Nelson Marlborough and trainees who leave the South Island often do not return. Nelson Marlborough Health wishes to join with Canterbury District Health Board to develop a system that increases service provision and intervention rates with service certainty.	Q2: Plan agreed for implementation
To optimise sector capacity and capability, Nelson Marlborough Health plans to identify opportunities where separation of unplanned and planned care can deliver improvements in planned care. This is important because ensuring planned care surgical patients are not displaced by acute demand will improve the timeliness of treatment and prognosis for patients.	Q4: Recruitment of Senior Medical and Support staff underway.
To support consumers to navigate their health journeys, Nelson Marlborough Health plans to increase uptake of patient focussed booking in surgical services. This is important as it supports consumers with choice and aligns with our aim to reduce the number of patients that do not attend (DNA) within each service from 2021 baseline (SS07: Planned Care Measure 7).	Q4: Number of surgical services offering patient focussed booking is increasing quarterly.
To ensure that Planned Care Systems and supports are sustainable and designed to be fit for the future, Nelson Marlborough Health plans to review sustainability of services and follow-up model changes in dermatology and neurology. This is important because both services are experiencing sustainability and equity challenges and we want to ensure we can continue to meet the need for current and future populations. This is expected to: • Improve understanding of local health needs, with a specific focus on addressing unmet need, consumer's health preferences, and inequities that can be changed. • Balance national consistency and the local context • Support consumers to navigate their health journeys • Optimise sector capacity and capability and	Q4: Review completed for both neurology and dermatology

• Ensure the Planned Care Systems and supports are sustainable and designed to be fit for the future.	
The first key improvement action that is expected to have the most significant impact on performance improvement is exploring services where follow ups can occur in primary care may be appropriate. Measurement of progress towards this improvement will be through the Planned Care Measure 2 (SS07) and Patient Experience of Care – Inpatient hospital survey results in the System Level Measures Plan, specifically positive answers to "Did you receive enough information to manage your condition or recovery after you left hospital?" (**EOA**).	Q1: Identify a service where follow-ups can be delivered in primary care.
	Q2: Arrange a hui with service managers, clinicians and consumer representatives in identified service areas to determine feasibility and priority.
	Q3: Decide which service to focus on first.
	Q4: Develop a plan for encouraging follow-ups from identified service in primary care.
The second key improvement action that is expected to have the most significant impact on performance improvement is increasing the sustainability of vascular services through regional collaboration and the provision of extra vascular nurse practitioner resourcing locally. This is important for ensuring timelier vascular interventions. Measurement of progress towards this improvement will be through the Planned Care Measure 2 (ESPIs), follow-up wait times and Improved management for long term conditions (SS13) and it would also reduce acute hospital re-admissions (**EOA**).	Q1: Vascular nurse practitioner appointed
	Q2: Scope of regional collaboration agreed.
	Q3: Support Canterbury DHB to develop a plan.
	Q4: Support Canterbury DHB to implement the plan.

2.8.6 **Acute demand**

Action(s) (include one action and milestone per row)	**Milestone(s)**
SNOMED and READ enable the health system to review and improve patient outcomes by identifying primary care improvements that could reduce acute demand. SNOMED enables the consistent capture of information within different health care settings which can enable health care providers to review whether patients are on the appropriate health pathway/management plan for their condition and highlight inequities between different population groups. For instance, through linking the existing PHO disease registers for Diabetes and COPD with the hospital admission / ED attendance data (ideally via the Datacraft	Q1: Validate the information we have in SNOMED and READ for each of the two dominant chronic conditions (Diabetes & COPD) for deprivation and ethnicity.
	Q2: Identify any gaps that need to be collected at source

dashboard and capability OR via another analytical tool in the DHB), it is possible to identify variation in outcomes based on locality or ethnic group. Appropriate interventions can then be identified, planned, trialled and updated on Health Pathways (**EOA**). (see *Pharmacy* section of Annual Plan 2021/22 also *System Level Measures Plan 2021/22)*	Q3: Match primary care incidence and management data with secondary care contact. Q4: Identify where we need to intervene and determine appropriate intervention for targeting priority groups (eg, Māori, Pacific etc).
Nelson Marlborough Health will address the growth in inpatient admissions through the actions described in the *System Level Measures Improvement Plan 2021-22*. This includes actions for better management in the community, emergency department and hospital through working closely with the organisations within the Top of the South Health Alliance (TOSHA). The SLM Plan aims to reduce the standardised rate of acute bed days while reducing the discrepancy between Māori and total population. **(EOA)** Work is also being done within the Ki Te Pae Ora programme (NMH's post COVID-19 response to healthcare development). An acute care workstream has been initiated within Ki Te Pae Ora which will develop a work plan and lead redevelopment of acute care services. This workplan will also identify activities for inclusion in future System Level Measures Improvement Plans.	Refer to SLM Plan 2021-22. Q1: Workplan for the acute care workstream of Ki Te Pae Ora agreed
The first key action, resulting in the most significant impact on acute care flow, that Nelson Marlborough Health will undertake to continue to support COVID-19 recovery in this priority area is to develop an effective screening tool to determine the most appropriate location within ED for the patient in relation to COVID-19 risk. This is important because the utilisation of space within ED has an impact on flow and we need to use our isolation space wisely.	Q1: Review and update screening tool Q3: Review and update screening tool
The second key action, resulting in the most significant impact on acute care flow that Nelson Marlborough Health will undertake to continue to support COVID-19 recovery in this priority area is to develop satisfactory isolation spaces. This is important because we need to maintain robust infection prevention control measures in the ED to prevent transmission of COVID-19 or other infectious diseases to staff and other patients	Q1: Planning for appropriate isolation spaces underway. Q3: ED departments have appropriate environments to isolate patients meeting infection control guidelines.
To improve wait times for patients requiring mental health and addiction services who present to ED, Nelson Marlborough Health will address equity by improving capability of ED staff to provide timely appropriate care through the introduction of ED MH Nurse Educators. This is important because people presenting with mental health and addiction crises are likely to have longer ED lengths of stay which can further worsen their condition.	Q2: ED staff are trained to provide contemporary clinical practice for managing emergency mental health and addiction care Q4: Full adoption of the Hinengaro pathway (Pathway for triage, assessment and care for people who present to ED with MH&A issues).

To identify and address inequities when accessing emergency departments, Nelson Marlborough Health will reduce 'did not wait' (DNW) for Māori patients presenting to ED. This is important because we are aware that access to healthcare can be difficult for Māori patients and once they have presented we want to meet Māori needs and reduce them leaving the department before being seen. **(EOA)**	Q2: Reduction of DNW for Māori by 1% Q4: Reduction of DNW for Māori by 2%
To ensure better population health outcomes in partnership with primary health care, Nelson Marlborough Health will evaluate and revise the Acute Community Response Model. This is important because it identifies vulnerable people in the community and provides in-home support to prevent ED or secondary care admission. This will be measured by the number of referrals to the team and acute admission and readmission rates to hospital by ethnicity (see *System Level Measures Improvement Plan 2021-22*). **(EOA)**	Q1: Undertake review of the Acute Community Response Model Q2: Implement actions from the review Q3: Measure impacts of the changed model Q4: Measure impacts of the changed model

2.8.7 **Rural health**

Action(s) (include one action and milestone per row)	**Milestone(s)**
Nelson Marlborough Health will pilot funded point of care testing in at least two rural areas. This is important because it will speed up diagnosis, reduce patient barriers to treatment and reduce demand on secondary care, particularly for Māori (**EOA**).	Q2: Funded point of care testing piloted in at least two rural areas
Nelson Marlborough will trial provision of electronic devices and data to priority patients (including Māori and Pacifica people), with high health care needs so that they can access virtual healthcare and communicate with interdisciplinary teams (**EOA**).	Q2: Tablets and data provided to vulnerable patients Q4: Pilot evaluated

2.8.8 **Implementation of the Healthy Ageing Strategy 2016 and Priority Actions 2019-2022**	
Action(s) (include one action and milestone per row)	**Milestone(s)**
To contribute to the national process to improve preparedness for a pandemic outbreak (and COVID-19 resurgence), Nelson Marlborough Health will maintain ongoing training and education to Aged Residential Care (ARC) facility staff including; upskilling in coordinated Incident management / rapid response planning. This is important because residential care providers play a key role in protecting one of our most vulnerable populations who are most at risk of complications from COVID-19.	Q4: Education and Training: Incident management training workshops held for ARC to improve preparedness for a pandemic outbreak.
The key action Nelson Marlborough Health will take in community and primary care settings to improve the identification of factors associated with early signs of emerging frailty, particularly for Māori and Pacific peoples, is to increase the activity with kaumātua under Māori Health provider contract. This is important because Māori have low representation in accessing support services. **(EOA)**	Q4: To increase Māori representation in Home and Community Support Services (HCSS) by 10%
The first key action Nelson Marlborough Health will take to implement the key priorities for dementia services is to support the uptake of mini-ACE to improve timely diagnosis and work to understand the acceptability to patients and clinicians. This is important because it is now the recommended screening tool for cognitive impairment in New Zealand	Q4: Implementation of identified priorities for dementia services complete.
The second key action Nelson Marlborough Health will take to implement the key priorities for dementia services is to use the dementia navigation service map to develop educational material for people recently diagnosed with dementia. This is important because the system is complex and difficult to navigate for whānau and supporters of recently diagnosed people with dementia.	Q4: Implementation of identified priorities for dementia services complete.
The key action Nelson Marlborough Health will take to improve the DHBs early supported discharge services and community-based support and restorative services to build older people's' resilience, with a focus on those with inequitable health outcomes, is to develop community based restorative packages aligning with Non-acute Rehabilitation (NAR)guidelines from ACC. This will be available for all frail people in Nelson Marlborough Health region avoiding admission and supporting early facilitated discharge. This is important because evidence shows pro-longed hospital stays are linked to poor outcomes in older adults.	Q3: Community options are available for frail elderly rehabilitation.

2.8.9 **Health quality & safety (quality improvement)**	
Action(s) (include one action and milestone per row)	**Milestone(s)**
As a result of learnings from COVID-19, Nelson Marlborough Health will saturate clinical and public areas with alcohol handrub dispensers to increase compliance with best practice hand hygiene across hospital clinical areas and categories of healthcare workers. This is important because ready access to handrub increases compliance with not only the 5 moments of hand hygiene that form the basis of the national hand hygiene audit overseen by the HQSC, but also increases the use of handrub in shared areas where staff may inadvertently leave or pick up fomites. It is expected that this action will decrease the general bacterial load in shared areas as well as improve achievement against the national hand hygiene target of 80%.	Q4: Improve performance on the national hand hygiene audit.
To improve equity outcomes in ambulatory sensitive hospitalisation rates for asthma among tamariki Māori, Nelson Marlborough Health will offer greater levels of support and education to family in primary and secondary settings. This is important for reducing repeat admissions and addressing the drivers of asthma within the community (*see 'Keeping children out of hospital' section of the System Level Measures Improvement Plan 2021/22*) **(EOA)**	Q4: Information pamphlets will be circulated via PHOs and Health Pathways to practices and emergency departments to provide to patients.
To progress the implementation of the QSM for consumer engagement, Nelson Marlborough Health will continue to support the governance group of staff and consumers guiding the implementation of the marker. In 2021/22 Nelson Marlborough Health will focus specifically on improving the understanding and application of co-design to any improvement or health transformation project by upskilling staff through offering professional development in co-design. This is important to ensure services are patient-centred and fit for the future.	Q1: Report on progress against SURE framework via HQSC website. Q3: Report on progress against SURE framework via HQSC website.
To contribute towards zero seclusion, Nelson Marlborough Health will implement the '*Safewards*' approach and continue to engage on the national seclusion reduction project. We will use the family of measures, including outcome, process and balancing measures to inform the *'Safewards'* rollout and adoption. This is important because there is no single answer to the problems of conflict and containment, and feedback to inform improvement is crucial.	Q1: Project lead for *Safewards* appointed.

2.8.10 **Te Aho o Te Kahu – Cancer Control Agency**	
Action(s) (include one action and milestone per row)	**Milestone(s)**
New Zealanders have a system that delivers consistent and modern cancer care – He pūnaha atawahi	
Nelson Marlborough Health will monitor the impact of COVID-19 on cancer diagnostic and treatment services by broadening the scope of the existing Faster Cancer Treatment programme groups to include monitoring and reporting on diagnostics access. This information will be used by Oncology Services to plan and manage service volumes to ensure equitable outcomes.	Q2: Regular monitoring and reporting to Faster Cancer Treatment on access to diagnostics
Nelson Marlborough Health will support Te Aho o Te Kahu ACT-NOW project. DHBs that administer chemotherapy will implement ACT-NOW treatment regimens (national collection) for medical oncology and malignant haematology by: • Ensuring data standards are compliant in our oncology e-prescribing system • Through the implementation of our local data into a national repository	Q4: Implementation of ACT-NOW project underway
Nelson Marlborough Health will work with Te Aho o Te Kahu to plan and implement the adoption of the cancer-related Health Information Standards Organisation (HISO) standards, to be issued via Data and Digital, Ministry of Health • Our DHB will demonstrate evidence of implementation and compliance of the HISO standards (including capturing first date of MDM) as they are rolled out through monitoring our submissions to the Ministry of Health (ie, continued submission and acceptance by the Ministry)	Q4: Planning or implementation underway
New Zealanders experience equitable cancer outcomes – He taurite ngā huanga	
Nelson Marlborough Health will participate in Te Aho o Te Kahu travel and accommodation project that aims to improve cancer patient equity of access and support to cancer services/treatment for local and for inter-district patient flow. Our DHB is committed to implementing the recommendations of this project, particularly those that ensure equity of access for Māori and rural communities who currently experience inequitable access to cancer services.	As required
Nelson Marlborough Health will support the national work programme for the delivery of local community-based Māori Hui in partnership with Te Aho o Te Kahu and from this engagement, facilitate locally driven community-based initiatives with cancer patients and their whānau to drive service improvements. **(EOA)**	Q4: Local hui supported in partnership with Te Aho o Te Kahu
Following the above hui, Nelson Marlborough Health will identify at least two actions to specifically address inequalities and access to diagnosis and care for Māori and Pacific patients.	Q4: Two improvement actions identified.
New Zealanders have fewer cancers – He iti iho te mate pukupuku	

Nelson Marlborough Health will undertake activities that address the modifiable risk factor for cancer as referenced in the following sections • Smokefree 2025 • Reducing Alcohol Related Harm • Healthy Food & Drink	
Nelson Marlborough Health will also support an increase in activities and programmes aimed at improving Māori, Pacific and former refugee/migrant participation in National Screening Programmes as referenced in the following sections • Breast Screening • Cervical Screening • Bowel Screening	
New Zealanders have better cancer survival, supportive care and end-of-life care- He hiki ake i te o ranga	
Continue to implement and report progress against Nelson Marlborough Health's Bowel Cancer Service Improvement Plan (Bowel Cancer Quality Improvement Plan, 2020; Bowel Cancer Quality Improvement Report, March 2019). Nelson Marlborough Health has identified the importance of managing the impact of any increases to endoscopy capacity on surgical capacity as a key initiative/area to focus on.	Q4: Reports completed as previously agreed.
Revise and update Nelson Marlborough Health's DHB Bowel Cancer Quality Service Improvement Plan following publication of the second national bowel cancer QPI report in quarter 3 2020-21.	Q1: Bowel Cancer Quality Service Improvement Plan revised and updated.
Develop a DHB Lung Cancer Service Improvement Plan based on the results of the Lung Cancer Quality Improvement Monitoring Report (QPIs 2020) and the impending national Lung Cancer Quality Improvement Plan (2021). Nelson Marlborough Health will select the QPIs where we are outside the national average (underperforming) to drive improvements. Lung cancer has been identified as a significant equity issue for Nelson Marlborough Health with incidence rates for Māori being significantly higher than non-Māori and health outcomes for Māori being significantly poorer (due to a combination of factors including late presentation and access barriers to out of region diagnostic and interventional services). As a result of this the Lung Cancer Service Quality Improvement Plan will incorporate a strong equity focus, identifying how service access and delivery can be improved for Māori specifically. Nelson Marlborough Health has identified improving timely access to CT through actively working with the radiology service as a key initiative/area to focus on.	Quarterly

Develop a DHB Prostate Cancer Service Improvement Plan based on the results of the impending Prostate Cancer Quality Improvement Monitoring Report (QPIs 2021) and the impending national Prostate Cancer Quality Improvement Plan (2021). Nelson Marlborough Health will select the QPIs where our DHB is outside the national average (underperforming) to drive improvements. Prostate cancer rates are higher for Māori than non-Māori and health outcomes for Māori are typically poorer. As a result of this the Prostate Cancer Service Quality Improvement Plan will incorporate a strong equity focus, identifying how service access and delivery can be improved for Māori specifically. Nelson Marlborough Health has identified that capacity to treat patients earlier in their treatment journey could be increased through the use of nurse-led clinics for patients with metastatic prostate cancer who are currently using these appointments as a key initiative/area to focus on.	Quarterly
Nelson Marlborough Health will ensure that the 31-day and 62-day cancer treatment wait time measures are met. Nelson Marlborough Health will implement service improvements to improve timely access and demonstrate effective engagement with Māori, Pacific, DHB Consumer Council and other key stakeholders that support local improvement initiatives • We will work in partnership with Te Aho o Te Kahu and Ministry of Health to improve the FCT data quality and business rule changes as required	Quarterly
Work with Te Aho o Te Kahu and the South Island Alliance Programme Office (SIAPO) to identify actions that will sustain or improve cancer care locally and across each region. • Business case developed for Nelson Marlborough radiation bunker • Interface between SIPICS and MOSAIQ completed • Implement MOSAIQ software to improve patient management	Q1: Business case for LINAC underway Q2: Radiation services business case completed Q3: Interface issues between SIPICS and MOSAIQ are resolved. Q4: MOSAIQ implementation underway
Nelson Marlborough Health will plan to implement the cancer COVID-19 guidance developed by Te Aho o Te Kahu should there be a COVID-19 resurgence to ensure minimal impact on cancer diagnostics and treatment services for patients/whānau	As required

