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Nelson Marlborough Health
TE WAIORA

Annual Plan

Incorporating the Statement of Performance Expectation

2017/18

Our Vision

"All people live well, get well, stay well"
"Kaiao te tini, ka ora te mano, ka noho ora te nuinga"

Our Mission

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

Our Values

Nelson Marlborough Health Annual Plan

Produced June 2017
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

Letter of Approval from Minister

Office of Hon Dr David Clark

MP for Dunedin North

Minister of Health | Associate Minister of Finance

Ms Jenny Black
Chair
Nelson Marlborough District Health Board
Private Bag 18
Nelson 7042

21 DEC 2017

Dear Ms Black

Nelson Marlborough District Health Board 2017/18 Annual Plan

To formalise ongoing accountability and to provide surety, I have approved and signed your DHB's 2017/18 Annual Plan.

I would like to thank you, your board, and the DHB's staff for their efforts in developing your Annual Plan for 2017/18. I also appreciate your DHB's significant efforts to provide valuable health services to the public in a challenging environment, and I am confident that we can work together to improve outcomes for the population.

I understand your DHB has planned a surplus for 2017/18 and for the following three years, which is commendable. I trust that you have contingencies in place to ensure you achieve this planned result for 2017/18.

As you deliver services for your population, keep in mind that I will shortly be providing a Letter of Expectations to DHBs for the 2018/19 financial year that will provide further clarity on my priorities for DHB planning, such as public provision of health services, improving access to primary care, reducing inequalities and improving mental health services.

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

Please ensure that a copy of this letter is attached to any copies of your signed Annual Plan that are made available to the public. Thank you again for your leadership and efforts to deliver high quality and equitable health outcomes for your population.

I look forward to working with you in the future.

Yours sincerely

Hon Dr David Clark
Minister of Health

cc Dr Peter Bramley, Chief Executive, Nelson Marlborough District Health Board

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TABLE OF CONTENTS

1: Overview of Strategic Intentions and Priorities

1.1 Message from the Chair and Chief Executive

Every person in our region must have an equal opportunity to enjoy the highest attainable level of health.

Consumers (patients, clients, services users, family/whanau) are at the heart of our services. We aim for every part of our health system to be shaped and improved by involving those who use and care about our services. A key step towards a more **people-powered** system has been the creation of a consumer council to provide the public with a stronger voice in key decision making.

To make sure we provide the best possible health services that are needed by the people of our region, we have taken an evidence-based approach and reviewed our Health Needs Assessment data to understand what we do well, and where we can deliver increased **value and high performance**. This resulted in the selection of five priorities for the Nelson Marlborough health sytem.

Good health begins at home, and keeping people well and in the community with services **closer to home** is the core feature of our Primary & Community Health Strategy. Within the strategy, a strong public health plan and focused health promotion provides a platform for supported self-management. The Strategy will drive increased integration between primary and secondary care, and greater collaboration between health workers and consumers operating as **one team**.

Technology has a key role to play in ensuring our health system offers the best possible care by helping reduce costs, improve efficiency and providing consumers with better informed, safer treatment. The implementation of Health Connect South and the continued roll-out of patient portals to increase consumer access to their health information are examples of how we are developing a **smart system**.

Together, working with consumers and our alliance member organisations, we will continue to achieve real health gains for every person in our region – it's the fair and right thing to do.

Jenny Black
Chair

Peter Bramley
Chief Executive

Hon Dr David Clark
Minister of Health

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 2017/18. 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 2017/18.

Angela Francis
Chief Executive
Nelson Bays Primary Health

Beth Tester
Chief Executive
Marlborough Primary Health

Anne Hobby
Tumuaki - General Manager
Te Piki Oranga

1.3 Strategic Intentions and Priorities

This Annual Plan for 2017/18 articulates Nelson Marlborough Health's commitment to meeting the expectations of the Minister of Health and delivering against national and regional priorities and our continued commitment to the vision of the Nelson Marlborough health system.

This plan also reflects our commitment to the Treaty of Waitangi and our respect for the Treaty principles. We have a responsibility to enable Māori to participate in decision making and the delivery of health and disability services, and work collaboratively towards equitable health outcomes for Māori.