2.8.11 **Bowel screening and colonoscopy wait times**	
Action(s) (include one action and milestone per row)	**Milestone(s)**

The first key action, resulting in the most significant impact, that Nelson Marlborough Health will undertake to continue to support COVID-19 recovery in this priority area is to continue implementing the COVID-19 Bowel screening and colonoscopy recovery plan, which includes weekly meetings held to highlight and resolve capacity issues. We continue to explore options for increasing endoscopy service capacity to meet growing demand for diagnostic and surveillance procedures, and intend to outsource to private providers to ensure that all patients are seen within minimum and maximum wait times. Review and implementation of our recovery plan, with aim of further improvement, is important because it will ensure that people are seen within the recommended wait times, as outlined in Section 5: Performance Measures (SS15), and means that people will receive diagnosis and treatment without long delays.	Q1: ≥95% of people who returned a positive faecal immunochemical test (FIT) have a first offered **diagnostic date** that is within 45 working days or less of their FIT result being recorded in the NBSP information system. Q4: ≥90% of people accepted for an **urgent** diagnostic colonoscopy receive (or are waiting for) their procedure 14 calendar days or less 100% within 30 days or less. Q4: ≥70% of people accepted for a **non-urgent** diagnostic colonoscopy will receive (or are waiting for) their procedure in 42 calendar days or less, 100% within 90 days or less. Q4: ≥70% of people waiting for a **surveillance** colonoscopy receive (or are waiting for) their procedure in 84 calendar days or less of the planned date, 100% within 120 days or less.
To ensure participation rates for bowel screening priority population groups are at least 60%, Nelson Marlborough Health will continue to provide outreach services to reach priority populations (eg, with Te Piki Oranga & Nelson Tasman Pasifika Trust) and explore new partnerships to raise participation rates for Asian populations and explore opportunities for targeted advertising and promotional activities within the Asian community. To make contact with all Asian bowel screening participants to encourage participation. This is important because while Māori and Pacific participation rates have been consistently above 60% over the last 12 months, the rate for the Asian population has been just below (56.0%-57.5%). **(EOA)**	Q4: To increase Asian participation rates to at least 60%.
To ensure an overall participation rate of at least 60% in the most recent 24 month period, Nelson Marlborough Health will work with all populations to continue to raise awareness of the health benefits of participating in the Bowel Screening Programme through targeted advertising, attendance at key events and close partnerships with primary care. This is important so that we diagnose bowel cancer early and prevent bowel cancer from forming and occurring.	Q4: To have an annual plan in place for the advertising and promotional activities for the bowel screening programme.
Indicator 306 target is: 95% of participants who returned a positive FIT have a first offered diagnostic date within 45 working days of the FIT result being recorded into the BSP IT system. To ensure bowel screening indicator 306 is consistently met, Nelson Marlborough Health will ensure all positive FIT tests are monitored and all patients are contacted in a timely manner and offered screening diagnostics	Q4: Indicator 306 is consistently met throughout the year.

appointments. Weekly bowel screening diagnostic clinics will be held to ensure there is capacity for people to receive timely treatment to reduce anxieties and allow for the best health outcomes.	

2.8.12 **Health workforce**	
Action(s) (include one action and milestone per row)	**Milestone(s)**
The first key action, being planned/undertaken to use our health workforce differently, both locally and regionally, as a result of the learnings from our COVID-19 response, is through the introduction of a new flexible working policy. This is important because learnings from the COVID-19 response have shown that there are opportunities to increase staff satisfaction, agility and availability by offering a wider range of employment arrangements.	Q1: All managers trained and in application of FW policy Q4: Report on numbers of staff with FW arrangements
The first key action, being planned/undertaken to engage with unions when considering or developing any new initiatives to increase workforce flexibility and mobility in order to respond to COVID-19, is utilising the union engagement forums - Bipartite Action Group (BAG) and Joint Consultative Committee (JCC) – to collaborate on workforce solutions to meet the evolving demands of the pandemic. This is important because unions are key parties in developing solutions that will be effective because they also encapsulate the needs of employees.	Q4: Workforce flexibility an agenda item on quarterly BAG and JCC meetings.
Nelson Marlborough Health (NMH) learned through COVID-19 the importance of having an agile and readily mobilised workforce on stand-by to undertake swabbing. Last year Nelson Marlborough Health created a database of staff that were able to be re-deployed to support the COVID-19 response. This year, NMH have developed a similar database to build its vaccination workforce; requesting expressions of interest (EOIs) from outside the DHB and PHO that can be trained and credentialed in vaccination.	Q4: Stand-by health workforce database established and opportunities for its use in relieving future workforce pressures and improving workforce diversity identified (eg, pipeline of school leavers).
The second key action, being planned/undertaken to engage with unions when considering or developing any new initiatives to increase workforce flexibility and mobility in order to respond to COVID-19, is ensuring the use of the change management framework agreed between DHBs and unions to identify the impact of new initiatives and consult on their impact. This is important because unions are key parties in developing solutions that are fair and achievable.	Q4: Evidence that the agreed change management framework has been used during the past 12 months.
The first key action, being planned/undertaken to increase the diversity of representation in leadership or decision-making roles, is through implementing a prioritised recruitment strategy, whereby Māori applicants with the same experience as non-Māori applicants will be employed over non-Māori applicants .	Q1: Prioritised recruitment strategy implemented

This is important because Māori are under-represented in leadership roles (see *Whakamaua: Māori Health Action Plan 2020-2025* priority area). **(EOA)**	
The second key action, being planned/undertaken to increase the diversity of representation in leadership or decision-making roles, is to support the secondment of future iwi health board members who will attend prior to the departure of an iwi's current representative. This is important because it is investing in the transfer of knowledge and expertise between generations. Iwi health board members will also be given the opportunity to attend any training and Te tiriti o Waitangi or health inequities which will be provided to the DHB Board (see *Engagement and obligations as a Treaty partner* priority area). **(EOA)**	Q4: At least one training opportunity offered annually
The first key action, being planned/undertaken to drive sustained improvement in the number of professionals meeting standards of cultural competence and safety, is to support the work of Tumu Whakarae to establish an Ohu Mahi – Working Group to collaboratively develop a framework to support data development and collection for targets four and five of Te Tumu Whakarae's position statement. This is important because appropriate systems need to be in place in order to capture information on the number of professionals meeting standards of cultural competency and safety and these are not currently in place. We expect this action to increase the appropriateness of delivery of health care and improved patient satisfaction and engagement with services by Māori as measured through the Patient experience of care – Primary and Secondary care surveys **(EOA)**	Q4: GM People & Capability engaged in discussions with the Ohu Mahi to develop the framework and a system for reporting is in place.
The first key action, being planned/undertaken to support the sustainability, and the health and safety/wellbeing including mental wellbeing of our workforce, is to implement the six bodies of work recommended by the workplace aggression workgroup. This is important because workplace aggression incidents are the most common cause of injury in the DHB.	Q4: Workstreams implemented
The second key action, being planned/undertaken to support the sustainability, and the health and safety/wellbeing including mental wellbeing of our workforce, is to develop a workforce wellbeing plan for NMH. This is important because we are committed to supporting the wellbeing of our people	Q1: ELT direction agreed and reported to Ministry of Health.
	Q2: Draft plan established
	Q3: Plan agreed and implementation commenced

2.8.13 **Data and digital enablement**	
Action(s) (include one action and milestone per row)	**Milestone(s)**

The first key action, that Nelson Marlborough Health will undertake to digitally enable health services to support COVID-19 recovery, sustain changes to service delivery models and/or embed key learnings from COVID-19 response is transition VC capability from Vivid to a platform that supports both Teams and Zoom. This is important because it will support organisational wide adoption of a common telehealth platform, and reduce costs.	Q1: Complete business case for VC platform replacement
	Q4: Complete replacement of VC hardware.
To address and resolve significant digital initiatives delayed by COVID-19, Nelson Marlborough Health is developing a Cloud Strategy to transition appropriate legacy apps to the cloud; complete implementation of Microsoft Office365 and Teams; complete the rollout of eReferrals across the system.	Q2: Define scope of strategy
	Q3: Complete roll out of eReferrals to target services; Teams training plan completed and implemented
	Q4: OneDrive rollout complete to targeted users
The first key action, that Nelson Marlborough Health is undertaking to improve outcomes is implementing a Theatre management system integrated with the PAS. This is important because many processes are still paper based, the capture of operating notes is not consistent, and the existing clinical audit compliance reporting system is aging and depends on significant manual input.	Q1: Completion of Phase1 roll out to remaining departments (Electronic Waitlist Form, Op Notes, Surgical Audit).
	Q1: Start of Phase2: TMS replacement, Anaesthetic audit
	Q3: Project Completion
The first action that Nelson Marlborough Health considers to be the most important for improving digital inclusion with regard to health services, is supporting community providers in digitally accessing the shared patient record. This is important because it will enable non-secondary providers involved in a patient's care to securely contribute to their shared record and comply with privacy requirements.	Q1: Project established, and community provider selection criteria agreed.
	Q3: Solution implemented with providers according to project plan
The first action that Nelson Marlborough Health considers to be the most important for improving equity of access to health services through digitally enabled means (e.g. telehealth), is implementing a solution which will support the District Nursing Service. This is important because across the district, there are over 60,000 patient events recorded per annum for District Nursing and it is estimated that this will grow by 15 – 20% year on year. Currently the District Nursing Service is using an aging database that is no longer fit for purpose in this highly mobile service, e.g.: difficult to access whilst on home visits, large chunks of functionality now redundant, unable to adequately see daily workload or forecast workload, scheduling of clinics and home visits across multiple systems. There are approximately 90 District Nurses using the current database, plus a small cohort of Admin Support staff who manage the bookings and ACC revenue stream (approximately $796k per annum). **(EOA)**	Q1: Complete RFP Process
	Q2: Establish project.
	Q4: Solution implementation

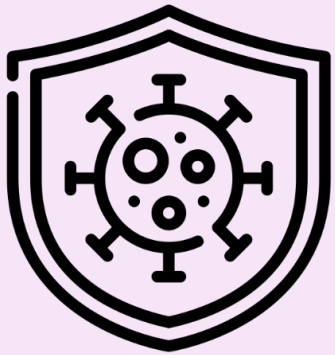
The second action that Nelson Marlborough Health considers to be the most important for improving equity of access to health services through digitally enabled means (e.g. telehealth), is continue to embed telehealth as standard clinic practice across all services. This is important because reducing barriers for all users regardless of the health service they are engaging means equitable care for all. **(EOA)**	Q1: Identify and facilitate 5 suitable services to increase telehealth activity
	Q2: Include dashboard report of telehealth potential clinics in admin planning

2.8.14 **Implementing the New Zealand Health Research Strategy**

Action(s) (include one action and milestone per row)	**Milestone(s)**
The first key action, resulting in the most significant impact, that Nelson Marlborough Health will undertake to continue to support COVID-19 recovery in this priority area is to participate in ongoing research that will inform an improved COVID-19 response in the future, with a specific focus on improving equity. This research is important to as it enables us to build upon and share our learnings. (**EOA**)	Q4: Update on progress provided as part of a one-page summary to Ministry of Health and NMH Board
Nelson Marlborough Health will continue working with the Ministry of Health to co-design and co-invest in a programme of work to build the capacity and capability across DHBs to enhance research and innovation by participating in the New Zealand Health Research Strategy Network coordinated by the Ministry of Health. This is important because it will enable Nelson Marlborough Health to build research capacity and capability in a way that is consistent with, and compliments that of other district health boards.	Q4: Update on progress provided as part of a one-page summary to Ministry of Health and NMH Board
Nelson Marlborough Health will work with research networks in our region to support staff engaged with research and innovation and build capacity and capability by publicising the newly establish Nelson Marlborough Health Research Network to community and primary settings. This is important because population health research can inform activities and programmes that keep the population healthy.	Q4: Update on progress provided as part of a one-page summary to Ministry of Health and NMH Board
Nelson Marlborough Health will continue to build a supportive environment for clinical staff to engage in research and innovation activities by developing a data stewardship role within Nelson Marlborough Health to facilitate access to data and analyses that underpin research.	Q4: Update on progress provided as part of a one-page summary to Ministry of Health and NMH Board
Nelson Marlborough Health will provide opportunities for staff to undertake professional development to strengthen research capability by supporting general managers to encourage their staff to seek out and pursue research opportunities and partnerships as part of their ongoing performance development, with priority given to opportunities that explore equity and kaupapa Māori Research. This is important because participation in research is important for building research capability (**EOA**).	Q4: Update on progress provided as part of a one-page summary to Ministry of Health and NMH Board

2.9 Better population health outcomes supported by primary health care

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



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

Primary health care is earlier, safer, cheaper, and with improved continuity of care better connected to people's daily routines However, the primary health care system does not serve all people equitably. Some people are delaying access to primary care services for several reasons including cost, travel, time off work or arranging childcare. There is also the potential for a different primary care model to better suit people's lives and better integrate across health disciplines and facilities, thereby improving health outcomes.

2.9.1 **Primary care**

Action(s) (include one action and milestone per row)	**Milestone(s)**
Implement a dashboard to demonstrate the embedding of the Strengthening Coordinated Care approach, including multi-disciplinary team (MDT) meetings, goal creation and interactions, Locality Care Coordination workload and other key measurables within the Locality Care Coordination programme (see *Long term conditions* priority area and *System Level Measures Plan 2021-22*).	Q1: Dashboard to measure Locality Care Coordination programme implemented
	Q4: Modular approach introduced in 6 practices

Implement the Health Care Home (HCH) enhanced model of care, focussing on equity and patient participation, across General Practices in Nelson Marlborough. This will include implementation of Building Block modules for practices not currently contracted to implement the full model. (**EOA**).	Q4: Existing HCH practices have incorporated the new model of care in their practices
Undertake an environmental scan and review of the Locality Care Coordination programme	Q2: Actions and timeframes for changes to the Locality Care Coordination programme agreed
Undertake two Hauora Direct (Community Health Assessment) events in the community to target Māori and vulnerable populations. **(EOA)**	Q4: 2 x Hauora Direct events occur in the community
Implement Hauora Direct Digital within Te Piki Oranga, Victory Community Centre and the Pasifika Trust **(EOA)**	Q4: Electronic Hauora Direct implemented at NGOs

2.9.2 **Pharmacy**

Action(s) (include one action and milestone per row)	**Milestone(s)**
The first key action, resulting in the most significant impact, that Nelson Marlborough Health will undertake to continue to support COVID-19 recovery in this priority area is to continue the implementation of paperless prescribing, specifically focussing on clarifying when PHOs need to send the original and reminding prescribers not to direct patients to specific pharmacies. This is important because it will resolve problems associated with prescriptions being emailed from prescribers to the incorrect pharmacy (privacy breach) and prescribers failing to send original hardcopies of prescriptions for controlled drugs as legally required.	Q4: NMH will support pharmacists to meet legislative requirements through educating prescribers and administrative staff and fixing systems within community and hospital settings.
To support pharmacy and other immunisation providers to work together to improve influenza vaccination rates in Māori, Pacific, former refugee, or other locally targeted populations, Nelson Marlborough Health will encourage COVID-19 vaccinators to refer priority patients, following their final COVID-19 dose, to appropriate pharmacist vaccinators (along with their GP practice) to receive their influenza vaccination. NMH will remind vaccination providers to refer patients, that are unable to attend their own clinics, to an appropriate pharmacist vaccinator or other organised clinics in the community that may be available	Q1: Immunisation providers inform patients of the pharmacist vaccinators from which they can receive their influenza vaccination. Measure: ≥75% of 65+ year olds immunised with the flu vaccine, broken down by ethnic group (CW05).

sooner than their own next clinic date. Te Piki Oranga will support their whanau to access the vaccination clinic they have chosen through provision of transport where necessary (**EOA)**	
Nelson Marlborough Health plans to build on and consolidate 2020/21 work, taking forward the activity to determine if Māori with COPD: i. Have access to appropriate medication to control their COPD ii. Understand how to use the medication through community pharmacy Medicine Use Reviews (MURs). The action will be embedded, integrated and sustained at scale across our pharmacy providers as an integrated community pharmacy services agreement schedule 3C service by funding Medication Use Reviews for this purpose. MURS are currently underutilised. Measure: Reduce the proportion of patients readmitted for ASH events for COPD following their initial COPD ASH event. Patients previously admitted for a COPD ASH event, who have received an MUR, are not admitted for a subsequent COPD ASH event(also refer to *Acute Demand* section and *System Level Measures Improvement Plan 2021/22*). **(EOA)**	Q4: Establish whether access to preventative medicine is driving ASH rates for COPD in Māori in Nelson Marlborough and where it is, support PHOs to work alongside patients to prevent subsequent COPD-related ASH events through MURs.

2.9.3 Reconfiguration of the National Air Ambulance Service Project – Phase Two

Action(s) (include one action and milestone per row)	**Milestone(s)**
The key action, for the upcoming year that Nelson Marlborough Health considers to be the most important for Reconfiguration of the National Air Ambulance Service Project-Phase two, is the nomination of the Service Manager for Women, Child and Youth to represent Nelson Marlborough Health's interests at national meetings regarding the project. This is important because the person attending is also now able to make decisions on behalf of Nelson Marlborough Health.	Q4: Service Manager will attend meetings and workshops as required and respond to information requests from NASO.

2.9.4 Long term conditions

Action(s) (include one action and milestone per row)	**Milestone(s)**
The first key action, resulting in the most significant impact that Nelson Marlborough Health will undertake to continue to support COVID-19 recovery in this priority area is for PHOs to collaborate with Te Piki Oranga to: 1. Implement opportunistic and community-based screening through the use of point of care testing	Q1: point of care testing implemented District wide

2. Undertake workforce development with Te Piki Oranga Kaimahi and Pukenga Manaaki and other NGO staff to enable consistent health literacy messaging This is important because it allows for reaching populations when they can't, or find it difficult, to attend General Practice. **(EOA)**	
The second key action, resulting in the most significant impact that Nelson Marlborough Health will undertake to continue to support COVID-19 recovery in this priority area is to implement a Practice Management System (PMS) across multiple community/NGO ambulatory care providers to allow them to participate in interdisciplinary meetings, access patient care information, engage with other providers and contribute to health records. This is important because COVID-19 has shown the need for health providers and clients to be connected virtually.	Q2: PMS implemented across at least 3 providers (20 licenses)
Nelson Marlborough Health will continue to work with population groups to provide the most effective advice or activity to prevent ill-health by: 1. By identifying inequities or barriers to PHO nutrition services and modifying the clinics to ensure equitable access. This is important because it will ensure that the people who most need services do not have barriers to accessing them. *(see System Level Measures Plan)* 2. Undertaking "StayWell" (within Green Prescription), a group based session targeted at those at risk, or with, LTCs, delivered in the community using a problem-solving approach to lifestyle behaviour. This is important because it provides a preventative approach to long term conditions in a way that works for individuals.	Q1: Analysis of current services undertaken Q2: Changes made to nutrition services Q4: StayWell delivered in the community during all quarters.
As gout and chronic kidney disease is to be a focus for 21/22, Nelson Marlborough Health will take a focus on Chronic Kidney Disease by providing education to Practice Nurses and GPs on CKD risk factors.	Q3: Education sessions on CKD held
PHOs and Te Piki Oranga will co-design initiative/s alongside emergency department, iwi, Marae, Workwell, and employers to improve uptake of CVDRA and management This will support PHOs/practices in locating and screening difficult to reach populations and support equity. *(see System Level Measures Plan).* **(EOA).**	Q4: Initiative/s in place
Nelson Marlborough Health is improving the management of people with long term conditions through utilising Locality Care Coordinators to facilitate multidisciplinary team meetings (MDTs), care plan development and support team integration for vulnerable populations and localities. This is important because it will support improved service delivery in primary care, equitable access, prioritisation of high-risk groups and provide support and education for individuals. A dashboard is to be developed to measure success (refer *System Level Measures Plan 2021/22*).	Q1: Dashboard to measure Locality Care Coordination programme implemented
	Q1: Review complete

Nelson Marlborough Health is improving the management of people with long term conditions through undertaking an Integrated Diabetes Pathways Project (IDPP) to develop clear, timely, appropriate diabetes care & pathways that will contribute to improved health outcomes, therefore reducing the impact on individuals, whanau and health resources.	Q2: Actions and timelines for service redevelopment agreed and prioritised
Educating Nurse Prescribers in the community about prescribing of Hepatitis C treatments.	Q2: Education provided to Nurse Prescribers for Hep C Prescribing
The first key improvement action that Nelson Marlborough Health plans to undertake to improve adult ambulatory sensitive hospitalisation (ASH) rates is to undertake two Hauora Direct (Community Health Assessment) events in the community to target Māori and vulnerable populations, locating those at risk of, or with unidentified, long term conditions and referring for services. This is important as it locates and works with individuals at most risk and provides preventative health care. This will be measured through referrals from Hauora Direct. Hauora Direct will also be implemented as an electronic tool. **(EOA).**	Q1: First community event undertaken
	Q2: Second community event undertaken
	Q3: Results Measured
	Q4: Electronic tool implemented
The second key improvement action that Nelson Marlborough Health plans to undertake to improve adult ambulatory sensitive hospitalisation (ASH) rates is to evaluate and revise the Acute Community Response Model. This is important because it identifies vulnerable people in the community and provides in-home support to prevent ED or secondary care admission. This will be measured by the number of referrals to the team and acute admission and readmission rates to hospital by ethnicity. *(refer Acute Demand section and System Level Measures Plan).* **(EOA).**	Q1: Undertake review of the Acute Community Response Model
	Q2: Implement actions from the review
	Q3: Measure impacts of the changed model
	Q4: Measure impacts of the changed model

2.10 Financial Performance

(Please refer to *Appendix 1: Statement of Performance Expectations* for details)

3 Service Configuration

3.1 Service Coverage

There are no identified significant service coverage exceptions identified for 2021/22.

Responsibility for service coverage is shared between DHBs and the Ministry of Health. DHBs are responsible for taking appropriate action to ensure that service coverage is delivered for their population, including populations that may have high or differing needs, such as Māori, Pacific and vulnerable populations.

Nelson Marlborough DHB may, pursuant to section 25 of the New Zealand Public Health and Disability Act 2000, negotiate and enter into, or amend, any current agreement for the provision or the procurement of services.

3.2 Service Change

As the needs of our community evolve, our services need to change to meet those needs. We must also ensure we manage service delivery as effectively and as efficiently as possible. Changes to services are always carefully considered, not only for the benefits they bring, but also the impact they might have on other stakeholders.

Nelson Marlborough Health will also manage its functions in a way that supports the intended direction and anticipated system change programme. The table below signals potential services changes during the 2021/22 year. Note that some proposed service changes will require further information/discussion as they progress.

CHANGE	DESCRIPTION	BENEFITS OF CHANGE	CHANGE FOR LOCAL, REGIONAL OR NATIONAL REASONS
Ki Te Pae Ora Transformational Change Program	• Nelson Marlborough Health System transformation	• Local people and clinicians will work together, planning, transforming and building health and health services that will offer the right care, at the right time, by the right team in the right location	• Local (within the context of national and international change)
Mental Health & Addictions (MH&A)	• Possible closure of a community resource centre operated by NMH, to be provided through other means	• Support people to be more independence • Reduce the incidence of duplicate or similar functions across our system • Ensure best use of resources by aligning with our integration priorities	• Local

CHANGE	DESCRIPTION	BENEFITS OF CHANGE	CHANGE FOR LOCAL, REGIONAL OR NATIONAL REASONS
		• Work more closely with our system-wide partners including NGOs and primary care • Facilitate increased cross agency working to better meet the holistic needs of our vulnerable client group • Invest in primary and community initiatives to keep people well in the community and ensure there is good resource for the consumer run services	
Health Promotion & Public Health	• One Health Promotion plan / service	• Increased clarity and effectiveness of Health Promotion • Reduced duplication • Value for money	• Local
Pharmacy	• National contract	• NMH will work towards different contracting arrangements for the provision of community pharmacist services by working with consumers and other stakeholders within the framework of the new contract to develop and agree local service options, including potential options for consumer-focused pharmacist service delivery, with wider community- based inter-disciplinary teams and a review of and possible re-modelling of the Community Pharmacy Anti-coagulation Management service to allow for increased patient numbers to access this service.	• National
Possible relocation of Blood taking depot from Tahunanui to Stoke	• Same service relocated	• Better centralised location in larger suburb with high number of elderly • Easier access	• Local

CHANGE	DESCRIPTION	BENEFITS OF CHANGE	CHANGE FOR LOCAL, REGIONAL OR NATIONAL REASONS
Possible reformat of Older Persons Day Programs for elderly	• Post Covid some whole day group programs no longer as popular. Consultation to occur on other options	• More flexibility for attendees • Possible virtual options • Wider range of activities/choice	• Local
Possible changes to non-acute rehabilitation services	• ACC Non Acute Rehab Contract is being reviewed for NMH during 2021/ 2020 and changes to service configuration may result.	• Contain admissions and improve early supported discharge • Wider range of community-based support and restorative services to build older people's' resilience • Greater focus on those with inequitable health outcomes • Better alignment with Non-acute Rehabilitation (NAR) guidelines from ACC. • Build inter-disciplinary community rehab models for people with injury and non-injury related functional impairment. • Develop transitional residential capacity to acute discharge and continue intensive rehabilitation	• National

In addition to the service changes listed above, NMH notes the requirement for any additional staffing to also be listed within this section as required by the Minister's Letter of Expectations.

NMH acknowledges its requirement to fully implement the Care Capacity Demand Management (CCDM) safe staffing processes and will be allowing for an increase in nursing staff within our financial plans. The final calculations for CCDM are not known at the time of writing.

NMH has committed sustainable staffing increases to the public health service and the radiology department. There are also a small number of fixes that align the staffing budget to actual contracted hours.

NMH has a number of small services where viability relies on small numbers of people. At times resignation, retirement or illness of one or two people will force service change or discontinuity. In the current workforce climate timely replacement of staff is an increasing challenge

Shifts or additions in workforce Full Time Equivalents (FTE)

EXECUTIVE	FTE INCREASE	STAFF GROUP	DESCRIPTION
DOAH	3.5	Allied Health	Additional resource supporting acute inpatient and community volumes
GMHR	1.0	Management/Admin	Additional HR coordinator to support onboarding of nursing and allied health roles appointed
GMHR	1.0	Management/Admin	Convert fixed term SMO recruitment resource to permanent to enable support employment of SMOs and reduced locum workforce
GMIT	0.3	Management/Admin	Increased senior business analyst resource to support project delivery
GMIT	1.0	Management/Admin	Additional network engineer to provide permanent onsite support at Wairau Hospital
GMFP	0.7	Management/Admin	Increased telephony staffing support
GMFP	0.3	Hotel/Support	Increased on site coordinator for facilities service at Wairau Hospital
GMFP	1.6	Hotel/Support	Increased overnight orderly resource
GMPS	0.5	Nursing	Additional wellchild nursing resource (offset by additional revenue)
GMPS	3.2	Nursing	Increased district nursing resource reflecting increasing volumes
GMPS	1.0	Management/Admin	Immunisation programme

EXECUTIVE	FTE INCREASE	STAFF GROUP	DESCRIPTION
GMMH	56.8	Allied Health	Number of new houses opened under agreement with Oranga Tamariki requiring carer support staffing
GMCS	1.6	Allied Health	MOH contract within child development services for improvement work services
GMCS	4.0	Medical	Community based attachment RMO roles to meet requirements
GMCS	1.0	Medical	Increased physician resource to allow for succession planning
GMCS	1.0	Medical	Orthopaedic registrar
GMCS	1.0	Medical	Additional surgical registrar
GMCS	2.4	Medical	Increased RMOs to support medical and surgical runs
GMCS	0.7	Nursing	Additional nursing resource to meet dialysis demand
GMCS	0.8	Nursing	Additional nursing resource to meet oncology demand
GMCS	1.0	Management/Admin	Additional admin support to meet oncology demand
GMCS	2.0	Nursing	Additional Wairau Hospital theatre nursing
GMCS	6.9	Various	Additional resource to meet increasing outpatient volumes
GMCS	1.7	Nursing	Ophthalmology nursing resource to deliver Avastin and other specialist services
GMCS	0.4	Nursing	Additional nursing resource to meet radiology throughput demand

EXECUTIVE	FTE INCREASE	STAFF GROUP	DESCRIPTION
GMCS	1.1	Nursing	Additional bureau nursing resource
GMCS	0.6	Nursing	Additional nursing resource for "L" shift in emergency
GMMA	1.0	Nursing	Additional Maori mental health nurse to balance workloads
GMMA	1.7	Management/Admin	Poumanaaki cultural support
GMMA	2.0	Management/Admin	Kaitiaki resource to support did not attract programme
Various	17.5	Nursing	CCDM resourcing to meet MECA obligations
TOTAL	**119.3**		

4 Stewardship

4.1 Managing our Business

Organisational performance management

Nelson Marlborough Health's performance is assessed on both financial and non-financial measures, which are measured and reported at Board and executive levels of the organisation. These are reported daily, weekly, fortnightly or monthly as appropriate. During the 2021/22 year w will continue the review of our performance management framework and look to enhance the reporting provided across all levels of the organisation.

Funding and financial management

Nelson Marlborough Health's key financial indicator is operating expenditure. This is assessed against and reported through Nelson Marlborough Health's performance management process to the Board and Executive Leadership Team every month. Further information about Nelson Marlborough Health's planned financial position for 2021/22 and out years is contained in the Appendix 1: Statement of Performance Expectations.

Investment and asset management

Nelson Marlborough Health is committed to advancing and maturing its asset management planning with a view to a more strategic approach to asset maintenance, replacement and investment. A revised Asset Management Plan (AMP) will be completed in May 2021 which will guide the future capital planning within the organisation.

Shared service arrangements and ownership interests

Nelson Marlborough Health does not hold any controlling interests in a subsidiary company. The DHB does not intend to acquire shares or interests in other companies, trusts or partnerships at this time.

Risk management

Nelson Marlborough Health has a formal risk management and reporting system which enables regular reporting to the Executive Leadership Team and the Audit and Risk Committee. 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).

Nelson Marlborough Health has identified 12 strategic risks, each sponsored by a member of the executive leadership team, that underpin our risk management system. These are:

i. Public Confidence in NMH Significantly Reduced

ii. Ineffective Clinical Stewardship Undermines Achievement of Objectives

iii. Failure to Support Equitable Health Outcomes within the Region

iv. Ki Te Pae Ora Programme Fails to Achieve Objectives

v. Failure to Innovate and Embrace Change Inhibits Organisational Learning

vi. Inability to Provide a Safe Environment for Patients, Staff and Other Users

vii. Ineffective Workforce Management

viii. Capital Facilities Projects Fail to Produce Fit For Purpose Infrastructure

ix. Information and Communication Technology System Failure

x. A Disruption Event Impacts Provision of Core Services

xi. Non-Compliance with Legislation or Associated Guideline

xii. Ineffective Financial Stewardship Undermines Achievement of Objectives

Quality assurance and improvement

Nelson Marlborough Health'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.

Work health and safety

Nelson Marlborough Health understand that work health and safety is integral to the DHB's operation and we are committed to improving health and safety across the health workforce (refer 2.8.12 above)

4.2 Building Capability

This section outlines the capabilities that Nelson Marlborough Health will need over the next three to five years, and plans to support improvements in capability.

Capital and infrastructure development

The most significant capital and infrastructure investment for Nelson Marlborough Health will be the rebuild of Nelson Hospital (subject to Government approval). There are three key drivers for the redevelopment of Nelson Hospital:

i. The current unsuitable design of buildings and infrastructure is impacting on the quality of care, hindering new ways of working and constraining capacity.
ii. The way the healthcare system works at present is restricting the sector's ability to meet current and emerging healthcare needs and increasing demand.
iii. Some buildings at Nelson Hospital are in poor condition, putting health, safety and ongoing service delivery at risk.

The Indicative Business Case (IBC) was approved by the Board in May 2019, and was submitted to the regional investment committee, Ministry of Health and Treasury. Following feedback from the central agencies an updated IBC was submitted in April 2020 and was considered by the Capital Investment Committee in May 2020.

We are waiting on further advice and direction from the Ministry of Health regarding the development of the Detailed Business Case to ensure alignment with the other priority investments identified by the Ministry of Health and economies of scale from a collaborative

approach across those priority DHBs, led by the Ministry, can be achieved. Our intention is to complete the DBC by late in 2021.

An interim facilities programme has been instigated during the 2020/21 year that will continue for a number of years. The overall aim of this programme is to enable current hospital services to meet the increasing demand until the redevelopment of Nelson Hospital has been completed. This programme includes a variety of initiatives and includes the five "shovel ready" projects approved for funding by the Ministry of Health.

Co-operative developments

Nelson Marlborough Health works and collaborates with a number of external organisations and entities, including:

- Our relationship with the tangata whenua of our district is expressed through the partnership with the Iwi Health Board and joint agreement titled 'He Kawenata'
- Nelson Marlborough Health is a member of the South Island Alliance which enables the region's five DHBs to work collaboratively to develop more innovative and efficient health services than could be achieved independently
- The Top of the South Health Alliance (ToSHA) is comprised of Nelson Marlborough Health, Nelson Bays PHO, Kimi Hauora Marlborough PHO, and Te Piki Oranga, and is our key vehicle for effecting transformational health system change
- The Top of the South Impact Forum (ToSIF) is a cross-sector alliance of senior leaders from sectors such as health, police, education, welfare, housing, and local government
- NZ Health Partnerships Limited has the broad aim to enable DHBs to collectively maximise shared services opportunities for the benefit of the sector, and Nelson Marlborough Health is committed to supporting NZHP's work and the local implementation of business cases
- The Nelson Marlborough Hospitals' Charitable Trust (trading as The Care Foundation) holds trust funds for the benefit of public hospitals
- The Marlborough Hospital Equipment Trust provides equipment and other items from public donations raised by Trust
- Churchill Private Hospital Trust provides private medical and surgical services in Marlborough
- Nelson Marlborough Health has an agreement with Pacific Radiology to provide a joint MRI service from the Nelson and Wairau hospital sites
- Nelson Marlborough Health has an agreement with Christchurch Radiology Group to provide a visiting radiology service at Wairau Hospital site
- Top of the South Cardiology Limited has an agreement with Nelson Marlborough Health to provide private cardiology services from Nelson Hospital
- Nelson Marlborough Health is a partner in the Golden Bay Health Alliance for an Integrated Family Health Centre with Nelson Bays Primary Health Trust and Golden Bay Community Health Trust – Te Hauora O Mohua Trust.

4.3 Workforce

NMH is undertaking a comprehensive review of the health workforce for our region, identifying the challenges and demands that will shape the workforce of the future and our response to those. In the 2021-22 year we expect to begin to implement some of the strategies that will assist in meeting the workforce objectives that the changing models of care will demand.

Key areas of focus for development of our people in the coming year are to achieve a more effective orientation and induction of newcomers, and to equip current and future leaders with the skills to lead health services in our region. Both of these programmes include a focus on increasing participation of Māori in our workforce in all occupational groups.

COVID-19 has demonstrated that strong partnerships with stakeholders are necessary for effective leadership through difficult times, therefore we will continue to engage with union partners, health and safety representatives and providers of wellbeing support. NMH is implementing a new flexible working policy which will provide more agility in our workforce, increase available talent and lead to greater levels of employee satisfaction.

NMH has a range of strategies in place to increase the participation of Māori in our workforce. During the 2020-21 year we will continue to implement these and monitor their effectiveness.

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4.4 Information technology

The list of new key projects for the coming year are outlined in the DHB Activity table in section 2. Nelson Marlborough Health Digital projects are aimed at supporting regional and national health objectives of co-ordinated care across the health system that is closer to home and improves equity. An infrastructure focus continues to be applied to reducing technical debt, improving the robustness of our infrastructure, and maximising current investments.