Local imperatives

Nelson Marlborough Health covers the top of the South Island and serves a population of approximately 145,000 across Nelson City, the Tasman District and the Marlborough District. NMH operates a 'one service, two sites' model, covering all 24/7 acute and elective services across Nelson and Wairau Hospitals. In addition there are Community Health hubs in central Blenheim and Richmond, rural Integrated Health Centres in Golden Bay and Murchison and a vast community based infrastructure across the district. NMH performs well against the majority of health targets and is in a relatively good financial position, having achieved a surplus in each of the last three financial years.

The Nelson Marlborough population has relatively good health, with good access to both primary and secondary health and disability services. Nelson Marlborough has a lower proportion of Māori and Pacific people and fewer people in the most deprived section of the population, compared with the New Zealand average.

However, the Nelson Marlborough Health Needs Assessment 2015 (HNA)[1] clearly shows that the most vulnerable in our community have poorer health outcomes – youth, people living with mental health issues or a disability, and Māori. Also, compared to the national average, the population is significantly older and this is reflected in utilisation rates for health and disability services. The population is growing slowly, with a projected increase of 9 percent between 2013 and 2033. However, growth is expected to be highest in the older populations, with a projected growth of 140 percent in those aged 75 or over for the same period of time.

The growth in population, and in particular the growth in the over 75s, is driving up demand on services across the NMH districts. If current models of care and service configuration are maintained, growth in demand will exceed capacity and significant expansion of physical and associated staffing capacity will be required. In the community, General Practice, Pharmacy and District Nursing services report both increasing volume and complexity of presentation. It is

[1] Nelson Marlborough Health Needs and Service Profile 2015
http://www.nmdhb.govt.nz/quicklinks/news-and-publications/published-documents/health-needs-assessmentshealth-services-plan/

expected that by 2035, the number of beds at Nelson Hospital would need to increase by approximately 69 percent (108 additional beds), and at Wairau Hospital by approximately 48 percent (34 beds).

At the same time as demand is increasing, the way in which services are delivered needs to constantly evolve to ensure we meet contemporary best practice. Service development and contemporary models of care will only be achieved with changes to existing ways of working, workforce development, adoption of new systems and technology, and facility development.

How will we work together as one team across primary and secondary care to better meet the health needs of everyone in our community and provide more efficient health care services? What are the roles we need to meet increased demand and address workforce shortages? What are the technology systems we should invest in to help reduce costs, improve efficiency and provide consumers with better, safer treatment? How do our facilities need to be upgraded and configured to address the increasing pressures on services, provide a safe environment for patients, staff and visitors, and be flexible to adapt to future changes?

To respond to these questions we have identified five priorities to guide action across our health sytem over the next two years:

1. Achieve health equity
2. Drive efficient, effective and safe healthcare
3. One Team
4. Workforce
5. Technology – digital enablement.

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

This Annual Plan outlines what we will do over the next 12 months, as a step along the journey to transform services, models of care, technology, workforce, and ultimately the way health care is provided for the people of Nelson Marlborough. These changes are essential to ensure we continue to provide high quality, safe and sustainable health care to enable everyone in the Nelson Marlborough region to 'live well, get well, stay well'.

Nelson Marlborough Health has a Public Health Action Plan for 2017/18 which is a companion document to this Annual Plan. This document set out further actions and activity to improve population health and reduce inequalities, and is available on our website: www.nmdhb.govt.nz

Regional commitment

There are five DHB's in the South Island (Nelson Marlborough, Canterbury, West Coast, South Canterbury and Southern DHBs) and together we provide services for over one million people, almost a quarter (23.3%) of the total NZ population. While each DHB is individually responsible for the provision of services to its own population, we work regionally through the South Island Alliance to better address our shared challenges.

Our jointly developed South Island Regional Health Services Plan outlines the agreed regional activity for the next three years. Nelson Marlborough Health has made a strong regional commitment and will take the clinical or executive lead in a number of priority areas in 2017/18. Our commitment is outlined in Part 2 of of this document and throughout the South Island Regional Plan.[2]

National direction

Our local and regional direction aligns with the long-term vision for New Zealand's health service as articulated through the New Zealand Health Strategy. The overarching intent is to support all New Zealanders to 'live well, stay well, get well'.[3]

The Strategy identifies five key themes to give the health sector a focus for change:

- People powered
- Closer to home
- High value and performance
- One team
- Smart system.