As part of our regional application portfolio, including those described in the 2018-2021 South Island Health Service Plan as regional enablers, projects continuing into the year ahead are:

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- Align with a regional project to investigate options for implementing a patient portal, so that patients can view their own hospital medical record.
- Complete development of the reporting toolset that automates collation and delivery of data from regional SI PICS and HCS, and other data sources, into the national data collections (NCAMP).
- Contribute to the South Island Regional Service Provider Index managed by the South Island Alliance Programme Office. This is a continuing multi-year project.
- Develop mental health care plans in Health Connect South.
- Implement the next stage of the eTriage program, which is eRequests. This is to enable internal hospital department-to-department referrals, followed by hospital-to-

community referrals. The eTriage tool adds online triage functionality onto eReferrals received in Health Connect South (HCS).

In addition, Nelson Marlborough Health continues to expand the scope of eRecords (scanned documents) as an enabler for a complete electronic health record in conjunction with HCS and HealthOne. The refresh of our Digital Strategy will be completed, with a key plank of separating systems of record and systems of engagement/analytics in alignment with the national nHIP strategy. Participating in the Digital Maturity Assessment programme will help inform the strategic roadmap, acknowledging the project currently programmed to implement a medication charting solution is a known maturity gap. Timing for this Assessment programme is still to be confirmed.

Application portfolio management for existing information assets is managed through an annual rolling programme of CAPEX requests, for example replacing older PCs, adding new licenses due to growth, and an ongoing programme to upgrade software that is reaching end-of-life.

Nelson Marlborough Health is committed to constructively engaging with the Ministry and other health sector members in the establishment of a programme of IT security maturity activities. This includes reporting on activities in the ICT operational assurance plan and the Health Information Security Framework (HISF) to the audit & risk committee. An independent audit of HISF compliance was completed in 2018, and Penetration Tests completed subsequently.

5 Performance Measures

5.1 2021/22 Performance Measures

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

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

The DHB monitoring framework provides a line of sight between DHB activity and the health system priorities that will support delivery of the Government's priority goals for New Zealand and the health system vision and outcomes, within a system that has a foundation of financial, clinical and service sustainability and strong governance.

Performance measure		Expectation		
CW01	Children caries free at 5 years of age	Year 1	63%	
		Year 2	63%	
CW02	Oral health: Mean DMFT score at school year 8	Year 1	<0.77	
		Year 2	<0.77	
CW03	Improving the number of children enrolled and accessing the Community Oral health service	Children (0-4) enrolled (≥ 95 percent of pre-school children (aged 0-4 years of age) will be enrolled in the COHS)	Year 1	≥95%
			Year 2	≥95%
		Children (0-12) not examined according to planned recall (≤ 10 percent of pre-school and primary school children enrolled with the COHS will be overdue for their scheduled examinations with the COHS.)	Year 1	≤10%
			Year 2	≤10%
CW04	Utilisation of DHB funded dental services by adolescents from School Year 9 up to and including 17 years	Year 1	≥85%	
		Year 2	≥85%	
CW05	Immunisation coverage at eight months of age and 5 years of age, immunisation coverage for human papilloma virus (HPV) and influenza immunisation at age 65 years and over	95% of eight-month-olds olds fully immunised.		
		95% of five-year-olds have completed all age-appropriate immunisations due between birth and five year of age.		
		75% of girls and boys fully immunised – HPV vaccine.		
		75% of 65+ year olds immunised – flu vaccine.		
CW06	Child Health (Breastfeeding)	70% of infants are exclusively or fully breastfed at three months.		
CW07	Newborn enrolment with General Practice	The DHB has reached the "Total population" target for children enrolled with a general practice by 6 weeks of age (55%) and by 3 months of age (85%) and has delivered all the actions and milestones identified for the period in its annual plan and has achieved significant progress for the Māori population group, and (where relevant) the Pacific population group, for both targets.		
CW08	Increased immunisation at two years	95% of two-year-olds have completed all age-appropriate immunisations due between birth and age two years,		

CW09	Better help for smokers to quit (maternity)	90 percent of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking.	
CW10	Raising healthy kids	95% of obese children identified in the Before School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and family-based nutrition, activity and lifestyle interventions.	
CW12	Youth health initiatives	Focus area 1 (Youth SLAT): Provide reports as required	
		Focus area 2 (School Based Health Services): Provide reports as required	
		Focus area 3: (Youth Primary Mental Health services) refer MH04	
MH01	Improving the health status of people with severe mental illness through improved access	Age (0-19) Māori, other & total	4.2% (Māori, other & total)
		Age (20-64) Māori, other & total	6.5% (Māori), 4.6% (other & total)
		Age (65+) Māori, other &total	0.9% (Māori, other & total)
MH02	Improving mental health services using wellness and transition (discharge) planning	95% of clients discharged will have a quality transition or wellness plan.	
		95% of audited files meet accepted good practice.	
MH03	Shorter waits for mental health services for under 25-year olds	Provide reports as specified	
MH04	Rising to the Challenge: The Mental Health and Addiction Service Development Plan	Provide reports as specified	
MH05	Reduce the rate of Māori under the Mental Health Act: section 29 community treatment orders	Reduce the rate of Māori under the Mental Health Act (s29) by at least 10% by the end of the reporting year.	
MH06	Output delivery against plan	Volume delivery for specialist Mental Health and Addiction services is within 5% variance (+/-) of planned volumes for services measured by FTE; 5% variance (+/-) of a clinically safe occupancy rate of 85% for inpatient services measured by available bed day; actual expenditure on the delivery of programmes or places is within 5% (+/-) of the year-to-date plan.	
MH07	Improving the health status of people with severe mental illness through improved acute inpatient post discharge community care	Provide reports as specified	
PV01	Improving breast screening coverage and rescreening	≥70% coverage for Māori, Pacific and Total population	
PV02	Improving cervical Screening coverage	80% coverage for all ethnic groups and overall.	
SS01	Faster cancer treatment – 31 day indicator	85% of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat.	
SS03	Ensuring delivery of Service Coverage	Provide reports as specified	
SS04	Delivery of actions to improve Wrap Around Services for Older People	Provide reports as specified	
SS05	Ambulatory sensitive hospitalisations (ASH adult)	Standardised ASH rate for 45-64 year olds is 2,706	

SS06	Better help for smokers to quit in public hospitals (previous health target)	95% of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking.		Only applies to specified DHBs
SS07	Planned Care Measures	Planned Care Measure 1: *Planned Care Interventions*		
		Planned Care Measure 2: *Elective Service Patient Flow Indicators*	ESPI 1	100% (all) services report Yes (that more than 90% of referrals within the service are processed in 15 calendar days or less)
			ESPI 2	0% – no patients are waiting over four months for FSA
			ESPI 3	0% - zero patients in Active Review with a priority score above the actual Treatment Threshold (aTT)
			ESPI 5	0% - zero patients are waiting over 120 days for treatment
			ESPI 8	100% - all patients were prioritised using an approved national or nationally recognised prioritisation tool
		Planned Care Measure 3: *Diagnostics waiting times*	Coronary Angiography	95% of patients with accepted referrals for elective coronary angiography will receive their procedure within 3 months (90 days)
			Computed Tomography (CT)	95% of patients with accepted referrals for CT scans will receive their scan, and the scan results are reported, within 6 weeks (42 days).
			Magnetic Resonance Imaging (MRI)	90% of patients with accepted referrals for MRI scans will receive their scan, and the scan results are reported, within 6 weeks (42 days).
		Planned Care Measure 4:	No patient will wait more than or equal to 50% longer than the intended time for their	

		Ophthalmology Follow-up Waiting Times	appointment. The 'intended time for their appointment' is the recommendation made by the responsible clinician of the timeframe in which the patient should next be reviewed by the ophthalmology service.	
		Planned Care Measure 5: *Cardiac Urgency Waiting Times* (Only the Five Cardiac units are required to report for this measure)	All patients (both acute and elective) will receive their cardiac surgery within the urgency timeframe based on their clinical urgency.	
		Planned Care Measure 6: *Acute Readmissions*	The proportion of patients who were acutely re-admitted post discharge improves from base levels.	Baseline: 11.5% (standardised acute readmission rate in the 12 months to December 2019, total). Target: 11.4%
		Planned Care Measure 7: Did Not Attend Rates (DNA) for First Specialist Assessment (FSA) by Ethnicity (Developmental)	Note: There will not be a Target Rate identified for this measure. It will be developmental for establishing baseline rates in the 2020/21 year.	
SS09	Improving the quality of identity data within the National Health Index (NHI) and data submitted to National Collections	Focus Area 1: Improving the quality of data within the NHI	New NHI registration in error (causing duplication)	>1% and ≤3%
			Recording of non-specific ethnicity in new NHI registration	>0.5% and < or equal to 2%
			Update of specific ethnicity value in existing NHI record with a non-specific value	>0.5% and < or equal to 2%
			Validated addresses excluding overseas, unknown and dot (.) in line 1	>76% and < or equal to 85%
			Invalid NHI data updates	Still to be confirmed
		Focus Area 2: Improving the quality of data submitted to National Collections	NPF collection has accurate dates and links to NNPAC and NMDS for FSA and planned inpatient procedures.	Greater than or equal to 90% and less than 95 %

			National Collections completeness	Greater than or equal to 94.5% and less than 97.5 %
			Assessment of data reported to the NMDS	Greater than or equal to 85% and less than 95%
		Focus Area 3: Improving the quality of the Programme for the Integration of Mental Health data (PRIMHD)		Provide reports as specified
SS10	Shorter stays in Emergency Departments	95% of patients will be admitted, discharged or transferred from an emergency department (ED) within six hours.		
SS11	Faster Cancer Treatment (62 days)	90% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks.		
SS12	Engagement and obligations as a Treaty partner	Reports provided and obligations met as specified		
SS13	Improved management for long term conditions (CVD, Acute heart health, Diabetes, and Stroke)	Focus Area 1: Long term conditions	Report on actions, milestones and measures to: Support people with LTC to self-manage and build health literacy.	
		Focus Area 2: Diabetes services	Report on the progress made in self-assessing diabetes services against the *Quality Standards for Diabetes Care*.	
			Ascertainment: target 95-105% and no inequity HbA1c<64mmols: target 60% and no inequity No HbA1c result: target 7-8% and no inequity	
		Focus Area 3: Cardiovascular health	Provide reports as specified	
		Focus Area 4: Acute heart service	**Indicator 1: Door to cath** - Door to cath within 3 days for >70% of ACS patients undergoing coronary angiogram**.**	
			Indicator 2a: Registry completion- >95% of patients presenting with Acute Coronary Syndrome who undergo coronary angiography have completion of ANZACS QI ACS and Cath/PCI registry data collection within 30 days of discharge and **Indicator 2b:** ≥ 99% within 3 months.	
			Indicator 3: ACS LVEF assessment- ≥85% of ACS patients who undergo coronary angiogram have pre-discharge assessment of LVEF (ie have had an echocardiogram or LVgram).	
			Indicator 4: Composite Post ACS Secondary Prevention Medication Indicator in the absence of a documented	

			contraindication/intolerance ≥85% of ACS patients who undergo coronary angiogram should be prescribed, at discharge - Aspirin*, a 2nd anti-platelet agent*, and an statin (3 classes) - ACEI/ARB if any of the following – LVEF ,50%, DM, HT, in-hospital HF (Killip Class II to IV) (4 classes), - Beta-blocker if LVEF<40% (5-classes). * An anticoagulant can be substituted for one (but not both) of the two anti-platelet agents.
			Indicator 5: Device registry completion ≥ 99% of patients who have pacemaker or implantable cardiac defibrillator implantation/replacement have completion of ANZACS-QI Device PPM forms completed within 2 months of the procedure.
			Indicator 6: Device registry completion- ≥ 99% of patients who have pacemaker or implantable cardiac defibrillator implantation/replacement have completion of ANZACS QI Device PPM (Indicator 5A) and ICD (Indicator 5B) forms within 2 months of the procedure.
		Focus Area 5: Stroke services Provide confirmation report according to the template provided	**Indicator 1** ASU: 80% of acute stroke patients admitted to a stroke unit or organised stroke service with a demonstrated stroke pathway within 24 hours of their presentation to hospital
			Indicator 2 Reperfusion Thrombolysis /Stroke Clot Retrieval 12% of patients with ischaemic stroke thrombolysed and/or treated with clot retrieval and counted by DHB of domicile, (Service provision 24/7)
			Indicator 3: In-patient rehabilitation: 80% patients admitted with acute stroke are transferred to in-patient rehabilitation services are transferred within 7 days of acute admission
			Indicator 4: Community rehabilitation: 60% of patients referred for community rehabilitation are seen face to face by a member of the community rehabilitation team within 7 calendar days of hospital discharge.
SS15	Improving waiting times for Colonoscopy	90% of people accepted for an urgent diagnostic colonoscopy receive (or are waiting for) their procedure 14 calendar days or less 100% within 30 days or less.	
		70% of people accepted for a non-urgent diagnostic colonoscopy will receive (or are waiting for) their procedure in 42 calendar days or less, 100% within 90 days or less.	

		70% of people waiting for a surveillance colonoscopy receive (or are waiting for) their procedure in 84 calendar days or less of the planned date, 100% within 120 days or less.
		95% of people who returned a positive FIT have a first offered diagnostic date that is within 45 working days or less of their FIT result being recorded in the NBSP IT system.
SS17	Delivery of Whānau ora	Appropriate progress identified in all areas of the measure deliverable.
PH01	Delivery of actions to improve SLMs	Provide reports as specified
PH02	Improving the quality of ethnicity data collection in PHO and NHI registers	All PHOs in the region have implemented, trained staff and audited the quality of ethnicity data using EDAT within the past three-year period and the current results from Stage 3 EDAT show a level of match in ethnicity data of greater than 90 percent.
PH03	Access to Care (PHO Enrolments)	The DHB has an enrolled Māori population of 95 percent or above
PH04	Primary health care: Better help for smokers to quit (primary care)	90% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months
Annual plan actions – status update reports		Provide reports as specified

Appendix 1: Statement of Performance Expectations (including financial performance)

Section 1: Statement of Performance Expectations

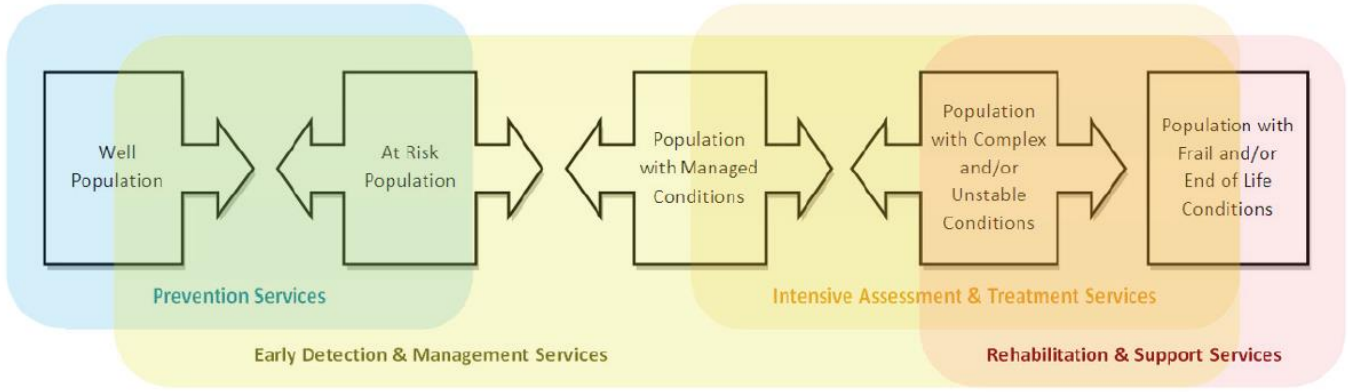
We aim to provide the best healthcare and achieve the best health outcomes for our community, and we need to monitor our performance to evaluate the effectiveness of the decisions we make on behalf of our population, and ensure we are achieving the outcomes required for our community.

To be able to provide a representative picture of performance our services ('outputs') have been grouped into four 'output classes' that are a logical fit with the stages of the continuum of care and are applicable to all DHBs:

- Prevention Services;
- Early Detection and Management Services;
- Intensive Assessment and Treatment Services; and
- Rehabilitation and Support Services.

Figure 1. Scope of DHB Operations – Output Classes against the Continuum of Care.

Our outputs cover the full continuum of care for our population.



There is no single over-arching measure for each output class because we use performance measures and targets that reflect volume (V), quality (Q), timeliness (T), and service coverage (C). The output measures chosen covers the activities with the potential to make the greatest contribution to the health of our community in the short term, and support the longer-term outcome measures.

Baseline data from the previous year has been provided to show we have set targets that challenge us to provide the best possible service to our community, and build on our previous successes (or areas where we know we need to do better).

Achieving Health Equity

All of the measures will be reported by ethnicity to ensure we maintain our focus and are on track to achieve equitable health outcomes for the people of Nelson Marlborough and ensure all people live well, get well and stay well.

Output classes

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 or support health and disability dysfunction.
- Preventative services address individual behaviours by targeting population wide physical and social environments to influence health and wellbeing.
- Preventative services include health promotion to ensure that illness is prevented and unequal outcomes are reduced; statutorily mandated health protection services to protect the public from toxic environmental risk and communicable diseases; and, population health protection services such as immunisation and screening services.
- On a continuum of care these services are public wide preventative services.

Significance for the DHB

New Zealand is experiencing a growing prevalence of long-term conditions such as diabetes and cardiovascular disease, which are major causes of poor health and account for a significant number of presentations in primary care and admissions to hospital and specialist services. With an ageing population, the burden of long-term conditions will increase.

By improving environments and raising awareness, these prevention services support people to make healthier choices, reducing major risk factors that contribute to long-term conditions and delaying or reducing the impact of these conditions. Tobacco smoking, drug and alcohol misuse, inactivity, poor nutrition and rising obesity rates are major and common contributors to a number of the most prevalent long-term conditions. These risk factors are preventable through a supportive environment, improved awareness and greater personal responsibility for health and wellbeing. Prevention services support people to address any risk factors that contribute to both acute events (e.g. alcohol-related injury), as well as long-term conditions development (e.g. obesity, diabetes).

High health need and at-risk population groups (Māori, low socio-economic, disabled people and those with mental health issues) who are more likely to be exposed to environments less conducive to making healthier choices are a focus. Preventative services are our best opportunity to target improvements in the health of these high need populations, to reduce inequalities in health status and improve population health outcomes.

Outputs: Short Term Performance Measures 2021-22

Measures **Quality (Q) – Quantity (V) – Coverage (C) – Timeliness (T)**	**Notes**	**Actual 2019/20**	**Target Year 1**	**Target Year 2**	**Target Year 3**
Percentage of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months (PH04) - Kimi Hauora Wairau (Marlborough Primary Health)	C	85%	90%	90%	90%
Percentage of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months (PH04) – Nelson Bays Primary Health	C	78%	90%	90%	90%
Percentage of enrolled women (20-69) who had a cervical smear in the last 3 years	V	74%	>80%	>80%	>80%
Percentage of enrolled high-needs women (20-69) who had a cervical smear in the last 3 years	V	>66%	>80%	>80%	>80%

Percentage of women (45-65) having mammography within 2 years	V	>77%	>70%	>70%	>70%
Percentage of newborn hearing screening completed within 1/12 birth	V	>98%	>95%	>99%	>99%
Percentage of two year old children fully vaccinated	C	>88%	>95%	>95%	>95%
Percentage of over 65 year olds vaccinated for seasonal influenza	V	>73%	>75%	>75%	>75%
Percentage of eligible children receiving Before (B4) School Checks	V	92%	100%	100%	100%
Number of clients seen by the primary mental health service - youth	Q	1060	>580	>580	>580
Number of clients seen by the primary mental health service - adults	Q	4,552	>3300	>3300	>3300
Shorter waits for non-urgent mental health services for 0-19 year olds: 80% of people seen within 3 weeks	T	>67%	>80%	>80%	>80%

Early Detection and Management Services

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. Include general practice, community and Māori health services, pharmacist services, Community Pharmaceuticals (the Schedule) and child and adolescent oral health and dental services.
- These services are by their nature more generalist, usually accessible from multiple health providers and from a number of different locations within the DHB.

- On a continuum of care these services are preventative and treatment services focused on individuals and smaller groups of individuals.

Significance for the DHB

New Zealand is experiencing an increasing rate of long-term conditions, so called because once diagnosed people usually have them for the rest of their lives. Examples include diabetes and cardiovascular disease, and some population groups suffer from these conditions more than others.

By promoting regular engagement with health services we support people to maintain good health through earlier detection and management services based in the community. These services provide an opportunity to intervene in less invasive and more cost-effective ways, and reduce the burden of long-term conditions through supported self-management (avoidance of complications, acute illness and crises). These services deliver coordination of care, ultimately supporting people to maintain good health.

Outputs: Short Term Performance Measures 2022-22

Measures **Quality (Q) – Quantity (V) – Coverage (C) – Timeliness (T)**	**Notes**	**Actual 2019/20**	**Target Year 1**	**Target Year 2**	**Target Year 3**
Percentage of people in the district enrolled with PHO – Nelson	C	100%	100%	100%	100%
Percentage of people in the district enrolled with PHO – Marlborough	C	99%	>99%	>99%	>99%
Percentage of patients reporting barriers to accessing their GP or nurse in the last 12 months [PH01] (Primary Care Patient Experience Survey)	C	16.3%	<16.3%	<16.3%	<16.3%
Utilisation of DHB-funded dental services by adolescents (School Year 9 up to and including age 17 years) [CW05]	C, V	81%	>85%	>85%	>85%

Measures Quality (Q) – Quantity (V) – Coverage (C) – Timeliness (T)	Notes	Actual 2019/20	Target Year 1	Target Year 2	Target Year 3
Percentage of children <5 years enrolled in DHB funded dental services [CW03]	C	86%	>=95%	>=95%	>=95%
Percentage of secondary care patients whose medicines are reconciled on admission	C,Q	>78%	>50%	>50%	>50%
Percentage of people provided with a CT scan within 42 days of referral	T	97%	95%	95%	95%
Percentage of people provided with an MRI scan within 42 days of referral	T	62%	95%	95%	95%
Post-discharge community care for mental health inpatients: Follow-up within 7 days	Q T	23%	100%	100%	100%

Intensive Assessment and Treatment Services

Output Class Description

- Intensive assessment and treatment services are delivered by a range of secondary, tertiary and quaternary providers using public funds. These services are usually integrated into facilities that enable co-location of clinical expertise and specialised equipment such as a 'hospital'. These services are generally complex and provided by healthcare professionals that work closely together.
- They include:
  - Ambulatory services (including outpatient, district nursing and day services) across the range of secondary preventive, diagnostic, therapeutic, and rehabilitative services
  - Inpatient services (acute and elective streams) including diagnostic, therapeutic and rehabilitative services
  - Emergency Department services including triage, diagnostic, therapeutic and disposition services
- On a continuum of care these services are at the complex end of treatment services and focussed on individuals.

Significance for the DHB

Equitable, timely access to intensive assessment and treatment can significantly improve people's quality of life either through early intervention (e.g. removal of an obstructed gallbladder to prevent repeat attacks of abdominal pain) or through corrective action (i.e. major joint replacements to relieve pain and improve activity). Responsive services and timely treatment services also support improvements across the whole system and give people confidence that complex intervention will be available when needed. As an owner and provider of these services, NMH is also concerned with the quality of the services being provided. Quality improvement in service delivery, systems and processes will improve patient safety, reduce the number of events causing injury or harm, and provide improved outcomes for people in our services. Adverse events and delays in treatment, as well as causing harm to patients, drive unnecessary costs and redirect resources away from other services. Quality improvement in service delivery, systems and processes will improve patient safety, reduce readmission rates, and better support people to recover from complex illness or maximise their quality of life.

Government has set clear expectations for the delivery of elective service volumes, a reduction in waiting times for treatments, and increased clinical leadership to improve the quality of care. To meet these expectations we are introducing innovative clinically led service delivery models and reducing waiting time within our hospital services.

Outputs: Short Term Performance Measures 2021-22

Measures **Quality (Q) – Quantity (V) – Coverage (C) – Timeliness (T)**	**Notes**	**Actual2019/20**	**Target Year 1**	**Target Year 2**	**Target Year 3**
Acute inpatient average length of stay (days)	Q	1.95	2.30	2.30	2.30
Acute hospital bed days standardised rate per 1,000 population (DHB of service for 12 months to September) by ethnicity (PH01)	Q	236.5	<236.5	<236.5	<236.5

Ambulatory sensitive hospitalisation rate per 100,000 population (child, 0-4 year olds) (DHB of domicile for 12 months to September) by ethnicity (PH01)	Q	4,217	<4,217	<4,217	<4,217
Ambulatory sensitive hospitalisation rate per 100,000 population (adult, 45-64 year olds) (DHB of domicile for 12 months to December) by ethnicity)(SS05)	Q	2,707	<2707	<2707	<2707
Percentage of elective and arranged surgery undertaken on a day case basis	Q	65%	>68%	>68%	>68%
Percentage of people receiving their elective & arranged surgery on day of admission	Q	98%	>99%	>99%	>99%
Percentage of total deliveries in primary birthing units	Q V	10%	>7%	>7%	>7%
Women registering with an LMC by week 12 of their pregnancy	T	79%	>80%	>80%	>80%
Standardised Intervention Rate for major joint replacement	V	20 per 10,000	>21 per 10,000	>21 per 10,000	>21 per 10,000
Standardised Intervention Rate for cataract procedures	V	24 per 10,000	>27 per 10,000	>27 per 10,000	>27 per 10,000

Percentage of patients reporting they received enough information on how to manage their condition or recovery after they left hospital (PH01) (Adult Hospital Survey)	Q	57.5%	>57.5%	>57.5%	>57.5%
Did Not Attract Rates (DNA) for First Specialist Assessment (FSA) by Ethnicity (SS07)	C	NEW			
Shorter stays in Emergency Departments-Percentage of patients admitted, discharged or transferred from an emergency department (ED) within six hours (SS10)	Q, T	92.3%	95%	95%	95%
Faster Cancer Treatment (62 days)-Percentage of patients receiving 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. (SS11)	V, T	91%	90%	90%	90%
Faster Cancer Treatment (31 days) – Percentage of patients receiving their first cancer treatment (or other management) within 31 days from date of decision-to-treat. (SS01)	V, T	90%	85%	85%	85%
Reduce seclusion events per month	Q, V	10	<4	<4	<4

Rehabilitation and Support Services

Output Class Description

- Rehabilitation and support services are delivered following a needs assessment process and co-ordination input by NASC Services for a range of services including palliative care, home-based support and residential care services.
- On a continuum of care these services will provide support for individuals.

Significance for the DHB

Services that support people to manage their needs and live well, safely and independently in their own homes are considered to provide a much higher quality of life. As a result, people stay active and positively connected to their communities. People whose needs are adequately met will also be less dependent on hospital and residential services and less likely to experience acute illness, crisis or deterioration of their conditions. Even when returning to full health is not possible, timely access to responsive support services enables people to maximise function and independence.

In preventing deterioration and acute illness or crisis, these services have a major impact on the sustainability of hospital and specialist services and on the wider health system in general by reducing acute demand, unnecessary ED presentation, and the need for more complex intervention. These services also support the flow of patients and improved recovery after an acute illness or hospital admission – helping to reduce readmission rates and supporting people to recover from complex illness or maximise their quality of life.

Living in aged residential care has been associated with more rapid functional decline than ageing in place and is a more expensive option. Resources can be better utilised providing appropriate levels of support to people to help them stay in their own homes and to moderate the need for residential care and hospital services.

Nelson Marlborough Health has taken a restorative approach and has introduced individual packages of care to better meet people's needs, including complex packages of care for people assessed as eligible for residential care who would rather remain in their own homes. With an ageing population it is vital that we ascertain the effectiveness of services in this area and we use the InterRAI (International Residential Assessment Instrument) tool to ensure people receive support services that best meet their needs and, where possible, support them to regain maximum functional independence.

Outputs: Short Term Performance Measures 2021-22

Measures Quality (Q) – Quantity (V) – Coverage (C) – Timeliness (T)	Notes	Actual2019/20	Target Year 1	Target Year 2	Target Year 3
The percentage of people in aged residential care by facility and by DHB who have a subsequent interRAI long term care facility (LTCF) assessment completed within 230 days of the previous assessment	Q	86%	>86%	>86%	>86%
Percentage of older people living in ARC	C	4%	<4%	<4%	<4%
Improving Mental Health services using transition (discharge) planning and employment: Child and Youth with a transition (discharge) plan. [MH02]	Q	>51%	>95%	>95%	>95%

Section 2: Financial Performance

Introduction

Nelson Marlborough Health continues to display a strong commitment to operate within its means whilst delivering its operational commitments, the Government's expectations and the Board's priorities.

The past few years have seen NMH absorb a number of significant cost increases that were well in excess of increases in revenue. In this context, the return to a breakeven fiscal position has been a key commitment for NMH while remaining focussed on good patient outcomes. Whilst we expect that new challenges will emerge in the 2021/22 financial year and the years to follow we consider we remain in good shape to face these challenges.

The risks to achieving this position, changes that must be made and challenges to overcome are outlined through this plan.

The impact of the Health Sector Reforms and the disestablishment of district health board's from 1 July 2022 has not been allowed for within the financial statements presented and the financial statements have been prepared on a going concern basis.

Financial Performance Summary

NMH is committed to living within its means by delivering a breakeven operating financial result whilst maintaining a tight level of fiscal control over cost pressures. The prospective

financial statements presented later in this plan show that NMH has a breakeven result across all four years covered by the fiscal projections included in this plan.

Critically, to ensure the health system is financially sustainable, we are focussed on making the whole of system work properly and achieving the best possible outcomes for our investment. This is work that NMH has been focussing on, and investing in, over recent years to meet the challenges faced across the health system. In achieving this we have continued to invest in new services including additional funding into various initiatives to address the equity gap.

Constraining Our Cost Growth

Constraining cost growth has been critical to our success in delivering surpluses in recent years and remains a key focus for the financial management disciplines into the future. If the pressure that an increasing share of our funding continues to be directed into meeting the growing cost of providing services, our ability to maintain current levels of service delivery will be at risk whilst placing restrictions in our ability to invest in new equipment, technology and new initiatives that allow us to meet future demand levels.

It is also critical that we continue to reorient and rebalance our health system. By being more effective and improving the quality of the care we provide, we reduce rework and duplication, avoid unnecessary costs and expenditure and do more with our current resources. We are also able to improve the management of the pressure of acute demand growth, maintain the resilience and viability of services and build on productivity gains already achieved through increasing the integration of services across the system.

NMH has already committed to a number of mechanisms and strategies to constrain cost growth and rebalance our health system. We will continue to focus on these initiatives, which have contributed to our considerable past success and given us a level of resilience that will be vital in the coming year:

a) Reducing unwarranted variation, duplication and waste from the system;

b) Doing the basics well and understanding our core business;

c) Investing in clinical leadership and clinical input into operational processes and decision-making;

d) Developing workforce capacity and supporting less traditional and integrated workforce models;

e) Realigning service expenditure to better manage the pressure of demand growth; and

f) Supporting unified systems to shared resources and systems.

An important expectation of DHBs is for them to work together and collaborate nationally and with our regional neighbours.

Regionally we continue with the implementation of the regional services planning. Its outcomes are reflected in this plan. Many information systems and technology projects are being delivered as regional projects and we are progressing with a greater focus on regional procurement initiatives.

NMH is committed to supporting NZHP's work and the local implementation of the initiatives agreed by the collective DHBs. Estimates have been included in the finances in respect of these initiatives.

Assumptions

In preparing our forecasts the following key assumptions have been made:

a) NMH's funding allocations will increase at no less than the indicative funding advice from the Ministry of Health. Core funding received for the out year revenue will increase however at a lower level than nominal dollar value received for 2020/21.

b) Revenue and expenditure have been budgeted on current Government policy settings and known health service initiatives.

c) MECA settlements have been budgeted at levels equivalent to or not less than recently agreed MECA that occurred in the 2019/20 financial year. Settlements in excess of the amount budgeted are assumed to be cost neutral with the additional costs covered by additional Government funding.

d) No additional compliance costs have been budgeted, as it is assumed these will be cost neutral or fully funded. It is also assumed that the impact of any legislative changes, sector reorganisation or service devolvement (during the term of this plan) will be cost neutral or fully funded.

e) Any revaluation of land and buildings will not materially impact the carrying value or the associated depreciation costs.

f) IDF volumes and prices are at the levels identified by the Ministry of Health and advised within the funding envelope adjusted for expected reductions in volumes.

g) Staff vacancies (existing and as they occur in future) will be reassessed to ensure the positions are still required, affordable and alternatives explored before vacancies are filled. Improved employee management can be achieved with emphasis in areas such as sick leave, discretionary leave, staff training and staff recruitment/turnover.

h) External provider increases will be made within available funding levels, after allowance for committed and demand-driven funding.

i) Price increases agreed collaboratively by DHBs for national contracts and any regional collaborative initiatives will be within available funding levels and will be sustainable.

j) Any increase in treatment related expenditure and supplies is maintained at affordable and sustainable levels and the introduction of new drugs or technology will be funded by efficiencies within the service.

k) All other expense increases including volume growth will be managed within uncommitted funds available or deferred.

l) The DHB will meet the mental health ring fence expectations.

m) Any costs associated with the response to the Covid-19 pandemic are assumed to be fully covered by equivalent revenue and as such no projection of these revenues and costs have been included within the financial statements.

At the time of writing this plan we are waiting on a number of final funding levels for a range of MOH contracts. Therefore there may be material implications to the fiscal projections included within this plan that cannot be determined until all the funding advice is available.

Asset Planning and Sustainable Investment

Asset management planning

NMH is committed to advancing and maturing its asset management planning with a view to a more strategic approach to asset maintenance, replacement and investment. A revised Asset Management Plan (AMP) is under development and will be informed by the National Asset Management Plan currently being developed by the MOH. The AMP reflects the joint approach taken by all DHBs and current best practice.

Capital expenditure

NMH has significant capital expenditure committed over the coming years. Based on NMH's fiscal position, we estimate that we will fund an annual total of $9.0M of general capital expenditure across the four years within this plan. In addition, investment is allowed for major or strategic projects. With this level of capital investment, the remaining capital expenditure funding available will be very tight. To manage this level of capital expenditure will require discipline and focus on the DHB's key priorities.

Business cases

The NMH understands that approval of this plan is not approval of any specific capital business case. Some business cases will still be subject to a separate approval process that includes the Ministry of Health and Treasury officials prior to a recommendation being made to the Minister of Health.

The Board also requires management to obtain final approval in accordance with delegations prior to purchase or development commencing.

NMH is aware of several business case initiatives in varying stages of development at the time of writing including:

- An update to the Indicative Business Case (IBC) for the Nelson Hospital Development was submitted to the MOH in April 2020 and NMH continues work on the Detailed Business Case during the 2021/22 financial year.

- A number of smaller business cases for the 'shovel ready' projects that fit within the Government's infrastructure investment programme are in development, including the replacement of the boilers at Wairau hospital, and the reconfiguration of the Nelson emergency department to accommodate mental health clients.

Asset Valuation

NMH completed a full revaluation of its property and building assets at 30 June 2018 in line with generally accepted accounting practice requirements with the next revaluation due in June 2023.

Debt and Equity

The MOH and Treasury, along with all DHBs undertook a review of the core debt facilities within DHBs. This resulted in the core debt portfolio of DHBs being converted to Equity in February 2017 leaving the DHB with no core debt. For NMH this lead to the conversion of $55.5M of debt being converted to Equity.

In addition to the core debt facilities NMH has a number of finance lease facilities covering a range of clinical equipment and information technology assets. We do not have the option to purchase the asset at the end of the leased term and no restrictions are placed on us by any of the financing lease arrangements.

NMH has a finance lease arrangement relating to the Golden Bay Community Health Centre ("GBCHC"). This relates to the 35-year lease arrangement entered into by NMH to lease the GBCHC from the Golden Bay Community Health Trust. We have in turn sub-leased the GBCHC to the Nelson Bays Primary Health Trust. Further disclosures on this arrangement were made in our 2014/15 Annual Report.