Our direction is further guided by a range of population or condition specific strategies, including: He Korowai Oranga (Māori Health Strategy), 'Ala Mo'ui (Pathways to Pacific Health and Wellbeing), Healthy Ageing Strategy, Rising to the Challenge (Mental Health and Addiction Service Development Plan), Disability Strategy and the United Nations convention on the Rights of People with Disabilities.

DHBs are also expected to commit to government priorities and provide 'better, sooner, more convenient health services', and 'better public services'. The Minister of Health's Letter of Expectations signals annual expectations and priorities for DHBs and this Annual Plan outlines how Nelson Marlborough Health will meet those expectations in 2017/18.

[2] The South Island Regional Health Services Plan can be found on the South Island Alliance website: www.sialliance.health.nz.

[3] Refer to the Ministry of Health's website for a copy of the New Zealand Health Strategy www.moh.health.nz.

In 2017/18 the national focus is on:

- Delivering against the NZ Health Strategy;
- Living within our means;
- Working across government;
- Delivering on national health targets; and
- Streamlining of planning including developing a longer-term outlook and regional alignment.

We are confident that our local direction will contribute to the achievement of the national long-term vision for New Zealand's health service.

1.4 Making a Difference – A System View

To achieve equity by meeting the health needs of everyone in our community, and do so in a way that is clinically and financially sustainable, requires collaboration across our local health system and joint working with other sectors such as welfare, justice and local government.

Working with our Alliance partners, we have jointly developed a plan to improve our performance – see Appendix B - and understand where we are making a difference as measured by the following System Level Outcome Measures.

Total Acute Hospital Bed Days

Acute hospital bed days per capita is a measure of acute demand on secondary (hospital) care that is able to be influenced and reduced through good upstream primary (community) care, acute admission prevention, good hospital care and discharge planning, integration of services and transitions between care sectors, and good communication between primary and secondary care. Acute hospital bed days can also be influenced and reduced through healthy lifestyles and public health services.

Nelson Marlborough Health has the best rate of acute hospital bed days for all DHBs. To maintain the acute hospital bed days rate an area of focus is reducing the acute unplanned readmissions rate.

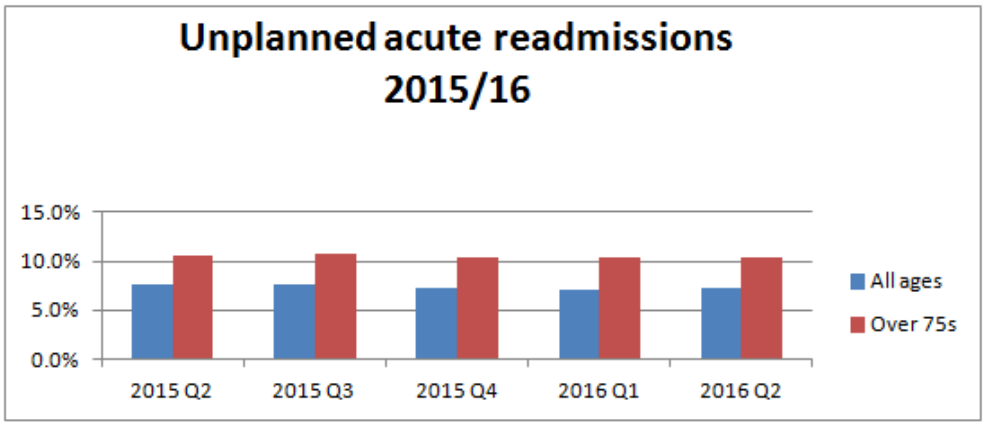
Total Acute Hospital Bed Days Per Capita

Target: Reduce Acute Hospital Bed Days rate to <236

Result:

Year to March 2015	Year to March 2016	Year to March 2017
239.1	236.8	218.8

Key Contributory Measure: Reduce acute unplanned readmissions rate



Ambulatory Sensitive Hospitalisations (ASH) Rate for 0-4 year olds

Ambulatory Sensitive Hospitalisations (ASH) refer to mostly acute admissions regarded as avoidable if treated earlier in a primary care setting. Prevention of avoidable admissions can be extended to include housing, health literacy, urban design, welfare and education – the social determinants of health. The ASH rate for children aged 0-4 years in Nelson Marlborough is lower than the national average, which is positive. However, analysis of the overall rate has revealed that the ASH rate for Māori children is significantly higher than for other children in our region. So the focus is on reducing inequity within our ASH rates by targeting actions towards Māori children.