Additional Information and Explanations

Disposal of Land and Other Assets

NMH actively reviews assets to ensure that it has no surplus assets. No significant assets are scheduled for disposal during the period covered by this plan as a result of being declared surplus except land declared surplus adjacent to the Wairau Hospital site. At the time of writing we are progressing with the requirements to complete the disposal in line with the requirements for the disposal of surplus Crown land. The approval of the Minister of Health

has been received. The disposal process is a protective mechanism governed by various legislative and policy requirements.

Activities for Which Compensation is Sought

No compensation is sought for activities sought by the Crown in accordance with Section 41(D) of the Public Finance Act.

Acquisition of Shares

Before NMH or any associate or subsidiary subscribes for, purchases, or otherwise acquires shares in any company or other organisation, the Board will consult the responsible Minister/s and obtain their approval.

Accounting Policies

The accounting policies adopted are consistent with those disclosed in the 2019/20 Annual Report which can be found on the NMH website.

Prospective Financial Statements

The projected financial statements for NMH are shown on the following pages. The actual results achieved for the period covered by the financial projections are likely to vary from the information presented, and the variations may be material. The financial projections comply with section 142(1) of the Crown Entities Act 2004 and are compliant with Generally Accepted Accounting Principles (GAAP). The information may not be appropriate for any other purpose.

The statement of prospective financial performance, as shown below, shows the 2020/21 financial year. The results shown for the 2019/20 and 2020/21 financial years include a number of costs that relate to the response to the COVID-19 pandemic which are spread across a number of the cost lines.

STATEMENT OF PROSPECTIVE FINANCIAL PERFORMANCE

	2019/20 Actual $000	2020/21 Forecast $000	2021/22 Projection $000	2022/23 Projection $000	2023/24 Projection $000	2024/25 Projection $000
Revenue	**560,003**	**610,781**	**641,197**	**653,645**	**666,610**	**679,927**
Operating Expenditure						
Workforce costs	226,702	240,027	255,447	260,557	265,665	270,976
Outsourced services	19,226	23,875	22,024	22,465	28,470	29,039
Clinical Supplies	42,968	53,401	49,916	50,913	51,932	52,969
Infrastructure and Non-clinical supplies	30,233	34,661	39,367	41,352	46,362	51,172
External providers	186,882	187,548	193,328	195,620	189,789	189,691
Inter-district flows	46,977	52,827	59,496	60,686	61,899	63,137
Interest	376	383	444	453	462	471
Depreciation & amortisation	13,308	13,715	14,815	15,112	15,414	15,723
Capital charge	9,709	4,826	6,360	6,487	6,617	6,749
Total expenditure	**576,381**	**611,263**	**641,197**	653,645	666,610	679,927
Operating surplus/(deficit)	**(16,378)**	**(482)**	**0**	0	0	0
Impairment of intangible assets	0	0	0	0	0	0
Holidays Act remediation	(46,082)	(5,500)	(5,500)	0	0	0
Net surplus/(deficit)	**(62,460)**	**(5,982)**	**(5,500)**	**0**	**0**	**0**
Other comprehensive revenue or expenses						
Item that will be reclassified to surplus/(deficit):						
Financial assets at fair value through other comprehensive revenue and expense	0	0	0	0	0	0
Items that will not be reclassified to surplus/(deficit):						
Gain/(Loss) on property revaluation	0	0	0	0	0	0
(Impairment)/revaluation of property, plant & equipment	(2,994)	29,433	0	0	0	0
Total other comprehensive revenue or expenses	(2,994)	29,433	0	0	0	0
Total comprehensive income	**(65,454)**	**23,451**	**(5,500)**	**0**	**0**	**0**

STATEMENT OF PROSPECTIVE MOVEMENTS IN EQUITY

	2019/20 Actual $000	2020/21 Forecast $000	2021/22 Projection $000	2022/23 Projection $000	2023/24 Projection $000	2024/25 Projection $000
Equity at beginning of the year	**166,407**	**100,406**	**123,310**	**117,263**	**116,716**	**116,169**
Comprehensive income						
Net surplus/(deficit)	(62,460)	(5,982)	(5,500)	0	0	0
Other comprehensive income	(2,994)	29,433	0	0	0	0
Total comprehensive income	**(65,454)**	**23,451**	**(5,500)**	**0**	**0**	**0**
Owner transactions						
Equity injections						
Equity repayments	(547)	(547)	(547)	(547)	(547)	(547)
Total owner transactions	**(547)**	**(547)**	**(547)**	**(547)**	**(547)**	**(547)**
Equity at end of the year	**100,406**	**123,310**	**117,263**	**116,716**	**116,169**	**115,622**

STATEMENT OF PROSPECTIVE FINANCIAL POSITION

	2019/20 Actual $000	2020/21 Forecast $000	2021/22 Projection $000	2022/23 Projection $000	2023/24 Projection $000	2024/25 Projection $000
Non current assets						
Property, plant & equipment	192,047	218,256	214,194	201,331	188,593	175,848
Intangible assets	12,086	11,069	9,328	10,500	11,500	12,500
Prepayments	521	695	695	695	695	695
Other financial assets	1,723	1,732	1,732	1,732	1,732	1,732
Total non current assets	**206,377**	**231,752**	**225,949**	**214,258**	**202,520**	**190,775**
Current assets						
Cash & cash equivalents	9,134	19,416	19,416	19,416	19,416	19,416
Other cash deposits	21,298	21,300	21,300	21,300	21,300	21,300
Debtors & other receivables	17,123	23,017	23,017	23,017	23,017	23,017
Inventories	2,900	3,617	3,617	3,617	3,617	3,617
Prepayments	386	1,760	1,760	1,760	1,760	1,760
Assets held for sale	2,105	2,105	2,105	2,105	2,105	2,105
Total current assets	**52,946**	**71,215**	**71,215**	**71,215**	**71,215**	**71,215**
Total assets	**259,323**	**302,967**	**297,164**	**285,473**	**273,735**	**261,990**
Equity						
Crown equity	80,806	80,259	79,712	79,165	78,618	78,071
Revaluation reserve	83,481	112,914	112,914	112,914	112,914	112,914
Retained earnings	(63,881)	(69,863)	(75,363)	(75,363)	(75,363)	(75,363)
Total equity	**100,406**	**123,310**	**117,263**	**116,716**	**116,169**	**115,622**
Non current liabilities						
Interest bearing loans & borrowings	8,473	7,819	7,821	7,821	7,821	7,821
Employee entitlements	10,829	9,256	9,255	9,255	9,255	9,255
Total non current liabilities	**19,302**	**17,075**	**17,076**	**17,076**	**17,076**	**17,076**
Current liabilities						
Creditors & other payables	45,598	66,504	66,747	55,603	44,412	33,214
Employee benefits	92,904	94,891	94,891	94,891	94,891	94,891
Interest bearing loans & borrowings	632	737	737	737	737	737
Provisions	481	450	450	450	450	450
Total current liabilities	**139,615**	**162,582**	**162,825**	**151,681**	**140,490**	**129,292**
Total liabilities	**158,917**	**179,657**	**179,901**	**168,757**	**157,566**	**146,368**
Total equity & liabilities	**259,323**	**302,967**	**297,164**	**285,473**	**273,735**	**261,990**

STATEMENT OF PROSPECTIVE CASH FLOWS

	2019/20 Actual $000	2020/21 Forecast $000	2021/22 Projection $000	2022/23 Projection $000	2023/24 Projection $000	2024/25 Projection $000
Cash flows from operating activities						
Receipts from Ministry of Health & patients	561,979	603,047	641,197	653,645	666,610	679,927
Interest received	974	483	452	461	470	479
Payments to employees	(212,876)	(225,809)	(253,300)	(258,367)	(263,432)	(268,699)
Payments to suppliers	(324,846)	(352,053)	(371,988)	(379,240)	(387,016)	(394,954)
Capital charge paid	(9,709)	(4,826)	(6,360)	(6,487)	(6,617)	(6,749)
Interest paid	0	0	0	0	0	0
Net GST paid	69	272	0	0	0	0
Net cash inflow from operating activities	**15,591**	**21,114**	**10,001**	**10,012**	**10,015**	**10,004**
Cash flows from investing activities						
Sale of property, plant & equipment	29	106	0	0	0	0
Cash inflow on maturity of investments	0	0	0	0	0	0
Acquisition of property, plant & equipment	(10,865)	(7,884)	(8,508)	(8,508)	(8,508)	(8,508)
Acquisition of intangible assets	(1,940)	(1,573)	(504)	(504)	(504)	(504)
Acquisition of investments	(14)	0	0	0	0	0
Net cash inflow / (outflow) from investing activities	**(12,790)**	**(9,351)**	**(9,012)**	**(9,012)**	**(9,012)**	**(9,012)**
Cash flows from financing activities						
Loans raised	0	0	0	0	0	0
Finance leases raised	565	0	0	0	0	0
Equity injections	0	0	0	0	0	0
Equity repaid	(547)	(547)	(547)	(547)	(547)	(547)
Repayment of borrowings	0	(934)	(442)	(453)	(456)	(445)
Repayment of finance lease liabilities	0	0	0	0	0	0
Net cash outflow from financing activities	**18**	**(1,481)**	**(989)**	**(1,000)**	**(1,003)**	**(992)**
Net increase/(decrease) in cash & cash equivalents	**2,819**	**10,282**	**0**	**0**	**0**	**0**
Cash & cash equivalents at 1 July	6,315	9,134	19,416	19,416	19,416	19,416
Cash & cash equivalents at 30 June	**9,134**	**19,416**	**19,416**	**19,416**	**19,416**	**19,416**

SUMMARY OF REVENUE & EXPENSES BY OUTPUT CLASS

	2019/20 Actual $000	2020/21 Forecast $000	2021/22 Projection $000	2022/23 Projection $000	2023/24 Projection $000	2024/25 Projection $000
Revenue						
Prevention services	9,018	9,965	10,847	10,974	11,040	11,156
Early detection & management services	150,990	179,184	189,818	191,755	188,513	188,971
Intensive assessment & treatment services	285,739	290,724	304,139	313,144	330,995	343,227
Support services	113,891	130,908	136,393	137,773	136,061	136,574
Total revenue	**559,638**	**610,781**	**641,197**	**653,645**	**666,610**	**679,927**
Expenses						
Prevention services	9,075	9,965	10,847	10,974	11,040	11,156
Early detection & management services	151,482	179,666	189,818	191,755	188,513	188,971
Intensive assessment & treatment services	302,789	290,724	304,139	313,144	330,995	343,227
Support services	112,670	130,908	136,393	137,773	136,061	136,574
Total expenses	**576,016**	**611,263**	**641,197**	**653,645**	**666,610**	**679,927**
Net contribution						
Prevention services	(57)	0	0	0	0	0
Early detection & management services	(492)	(482)	0	0	0	0
Intensive assessment & treatment services	(17,050)	0	0	0	0	0
Support services	1,221	0	0	0	0	0
Total surplus / (deficit) attributable by output class	**(16,378)**	**(482)**	**0**	**0**	**0**	**0**
Holidays Act Remediation	(46,082)	(5,500)	(5,500)	0	0	0
Net surplus / (deficit)	**(62,460)**	**(5,982)**	**(5,500)**	**0**	**0**	**0**

STATEMENT OF PROSPECTIVE FINANCIAL PERFORMANCE - PREVENTION SERVICES

	2019/20 Actual $000	2020/21 Forecast $000	2021/22 Projection $000	2022/23 Projection $000	2023/24 Projection $000	2024/25 Projection $000
Income	**9,018**	**9,965**	**10,847**	**10,974**	**11,040**	**11,156**
Operating Expenditure						
Workforce costs	5,556	**5,883**	**6,260**	**6,386**	**6,511**	**6,641**
Other operating costs	961	**903**	**1,310**	**1,272**	**1,312**	**1,299**
External providers & inter district flows	2,558	**3,179**	**3,277**	**3,316**	**3,217**	**3,215**
Total expenditure	**9,075**	**9,965**	**10,847**	**10,974**	**11,040**	**11,156**
Net surplus / (deficit)	**(57)**	**0**	**0**	**0**	**0**	**0**

STATEMENT OF PROSPECTIVE FINANCIAL PERFORMANCE - EARLY DETECTION AND MANAGEMENT SERVICES

	2019/20 Actual $000	2020/21 Forecast $000	2021/22 Projection $000	2022/23 Projection $000	2023/24 Projection $000	2024/25 Projection $000
Income	**150,990**	**179,184**	**189,818**	**191,755**	**188,513**	**188,971**
Operating Expenditure						
Workforce costs	28,592	30,273	32,217	32,862	33,506	34,176
Other operating costs	11,020	10,361	14,283	13,876	14,313	14,173
External providers & inter district flows	111,870	139,033	143,318	145,017	140,694	140,622
Total expenditure	**151,482**	**179,666**	**189,818**	**191,755**	**188,513**	**188,971**
Net surplus / (deficit)	**(492)**	**(482)**	**0**	**0**	**0**	**0**

STATEMENT OF PROSPECTIVE FINANCIAL PERFORMANCE - INTENSIVE ASSESSMENT AND TREATMENT SERVICES

	2019/20 Actual $000	2020/21 Forecast $000	2021/22 Projection $000	2022/23 Projection $000	2023/24 Projection $000	2024/25 Projection $000
Income	**285,739**	**290,724**	**304,139**	**313,144**	**330,995**	**343,227**
Operating Expenditure						
Workforce costs	163,064	173,089	184,209	187,894	191,577	195,407
Other operating costs	91,437	107,889	104,843	109,499	121,115	128,256
External providers & inter district flows	48,288	9,746	15,087	15,751	18,303	19,564
Total expenditure	**302,789**	**290,724**	**304,139**	**313,144**	**330,995**	**343,227**
Net surplus / (deficit)	**(17,050)**	**0**	**0**	**0**	**0**	**0**

STATEMENT OF PROSPECTIVE FINANCIAL PERFORMANCE - SUPPORT SERVICES

	2019/20 Actual $000	2020/21 Forecast $000	2021/22 Projection $000	2022/23 Projection $000	2023/24 Projection $000	2024/25 Projection $000
Income	**113,891**	130,908	**136,393**	**137,773**	**136,061**	**136,574**
Operating Expenditure						
Workforce costs	29,074	30,783	32,760	33,416	34,071	34,752
Other operating costs	12,453	11,708	12,490	12,134	12,516	12,394
External providers & inter district flows	71,143	88,417	91,142	92,223	89,474	89,427
Total expenditure	**112,670**	**130,908**	**136,393**	**137,773**	**136,061**	**136,574**
Net surplus / (deficit)	**1,221**	**0**	**0**	**0**	**0**	**0**

TOSHA
TOP OF THE SOUTH HEALTH ALLIANCE

SYSTEM LEVEL MEASURES

Improvement Plan

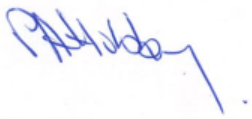
Top of the South Health Alliance

2021/22 Financial Year

Signatories to the Top of the South Health Alliance(ToSHA) SLM Plan 2021/22

Beth Tester, Chief Executive
Marlborough Primary Health

Sara Shaughnessy, Chief Executive
Nelson Bays Primary Health



Anne Hobby, Tumuaki/General Manager
Te Piki Oranga

Lexie O'Shea, interim Chief Executive
Nelson Marlborough Health

The development of this System Level Measures Improvement Plan (SLM Plan) was guided by the following key principles from Nelson Marlborough Health's (NMH) *Ki te Pae Ora Programme*:

- **Delivering care to achieve equity** - improve Māori health, support vulnerable communities
- **Healthy communities** –innovation and sustainable ways to achieve a healthy environment
- **Person and whanau centred** – people empowered to manage their own health, information for safe care available where needed
- **Flexible and Responsive** – easy to access, looking at whole of need, enabling digital solutions
- **Sustainable and whole of system approach** - an integrated and connected system – designed across health and social systems, patient journey is smooth across organisational boundaries
- **Safe, skilled and compassionate workforce**

The SLM Plan comprises integration and improvement work undertaken across Nelson Marlborough Health through our Alliance leadership team, Top of the South Health Alliance (ToSHA). The SLM Plan has been developed to drive the implementation of the Ministry of Health's System Level Measures framework and it will be submitted to the Ministry of Health as an appendix to Nelson Marlborough Health's Annual Plan 2021/22.

The System Level Measures are set, defined and monitored nationally. ToSHA has locally set and agreed the improvement milestones, contributory measures, and actions in our key priority areas. Each System Level Measure milestone and contributory measure in the SLM plan is based on analysis of local trends to appropriately address the needs and priorities of our population. All measures, including contributory measures, will be broken down by ethnicity so that we can monitor equity on a population basis.

Most activities identified using the SLM Framework and detailed in the plan are developed and lead by the Ki te Pae Ora Programme and the networks and sub-groups of ToSHA. Wellbeing and proactive programmes in the community, planned care, unplanned care, and public health are the four key workstreams of the alliance. The membership of ToSHA includes representation from across the Nelson Marlborough (NM) health system and includes the two PHOs that operate in Nelson Marlborough: Marlborough Primary Health and Nelson Bays Primary Health, as well as Te Piki Oranga, a kaupapa Māori primary health provider.

Members of the Top of the South Health Alliance (ToSHA) are:

- Cathy O'Malley (GM, Strategy, Primary & Community)
- Andrew McGlashen (Pharmacist)
- Anne Hobby (Tumuaki/General Manager
- Te Piki Oranga)
- Kirsty Martin (GM, IT Corporate Support)
- Lexie O'Shea (Chief Executive-interim)
- Pat Davidson (GM, Clinical Services, Corporate support)
- Beth Tester (Chief Executive, Marlborough Primary Health)
- Sara Shaughnessy (Chief Executive, Nelson Primary Health)
- Ditre Tamatea (GM, Maori Health & Vulnerable Populations)
- Jane Kinsey (GM, DSS and Mental Health Services)
- Ros Gellatly (Clinical Director, Primary & Integration)
- Nick Baker (Chief Medical Officer, Models of Care)
- Graham Loveridge (Clinical Director, Nelson Bays PHO)
- Guy Gardiner (Clinical Director, Marlborough PHO)
- Hilary Exton (Director, Allied Health)
- Stephen Bridgman (Medical Officer of Health, Public Health Physician)

In addition to ToSHA, the following people were engaged for their specialist clinical and subject-area expertise:

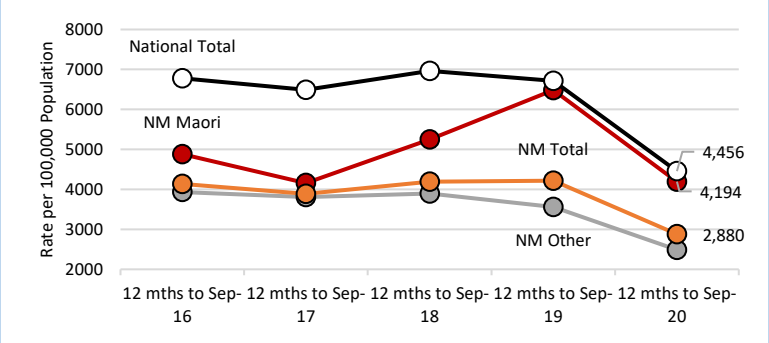
Keeping children out of hospital	• Lauren Ensor (Health Promotions Manager) • Donna Hayday (Oral Health Educator) • Andrew Goodger (Sector Relationships/Contract Manager, Primary & Community) • Phil Sussex (Clinical Director Community Oral Health Service) • Gill Bird (Professional Advisor/Dental Therapist) • Dee Hollingsworth (Professional Advisor/Dental Therapist)	• Lorraine Staunton (Kaiwhakahaere Ratonga – Service Delivery/Operations Manager, Te Piki Oranga) • Hilary Genet (Health Promotion-Housing) • Ricki-Lea Aitchison (House Surgeon, Yr 3 and GP) • Kim Fergusson (Nelson Bays Primary Health)
Using health resources effectively	• Jill Clendon (Adon & Op Manager - Ambulatory Care, District Nurses) • Kirsten Nalder (Project Coordinator – Acute Demand) • Jo Mickleson (Pharmaceuticals Manager) • Tonia Talbot (Primary Care Dietitian, NBPH) • Kim Fergusson (Nelson Bays Primary Health)	• Simone Newsham (Service Manager, Support Works) • Chelsea Martin (Sector Relationships/Contract Manager, Health of Older People) • Ngaire-Dawn Munro (Kaiatawhai liaison, NBPH)
Person-centred care	• Scott Starling (Improvement data analyst) • Lorraine Staunton (Kaiwhakahaere Ratonga – Service Delivery/Operations Manager, Te Piki Oranga)	• Lorraine Staunton (Kaiwhakahaere Ratonga – Service Delivery/Operations Manager, Te Piki Oranga) • Lauren Ensor (Health Promotion Manager)

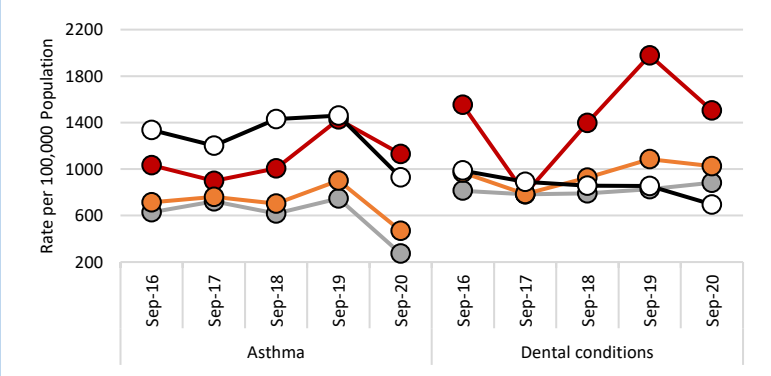
	• Lydia Mains (Pūkenga Kaiwhakahaere - Site Manager (Motueka), Pepe Tamariki Pou Tangata - Service Champion: Mothers and Babies, Te Piki Oranga)	• Lorraine-Moss Smith (Sector Relationships and Contract Manager, Mental Health)
Prevention and early detection	• Donald Hudson (Manager, Data & Analytics) • Alexandra Grieg (Public Health Medicine Specialist) • Ngaire-Dawn Munro (Kaiatawhai liaison, NBPH)	• Kim Fergusson (Nelson Bays Primary Health) • Tonia Talbot (Primary Care Dietitian)
Healthy start	• Kelly Atkinson (Team Leader – Smokefree) • Debbie Fisher (Core Midwife, Maternity Unit NN)	• Rickie-Lea Aitchison (House Surgeon, Yr 3 and GP)
Youth are healthy safe and supported	• Jill Clendon (Adon & Op Manager - Ambulatory Care, District Nurses) • Nicola Thompson (CNM, Clinical Nursing) • Karen Crook (Sexual Health Nurse Service Coordinator) • Lauren Ensor (Health Promotions Manager) • Reuben Molnar (Health Promoter – Youth)	• Jayne Wallace (Health Pathways Coordinator) • Steph Anderson (Community Nurse, Victory Community Centre) • Lee Ann O-Brien (Whanake Youth) • Jessica Irvine (INP Medical)

Keeping children out of hospital

System level measure: ASH rates per 100,000 for 0-4 years

Nelson Marlborough Health have prioritised the first 1,000 days of life to help ensure children get the best start to life, stay healthy and well, and meet their full potential throughout their lives.





Nelson Marlborough Health shows continued achievement of lower rates for ASH, 0-4 age group, All conditions, than the National rate.

There is evidence of an equity gap between Māori and Others which has continued to exist since June 2017.

The conditions with the greatest equity gap between Māori and Others, for NM, are:

- Asthma
- Dental conditions

Of concern is the ASH rate for 0-4 with Dental conditions showing a sustained NM rate for Māori above the National rate. The NM rate is also above the National Rate since June 2017.

Consumption of sugary drinks, access to oral health care and primary care, exposure to second-hand smoke, and poor housing are known drivers associated with these conditions.

Milestone: Our aim is to reduce ASH rates in 0-4 years per 100,00 children by 15% for Māori by 30 June 2022 (from 6,714 in 2019 to 5,707per 100,00 children by June 2022).

Opportunity	Actions	Contributory Measures

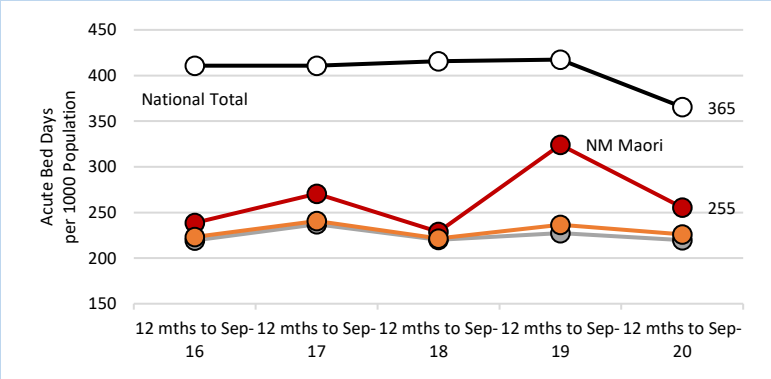
Children admitted to hospital for asthma, respiratory and dental conditions are at greater risk of repeat admission. However, if we can intervene by offering **greater levels of support and education to the family** in primary and secondary settings, there is an opportunity to prevent repeat admissions.	• Circulate information pamphlets via PHOs and Health Pathways to practices and emergency departments to provide patients greater levels of support and educate family in primary and secondary settings. This is important for reducing repeat admissions and addressing the drivers of asthma within the community (*see Health Quality & Safety Priority area of the Annual Plan 2021/22*)	• Rate, number and ethnicity of asthma, respiratory, and dental related ED attendances and hospital admissions for 0-4 years. • Children fully immunised by 8 months, 24 months and 5 years. • Children caries free at 5 years of age (CW01) • Improving the number of children enrolled and accessing the Community Oral health service (CW03) • Oral health: Mean DMFT score at school year 8 (CW02)
Children who are not regularly seen, or are not enrolled, in the Community Oral Health Service are more likely to require treatment in a hospital setting. Also there are some children who are unable to be accurately assessed and treated in a community oral health clinic due to nervousness, or other reasons, and are referred for sedation or general anaesthetic in secondary care. There is an opportunity to a) ensure all our children are being enrolled and seen in the community, particularly among Maori and other priority groups, and b) utilise techniques to support a child's comfort in being examined and treated in community oral health clinics.	• Te Piki Oranga will provide a list of all 0-4 year olds currently enrolled with them to Community Oral Health to cross-check whether they are enrolled and when their last examination was. • Te Piki Oranga to explore the potential of using beneficiaries list from Ministry of Social Development to cross-check with GP enrolment. • Where examination and treatment in the community is proving difficult, clinicians will offer multiple short appointments for the child to become comfortable with the setting and offer alternative ways of carrying out examinations (i.e sitting on	• Hospital admissions for children < 5 years with dental caries as a primary diagnosis.

	parent's lap on the dental chair). Health navigators and interpreters will also be utilised when needed. If a child has been diagnosed as being on the autistic spectrum the clinician will discuss ways of making the child feel comfortable with the parents/care giver and make notes on the child's file for other clinicians to be aware of, however all attempts will be made for the child to remain under the care of the familiar clinician.	

Using Health Resources Effectively

System level measure: Acute hospital bed day rates per 1,000 population

Nelson Marlborough Health is focussed on reducing and effectively managing acute demand through improved prevention, early intervention and integration initiatives.



Acute Hospital Bed Days (by DHB of Service, age standardised to Census 2013) is consistently below the National rate, for all ethnicities.

There is evidence of a reduction in the equity gap between Māori and Others since September 2019.

The main drivers of overall acute hospital bed days in Nelson Marlborough are age, socio-economic deprivation and events associated with stroke and other cerebrovascular conditions and respiratory infections/inflammations.

Effective management of long-term illnesses and disease prevention in primary care prior to hospitalisation and the provision of effective care in the community after discharge have the potential to reduce hospital bed days. For example, access to primary care, streamlined diagnostic and treatment processes, discharge planning and community-based health and restorative care. Good communication between clinicians across the health care continuum is also vital.

Milestone: Our aim is to reduce the age standardised Acute Hospital Bed Days rate for Māori by 5% from 324.0 per 1,000 population (in 2019) to 307.8 by 30 June 2022.

Opportunity	Actions	Contributory Measures
There is an opportunity to treat some **acute patients in primary care settings** rather than in the hospital through developing a new model of care.	• Evaluate and revise the Acute Community Response Model to provide rapid response to those with an acute exacerbation of a	• Acute admissions and readmission rates to hospital by ethnic group.

	chronic condition at home or in care (see *Acute Demand* priority area in Annual Plan).	• Number of referrals to Acute Community Response Model
Health Care Homes (HCH) is grounded in the enhanced model of care which is underpinned by the principles of equity, consistency and measurable changes. It enables patients to be proactively managed in primary care, reducing the risk of hospitalisation from acute conditions (such as cerebrovascular and respiratory conditions). HCH's enable risk stratification, early identification of cohorts of patients, triaging and a standardised process for urgent access and extended roles within General Practice teams. They also provide information that resonates with people in terms of language and visual presentation and enhances the cultural skills and competencies of staff (including understanding of unconscious bias inherent in many services).	• Implement the Health Care Home (HCH) enhanced model of care, focussing on equity and patient participation, across General Practices in Nelson Marlborough. This will include implementation of Building Block modules in 80-100% of practices not currently contracted to implement the full model over the next 2 years. • Tranche 3a to commence in October 2021. EOI will go out to all non-HCH contracted practices in July 21. • Tranche 3b to commence in February 2022 to remaining practices. • Achieving equity for Māori, Māori aspirations, and tikanga, including an alignment to Pae Ora (Healthy Futures) as a vision, a new set of values grounded in equity, and incorporation of whakawhanaungatanga (creating connection/relationship) in the delivery of care within 50% practices by June 22.	• Number of practices participating in HCH building blocks model. • Percentage of population engaged with a HCH practice reported by ethnicity. • Percentage of practices with 'achieving equity for Māori, Māori aspirations, and tikanga, including an alignment to Pae Ora (Healthy Futures)' as a vision and/or a new set of values grounded in equity, and incorporation of whakawhanaungatanga (creating connection/relationship) in the delivery of care.
Strengthening Coordinated Care and shared information increases care coordination for the most complex and vulnerable patients.	• Embed and support an evidence based and consistent approach to identifying the most complex and	• Number of LCC facilitated cross-sector multidisciplinary meetings (MDTs) and complex case reviews

	vulnerable patients through establishing a Strengthening Coordinated Care dashboard by November 2021 (refer *Long Term Conditions section of Annual Plan 2021/22*). • Locality Care Coordinators (LCC) to connect services and teams to ensure collaborative care planning and delivery. LCC's to facilitate cross-sector multidisciplinary meetings (MDTs) and complex case reviews for vulnerable populations and complex clients identified within localities. • Development of a coordination of care role embedded within 50% of general practice teams with a focus on socially complex, high needs and vulnerable populations by June 22 • Co-create acute care plans/summaries for tangata waiora to support interagency care and reduce acute admissions by Q4.	for vulnerable populations and complex clients identified by ethnicity within localities. • Percentage of general practice teams with a coordinated care role embedded. • Percentage of tangata waiora with acute care plans/summaries.
Providing **culturally appropriate information** on the lifestyle factors that drive certain health conditions (eg, stroke and cerebrovascular disease, respiratory infections/inflammations) and supporting people to make lifestyle changes, can reduce hospitalisations associated with these conditions. There is an opportunity to encourage further participation in these sessions	• PHOs will design and deliver culturally appropriate lifestyle information sessions. • PHOs will collect and promote patient stories from participants in the lifestyle sessions so far.	• Number of people engaged and actively improving their lifestyle: post programme, 3 months and 12 months.

by collecting and promoting the success stories of past participants.		• Acute admission and readmission rates to hospital for respiratory or cerebrovascular conditions.
Consistent messaging around the drivers and management of health conditions (such as stroke and other cerebrovascular conditions and respiratory infections/inflammations) is important for effective self-management. There is an opportunity to improve health literacy messaging in this space, particularly among Māori and other priority groups.	• PHOs will work together to establish a district-wide approach to workforce health literacy training that ensures consistent messaging across a range of providers that interact with Māori and other priority populations. • PHOs will co-design a plan with patients to address the results from point of care testing (via Green Prescriptions)	• Number of workforce development sessions delivered • Acute admission and readmission rates to hospital

Person-centred care

System level measure: Patient experience of care

It is vital that patients are involved and partnered with in their care, and there is a particular need to improve this for our Māori patients in both hospital and primary care settings.

Patient experience of care – Hospital

The table below shows the lowest performing questions for Nelson Marlborough DHB in February 2021.

⚠ Low sample size

Question Click on a question to see more detail		Overall	C.I.	n
Patient definitely had enough information about how to manage their condition or recovery after they left hospital.	Feb 2021	65.6%	(57.2%-74.0%)	122
Patient was definitely told the possible side effects of the medicine (or prescription for medicine) they left hospital with, in a way they could understand.	Feb 2021	70.2%	(60.4%-80.0%)	84
Hospital staff definitely talked with the patient about whether they would have the help they needed when they left the hospital.	Feb 2021	72.7%	(63.4%-82.0%)	88
Towards the end of the patient's visit, they were definitely kept informed as much as they wanted about what would happen and what to expect before they could leave the hospital.	Feb 2021	76.9%	(69.4%-84.4%)	121
Patient always kept informed as much as wanted about treatment and care.	Feb 2021	77.0%	(69.7%-84.3%)	126

Questions in which Māori results for Nelson Marlborough DHB were significantly lower than the non-Māori, non-Pacific results.

⚠ Low sample size

Question Click on a question to see more detail		Overall	C.I.	n
Patient was definitely told what the medicine (or prescription for medicine) they left the hospital with was for.	Feb 2021 Māori ⚠	78.6%	(57.1%-100%)	14
	Non-Māori, non-Pacific	94.4%	(89.7%-99.1%)	90
Hospital staff definitely included patient's family/whānau or someone close to patient in discussions about the care received during visit.	Feb 2021 Māori ⚠	60.0%	(35.2%-84.8%)	15
	Non-Māori, non-Pacific	90.7%	(84.1%-97.3%)	75
Patient definitely trusted and had confidence in the doctors.	Feb 2021 Māori ⚠	60.0%	(35.2%-84.8%)	15
	Non-Māori, non-Pacific	88.2%	(81.9%-94.5%)	102

The Health Quality & Safety Commission conducts the New Zealand Patient Experience Surveys (NZPEx) programme. The Adult Hospital Survey has four Topics of focus; Inpatient Experience, Hospital Environment, Surgery and Discharge.

Discharge has been selected for this SLM Plan as this area has consistently shown potential for improvement.

Response values are the % who answered 'Yes'.

Nelson Marlborough responses are lower for patients *being given enough information to manage their condition or recovery after they left hospital* and *Patient was definitely told the possible side effects of the medicine (or prescription for medicine) they left hospital with, in a way they could understand* than the National average and are lower in Nov-20 compared with Aug-20.

Milestone: Our aim is for 70% of respondents to the inpatient hospital survey reporting they have received enough information on medication side effects and condition management upon discharge from hospital by 30 June 2022.

Patient experience of care – Primary Care

The Adult Primary Care Survey has the following Topics of focus; Services Used, Access to Care (Continuity, Wait Times, Barriers), Most

The table below shows the lowest performing questions for Nelson Marlborough DHB in February 2021.

⚠ Low sample size

Question Click on a question to see more detail		Overall	C.I.	n
The patient was accurately advised about the wait time for their consultation.	Feb 2021	26.6%	(24.0%-29.2%)	1076
The patient was able to get an appointment on the same day or the next working day.	Feb 2021	27.3%	(24.6%-30.0%)	1053
The patient was always told, in a way they could understand, by someone at their GP / nurse clinic or pharmacy what to do if they experienced side effects.	Feb 2021	58.0%	(54.7%-61.3%)	848
The patient was always told, in a way they could understand, by someone at their GP / nurse clinic or pharmacy what the possible side effects of their medication are.	Feb 2021	60.7%	(57.5%-63.9%)	868
The patient was always told, in a way they could understand, by someone at their GP / nurse clinic or pharmacy what could happen if they didn't take the medicine.	Feb 2021	66.5%	(63.3%-69.7%)	828

Questions in which Māori results for Nelson Marlborough DHB were significantly lower than the non-Māori, non-Pacific results.