For example, in 2016 the ASH rate for Māori children is 5,349 per 100,000. This means that for every 100,000 Māori children, 5,349 presented to hospital with a condition that could have been treated earlier in a primary care setting. In real numbers, this equates to approximately 92 Māori children compared with 261 'other' children.

The top conditions that contribute to the higher ASH rate for Māori children are dental conditions, asthma, respiratory infections and gastroenteritis. Therefore a key contributory measure for reducing the ASH rate of Māori children is the percentage of 5 years olds who are caries free, which is an indicator of good oral health.

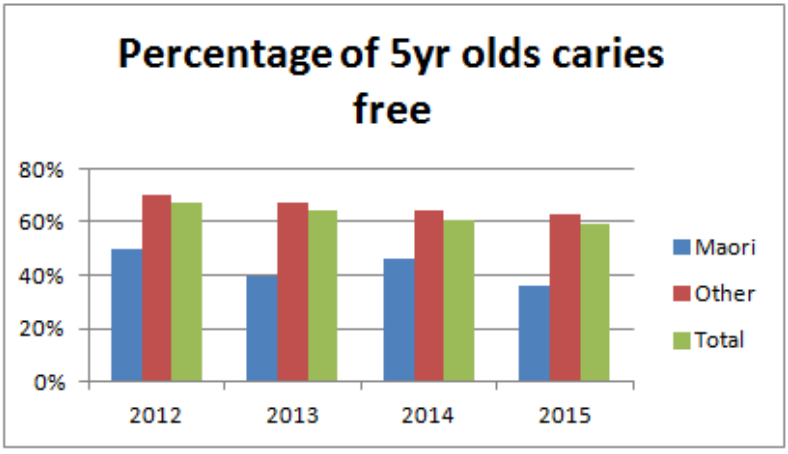
Ambulatory Sensitive Hospitalisations (ASH) Rates for 0-4 year olds

Target: Reduce ASH rates for Maori age 0-4 years to <4009 per 100,000 by 30 June 2018

Result:

2012	2013	2014	2015	2016	
5948	6190	6882	4302	4800	Maori
4539	4267	4348	3994	3975	Other

Key Contributory Measure: Percentage of 5 year olds caries free



Patient Experience of Care

Feedback about the care received in public hospitals is a valuable indicator of how well health services are working for patients and their families. Nelson Marlborough Health has similar high scores as other DHBs for the national Patient Experience Survey. To ensure we hear from a wide range of people in our community, we will work to increase the participation rate for patient surveys.

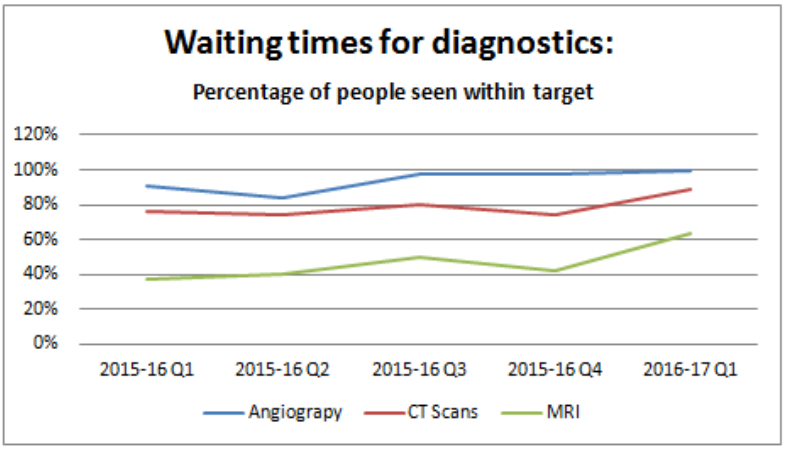
We know that the longer people wait for health services, the greater the negative impact on overall satisfaction with the experience. Increased wait time also affects perceptions of information, instructions, and the overall treatment provided by physicians and other caregivers. Therefore wait times are a good indicator of overall patient experience of care, and we will work to reduce the waiting time for diagnostics.

Patient Experience of Care

Target: Increase the participation rate of patient surveys by 5% by 30 June 2018

Result:	2015 Q1	2015 Q2	2015 Q3	2015 Q4	2016 Q1	2016 Q2	2016 Q3	2016 Q4	2017 Q1
Participation Rate	35%	37%	26%	38%	33%	38%	35%	35%	40%

Key Contributory Measure: Reduce waiting times for diagnostics (MRI, CT, colonoscopy and angiogram)



Amenable Mortality Rates

Amenable mortality is defined as premature deaths (deaths under age 75) that could potentially be avoided, given effective and timely healthcare. That is, early deaths from causes (diseases or injuries) for which effective health care interventions exist and are accessible to New Zealanders in need. Reports are made available to DHBs annually, in or around February each year, subject to mortality data being available in December.

Nelson Marlborough has a lower amenable mortality rate than the national average, which means we have a lower rate of deaths from infections, injuries, cancers, diabetes and so on that are potentially preventable given effective and timely health care. However, analysis of the overall rate has revealed that the amenable mortality rate for Māori is significantly higher than for other people in our region.

For example, the amenable mortality rate for Māori in Nelson Marlborough is 129.9, which means that for every 100,000 Māori people in Nelson, 129.9 will die from a potentially preventable condition. The rate for non- Māori is 78.6 people per 100,000. Therefore the focus is on reducing inequity within our amenable mortality rate by targeting actions towards Māori premature deaths.

Cancer is one of the major causes of death for Māori so access to cancer services and treatment is one of the key contributory measures we will focus on to improve the amenable mortality rate for Māori.

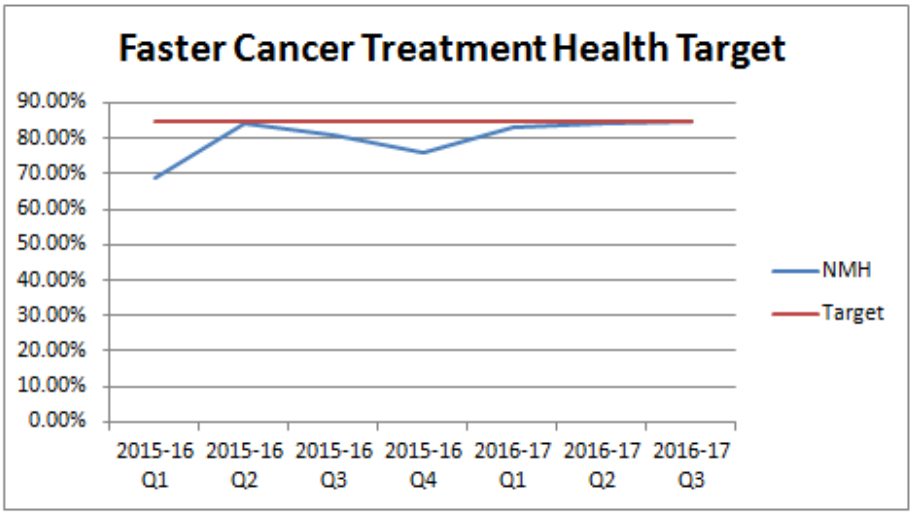
Amenable Mortality Rates

Target: Maintain current amenable mortality rate for 2017/18;
Reduce inequity for Maori within our amenable mortality rates by 2020

Result:

NMDHB	National	
129.9	219.6	Maori
78.6	80	Non-Maori

Key Contributory Measure: Achieve Faster Cancer Treatment Target



Youth Access to and Utilisation of Youth Appropriate Health Services

Youth have their own specific health needs as they transition from childhood to adulthood. Most youth in New Zealand successfully transition to adulthood but some do not, mainly due to a complex interplay of individual, family and community stressors and circumstances, or 'risk factors'. Evidence shows that youth are not in the habit of seeking the services or advice of a registered health practitioner when unwell. Generally they cope with illness with advice from friends and whanau as they see fit. Attending a health clinic is often viewed as a last resort instead of a reasonable first choice.

Research shows that youth whose healthcare needs are unmet can lead to increased risk for poor health as adults and overall poor life outcomes through disengagement and isolation from society and riskier behaviours in terms of drug and alcohol abuse and criminal activities. So we are focusing on increasing youth access to primary and preventive health care services.

To do this we are working with local youth to understand what health services they need and the barriers to accessing services.