⚠ Low sample size

Question Click on a question to see more detail		Overall	C.I.	n
Patient had NOT been given conflicting information by different doctors or health care professionals in the last 12 months.	Feb 2021 Māori	75.0%	(64.7%-85.3%)	68
	Non-Māori, non-Pacific	85.0%	(82.5%-87.5%)	762
In the last 12 months, there was never a time when the patient wanted health care from a GP or nurse, but couldn't get it.	Feb 2021 Māori	73.5%	(64.0%-83.0%)	83
	Non-Māori, non-Pacific	84.0%	(81.8%-86.2%)	1047
The patient did not mind the wait (availablity of appointment).	Feb 2021 Māori	67.2%	(55.4%-79.0%)	61
	Non-Māori, non-Pacific	78.6%	(75.8%-81.4%)	840
The patient was always told, in a way they could understand, by someone at their GP / nurse clinic or pharmacy what the possible side effects of their medication are.	Feb 2021 Māori	47.1%	(35.2%-59.0%)	68
	Non-Māori, non-Pacific	62.0%	(58.6%-65.4%)	793

Recent Experience, Medication, Medical Tests, ED, Hospital Stays and Long-Term Condition Management.

Access to Care – Continuity and Wait Times topics were selected for SLM plan.

Response values are the % who answered positively, for all of Nelson Marlborough versus Nationally.

Māori were less likely than non-Maori & non-Pacific in NM to answer positively to the questions about timely access to health care services and possible side-effects of medication. Māori were more likely (34.5%) than 'other' ethnic group (17.4%) to report there was a time they did not visit a GP or nurse because of cost, and to report that cost was a barrier to picking up a prescription (16.8%).

Milestone: Our aim is to achieve a 5% reduction in the proportion of Māori patients reporting they could not access health care from a GP or nurse when they wanted it by 30 June 2022.

Opportunity	Activity	Contributory Measures
Te Piki Oranga and other Māori health providers have a good understanding of the barriers their patients face when accessing primary health care and ideas for addressing them. There is an opportunity for Primary Health Organisations (PHOs) to collaborate with these providers to help develop solutions for their own primary care practices.	• PHOs will work with iwi providers to understand and address barriers to accessing primary care and pharmaceuticals. • PHOs will co-design a project (or series of projects) alongside Te Piki Oranga and other Māori health providers to	• Responses to "There was never a time when the patient wanted health care from a GP or nurse, but couldn't get it in the last 12 months"

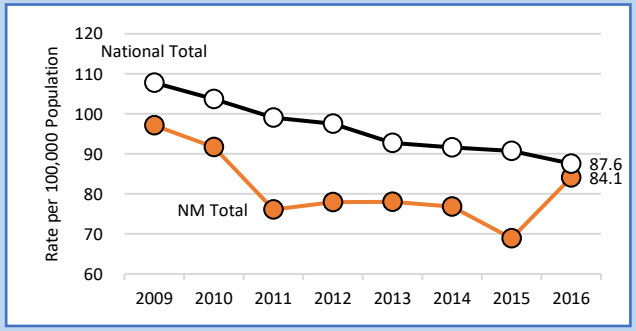
	address enrolment barriers (eg, how to deal with patients without addresses, children visiting from other PHOs, possibility of electronic versus hardcopy enrolment of newborns, enable Te Piki Oranga to accept referrals from ERMs).	
Patient portals and open notes provide a secure record of a patient's health status and management plan. However, not all patients have equal access to this information for a variety of reasons including practice choice and digital literacy. Patient portals enable patients to •request repeat prescriptions •book appointments •see lab results •see current diagnosis •see a list of medical conditions •see a list of the medications •see immunisation and vaccination history •receive reminders and recalls from the practice team •send and receive secure messages to and from a patient's doctor or a practice nurse. In New Zealand, the most common patient portals are Manage My Health, Health 365 and Connect Med**.** In addition to the above, OpenNotes enables patients to see a doctor's clinical notes as well as all of the above options.	• PHOs will trial the use of volunteers in waiting rooms to sit with patients and their whanau and talk through how to access their information via a patient portal. • PHOs will Encourage more general practices to adopt and promote the use of open notes among their patients.	• Number of practices with 'open notes' for patients • Proportion of patients in practices using patient portals and/or open notes. • Responses to "Did the [HCP] involve you as much as you wanted to be in making decisions about your treatment and care??" • Responses to "Patients had NOT been given conflicting advice by different doctors or health professionals in the last 12 months" • Responses to "Patient was definitely told what medication they left hospital with was for"

Discharge summaries following secondary care provide a standardised mechanism for communicating with a patient following their discharge from hospital. Small changes to the current discharge summary to enable house surgeons (RMOs) to indicate when/whether patients require follow up care and how this should occur (eg, please phone practice within 2 days, 4 weeks or 6 months) would provide the necessary information to help them manage their condition after discharge.	• PHOs and the NMH Quality improvement Team will co-design a set of check boxes by Q2-Q3 2020-21 • NMH Information Technology team will make the changes to the discharge forms by Q4 2021-22.	• Responses to "do you feel you received enough information from the hospital on how to manage your condition after your discharge?"

Prevention and early detection

System level measure: Amenable mortality rates

We are enhancing the management of long-term conditions and targeting prevention approaches and support for Māori to reduce disparities.



Standardised Rate Ratio (SRR)
Amenable Mortality for Nelson Marlborough based on 2012-2016 data

1.7 Māori

1.0 Non-Māori, non-Pacific

Adjusting for differences in age structures, using pooled data 2012-2016, the age-standardised amenable mortality rate (ASR) per 100 000 people aged 0-74 for Nelson Marlborough, was 1.7 times higher among Māori people than among New Zealanders of other ethnicities.

Compare the SRR with all New Zealand, where the ASR is 2.6 times higher among Māori people than among New Zealanders of other ethnicities.

Coronary artery disease, chronic obstructive pulmonary disease (COPD) and suicide are the main contributing conditions for Māori. Effective health interventions at an individual or population level could prevent these conditions, including access to diagnostic and secondary care services.

Milestone: Our aim is to reduce equity gaps in amenable mortality rates for Māori by 30% by 30 June 2023.

Opportunity	Actions	Contributory Measures
We can **improve the management of long-term conditions** in primary care.	• PHOs and Te Piki Oranga will co-design initiative/s alongside emergency department, iwi, Marae, Workwell, and employers to improve uptake of CVDRA and management (see *Long Term*	• Proportion of Māori participating in current dietician clinics • Proportion of participants in dietician clinics with improvements in BMI, blood

	Conditions section of Annual Plan 2020/21). • Nelson Marlborough Health is improving the management of people with long term conditions through undertaking an Integrated Diabetes Pathways Project (IDPP) to develop clear, timely, appropriate diabetes care & pathways that will contribute to improved health outcomes, therefore reducing the impact on individuals, whanau and health resources (refer *Long Term Conditions section of Annual Plan 2021/22*). • Determine whether Māori with COPD a) have access to the appropriate medication to control their COPD and b) understand how to use the medication through community pharmacy Medicine Use Reviews (MURs) (refer *Pharmacy section of Annual Plan 2021/22*)	pressure, cholesterol, HbA1c at 12 months • Proportion of diabetes population aged 15-74 in the PHO that have completed a Diabetes Annual Review (DAR) in the previous 12 months (SS13 Focus Area 2: Diabetes Services) • Proportion of practices using PHO diabetes information in patient consultations • Ambulatory sensitive hospitalisation rates for COPD by ethnicity (SS05)
We can **intervene early in the life course** to support children (and their whanau) to make healthy choices (healthy food, drink and exercise).	• Support the implementation of Healthy Active Learning in priority settings by the Healthy Active Learning Advisor, Heart Foundation Nutrition Advisor and Free and Healthy School Lunch Advisor working together to support Healthy Food Environments in Early Learning	• Number of ELS's and schools with water only and nutrition policies • Proportion of obese children identified in the Before School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and family-based

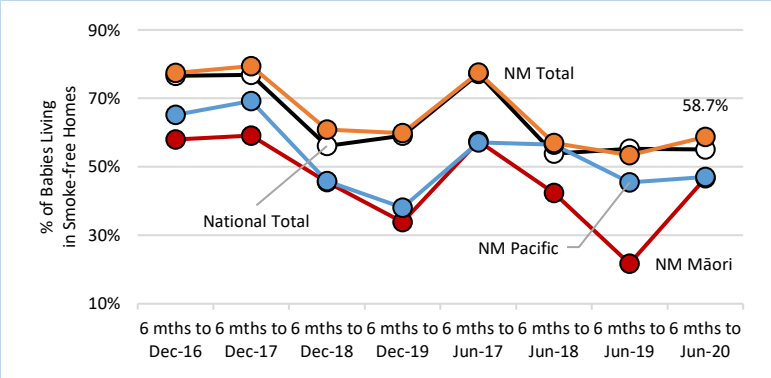
	Services (ELSs') and schools. Prioritisation of support will have an equity lens, supporting firstly ELS and schools with high Māori populations and low income families (see *Healthy Food and Drink* priority area in Annual Plan).	nutrition, activity and lifestyle interventions (CW10).
We aim to **prevent suicides** in Nelson Marlborough Health.	• Improving capability of ED staff to provide timely appropriate care through the introduction of the ED Nurse Educators. • Full adoption of the Hinengaro pathway (Pathway for triage, assessment and care for people who present to ED with MH&A issues) • Suicide prevention coordinator to lead and coordinate implementation of the suicide prevention action plan, with a specific focus on developing strengthened evidence-based pathways of support for people identified at risk due to previous or current trauma/adverse childhood experiences by Q4 2021-22.Te Waka Hauora to implement Māori Suicide Prevention Programme. • Roll out of Te Tumu Waiora Model (including Health & Wellbeing Practitioners) and	• Self-harm presentations to ED, and rates and number of hospitalisations, by age groups and ethnicity • Improved wait time for patients requiring mental health and addictions services who present to ED • ED length of stay

	credentialing programme for primary care nurses.	

Healthy Start

System level measure: proportion of babies who live in a smokefree household at 6 weeks postnatal.

We are focussed on ensuring that whanau are supported in their smoking cessation journey as part of their overall health care needs



Nelson Marlborough shows continued achievement of National % rates of Babies living in smoke-free homes, 6-weeks post-natal.

The equity gap for both Māori and Pacific Peoples compared with Others is showing significant improvement in the 6 months to June 2020.

Smoking during pregnancy and exposure to smoking in early childhood strongly influence pregnancy and early childhood health outcomes. This measure promotes the roles which collectively service providers play in the infant's life and the many opportunities for smoking interventions to occur. It also enables the health sector to connect infants and their family/whanau with maternity and childhood health care such as immunisations.

Milestone: Our aim is to further increase the proportion of babies living in smoke-free homes postnatal by 15% from 46.6% to 53.6% for Māori by 30 June 2022.

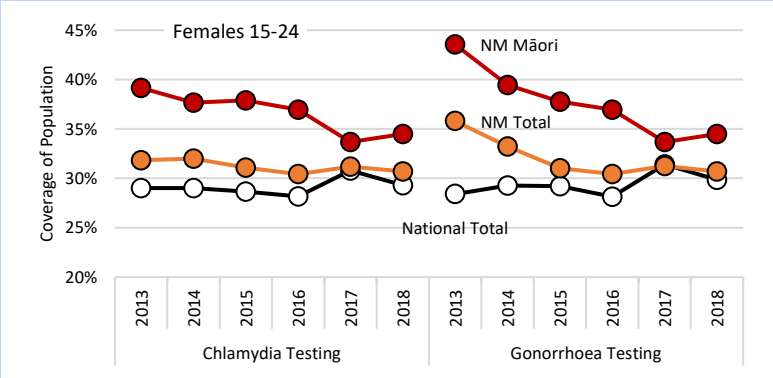
Opportunity	Actions	Contributory Measures
Pepi First's Hapu Wananga is a Kaupapa Maori pregnancy and parenting programme which covers everything whanau need to know about how to look after their Pepi during pregnancy and after birth, including cultural issues, breastfeeding, safe-sleep, immunisation, smokefree, GP enrolment and domestic violence.	• NMH Stop Smoking Service and NMH Maternity staff will collaborate on the promotion and implementation of the automatic referral (opt out only) of hapū māmā to the Pēpi First service programme by partners that have regular contact with hapu mama	• Referral rates to Pēpi First • Newborn enrolment with General Practice (CW07) • Child Health (Breastfeeding) (CW06) • Increased immunisation at two years (CW08)

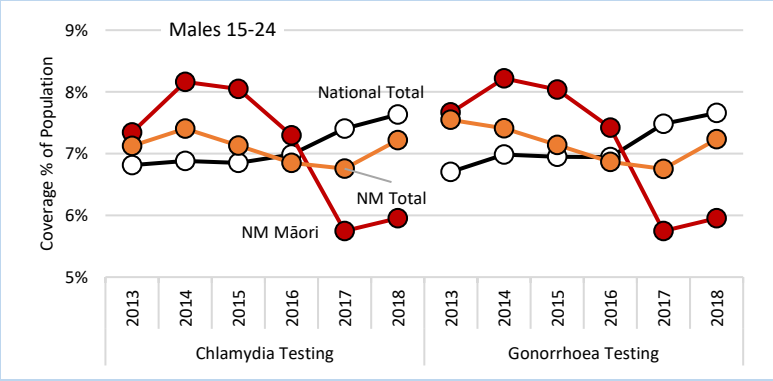
	from quarter 1 (eg, iwi social service providers, budget advisors, lead maternity carers (LMCs) and other health and social service providers) • Pēpi First will be promoted at all district-wide Wānanga Hapūtanga, by kaimahi from Te Waka Hauora, Te Piki Oranga and NMH. Registrations will be processed on site at each wānanga from quarter 1. • NMH Stop Smoking Service and NMH Maternity staff will review whether referrals to Pepi First by LMCs are increasing, and if not, identify and implement a solution to address this.	• Better help for smokers to quit (maternity) (CW09)
Nelson Marlborough Health are exploring strategies and incentives that support the development of Smokefree whānau and homes including progressing incentives for whānau and **vape to quit options**. These actions will support both individual and whānau efforts to quit and to maintain a smokefree environment for tamariki and hapū māmā.	• Vape to quit and whānau incentive programmes in place by Q2 (see *Te Aho o Te Kahu-Cancer Control Agency* and Smokefree *2025* priority areas of Annual Plan 2021-22).	• Number of Māori enrolled in vape to quit programme

Youth are healthy, safe and supported

System level measure: youth access to and utilisation of youth appropriate health services.

We want young people to manage their sexual and reproductive health safely and receive youth friendly care.





Nelson Marlborough has chosen Sexual and Reproductive Health – Chlamydia (& Gonorrhoea) testing coverage for 15 to 24 year olds as the primary measure for this SLM.

It is common practice to offer sexually active youth STI testing upon visiting a general practice or sexual health clinic. Chlamydia is one of the infections that is screened for as part of this testing. In this way, chlamydia testing coverage not only indicates coverage of STI testing, but it can also indicate the ability of young people to receive youth-friendly care and manage their sexual and reproductive health safely.

Generally, older youth were more likely to have received an STI test than younger youth – reflecting reported rates of sexual activity.

However, males are significantly less likely to receive an STI test than females even though males have higher self-reported rates of sexual activity (Youth19 Rangatahi Smart Survey, Table 1, pg 5).

Testing coverage for Māori females is consistently better than the National coverage and that of all Nelson Marlborough females aged 15 to 24.

However, Māori males in Nelson Marlborough have much lower coverage than both National and all Nelson Marlborough males aged 15 to 24. There is clear evidence of an equity gap between Māori and all males in Nelson Marlborough.

Milestone: Increase the percentage of males aged 15-24 years being tested for Chlamydia by 15% for all ethnic groups by 30 June 2022.

Source: STI laboratory data as of 26/11/2019 (https://nsfl.health.govt.nz/dhb-planning-package/system-level-measures-framework/data-support-system-level-measures/youth-slm--4)		
Opportunity	**Actions**	**Contributory Measures**
Female rangatahi visit primary care services to obtain contraception, while males can obtain condoms over the counter without a prescription from the supermarket. This means that female rangatahi are more likely to discuss their sexual and reproductive health with their GP and this is reflected in rates of STI screening coverage (ie, Chlamydia testing). Most sexual health clinics (eg, INP Medical) have also historically been orientated towards females rather than males. There is an opportunity to reduce the gap between males and females by providing **confidential, easier to access, outreach services to male rangatahi**.	• The Health Promotion team, alongside Workwell, will develop a coordinated approach to engage workplaces to promote publicly funded health services (including STI testing) to their employees, focussing initially on Port Nelson. • Promote the Victory Community Centre outreach clinic to male rangitahi by circulating pamphlets to medical centers and including it on Health Pathways by Q1 • Te Piki Oranga will provide an A5 flyer for rangitahi with information about STI screening and where to access it.	• Number of employers/organisations taking up services offered by age and ethnic group • Number of males aged 15-24 years accessing the Victory Community Centre outreach clinic by age and ethnic group
The *Youth19 Rangatahi Smart Survey-Initial Findings: Sexual and Reproductive Health of New Zealand Secondary School Students (2020)* found that students who participated in the survey were calling for **better sexuality education and non-judgmental families, communities and services**. There is an opportunity to improve workforce training within all health care settings.	• Family Planning Coordinator (alongside the Health Promotion Team) will run a professional development day in Term 3 (Q1 2021-22) • Family Planning Coordinator will also support lead teachers via quarterly zoom meetings to answer their questions and provide specific advice regarding how to support rangatahi males	• Number of teachers participating in quarterly zoom meetings

	to look after their sexual and reproductive health.	

Appendix 3: Priorities Matrix

Please see the following page.

All people live well, get well, stay well

Nelson Marlborough Health Key Priorities to June 2022