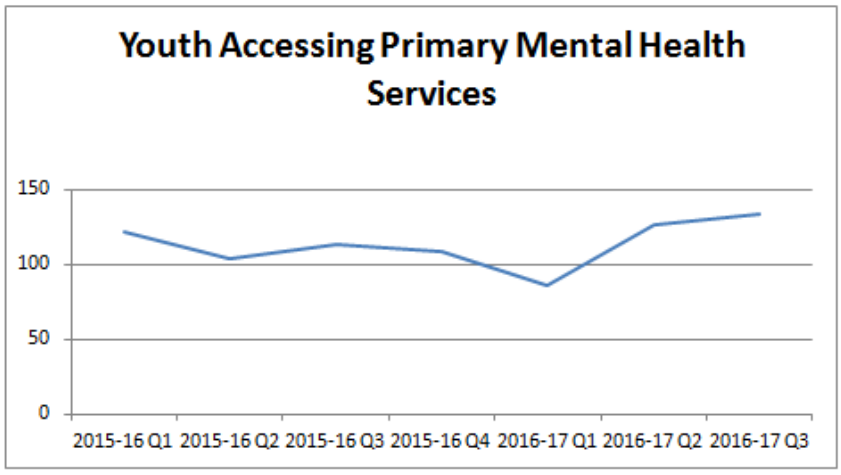
Youth Access to and Utilisation of Youth Appropriate Health Services

Target: Reduced self-harm hospitalisations and short stay ED presentations for <24 year olds by 30 June 2018

Result:

2015-16 Q1	2015-16 Q2	2015-16 Q3	2015-16 Q4	2016-17 Q1
22	12	12	12	18

Key Contributory Measure: Number of youth (age 12-19) accessing primary mental health services



Proportion of Babies Who Live in Smoke Free Households at 6 Weeks

Good child health is important not only for children and families now, but also for good health later in adulthood. It is important that child health is a priority because children do not make their own lifestyle decisions and are vulnerable to the situation into which they are born.

Maternal smoking is associated with a range of poor neonatal and child health outcomes such as SUDI (Sudden Unexpected Death in Infancy) and low birth weight. Evidence also suggests that children are more likely to become smokers if they grow up in a smoking household. There are some data quality and integrity issues with smoke free household data which we need to resolve.

Living in smoke free household contributes towards giving children a healthy start in life.

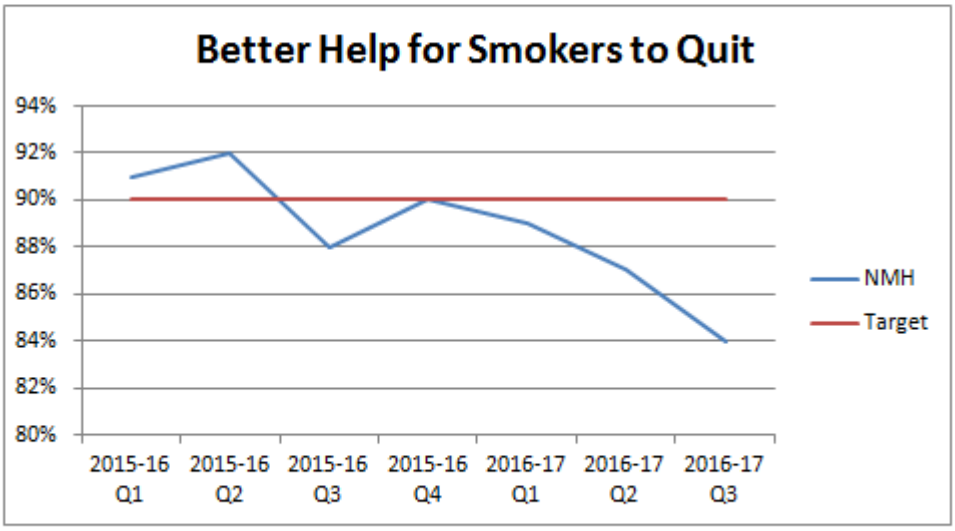
Proportion of Babies Who Live in a Smoke Free Household

Target: Increase the proportion of babies who live in a smoke-free household at 6 weeks post-birth

Result:

2015-16 Q3
100%

Key Contributory Measure: Achieve better help for smokers to quit health target



2: Delivering on Priorities

2.1 Service Coverage

Nelson Marlborough Health is committed to each of the Government Priorities outlined in the Minister's Letter of Expectations.

Government Planning Priority	Focus Expected for Nelson Marlborough DHB	Link to NZ Health Strategy	Nelson Marlborough DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
Prime Minister's Youth Mental Health Project	Commit to continue activity to deliver on the Prime Minister's Youth Mental Health Project.	Value and high performance	1. Utilise the Youth Advisory Panel to provide input into youth health developments (Youth Voice)	• 3 meetings of the Youth Advisory Panel by quarter four	PP25: Prime Minister's Youth Mental Health Project Evidence of youth input influencing youth service development
			2. Progress developments of platforms which would be useful for young people / parents / providers to access health and service information (Access to Information)	• Agree action plan for youth access to health information	At least one agreed action implemented
			3. Explore options to increase nurse-led, school-based & community-based access to healthcare, as resources allow (Model of Care), including enhanced service provision for vulnerable youth	• Options developed; Plan agreed	At least one agreed action implemented Monitor key access indicators (by ethnicity) such as: youth use of ED; enrolment with and utilisation of general practice; utilisation of oral health services

Government Planning Priority	Focus Expected for Nelson Marlborough DHB	Link to NZ Health Strategy	Nelson Marlborough DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
			4. Through the Mental Health & Addictions Integration Programme ensure there is an integrated and stepped model of care for young people including community-based resilience initiatives, supported transition from child to adult services, improved access across the continuum and workforce development	• Integrated model of care defined • Workforce development provided for clinicians working with vulnerable young people	Waiting times (PP8) and access rates (PP6) for Child & Youth Mental Health services Utilisation of and waiting times for Primary Mental Health services
Reducing Unintended Teenage Pregnancy BPS (contributory activity)	Continue to build on the substantive activities identified in your 2016/17 annual plan to reduce unintended teenage pregnancy.	**People powered1.**	1. Improve the uptake of long-acting reversible contraception (LARCs) through: • communication with, and education of, service providers • ensuring robust processes for education and access to LARCs during termination consultations 2. Implement additional nurse-led community school clinics 3. Provide further education to GPs and Practice Nurses on LARCs and sexual health 4. Provide education to vulnerable youth using channels as advised by the Youth Advisory Group	• Provide service provider education by quarter three • Processes in place at termination consultations by quarter one • Additional clinics implemented by quarter three • Continuing education provided to GPs and Practice Nurses by quarter 4 • Education provided to vulnerable youth by quarter 4	PP38: Delivery of response actions agreed in the annual plan Teenage fertility (MDC 014, 19 yrs and under) declines below 17.8 per thousand in 2017-18 The gap between the Māori teen fertility (MDC 014, 19yrs and under) and the overall teen fertility rate falls to less than 2.9 per thousand in 2017-18 The numbers of youth (12–24 yrs) having a Termination of Pregnancy in 2017-18 are less than in 2016-17 Usage and uptake of the ECP programme is monitored for trends

Government Planning Priority	Focus Expected for Nelson Marlborough DHB	Link to NZ Health Strategy	Nelson Marlborough DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
Supporting Vulnerable Children BPS Target	DHBs must commit to continue activity to contribute to the reduction in assaults on children.	**One team**	1. Nelson Marlborough Health commits to continue activity to contribute to the reduction in assaults on children 2. Implement Harti [4]Hauora a Child Health programme that sees a comprehensive 360 degree assessment against priority areas including Shaken Baby and Family Violence	• Harti Hauora implemented by quarter three	PP27: Supporting Vulnerable Children
Healthy Mums and Babies BPS target	Please identify two or three actions and associated milestones you will be undertaking that will support delivery of the target: By 2021, 90% of pregnant women are registered with a Lead Maternity Carer in the first trimester, with an interim target of 80% by 2019, with equitable rates for all population groups.	**One team**	1. Update pregnancy information packs, including dividing the information by trimester to ensure the information is timely and women are not overloaded with information all at once 2. Engage with the Pasifika community to identify needs and share the benefits of early enrolment with a Lead Maternity Carer (LMC) 3. Hold GP and LMC forums to discuss pregnancy information and pathways, and reinforce why it is important for women to book with an LMC within 12 weeks 4. Work with other health providers, including Te Piki Oranga and Plunket, to support the message about women booking with an LMC by 12 weeks.	• Pregnancy packs updated by quarter two • Pasifika needs analysis completed by quarter two • Two GP and LMC forums (one in Nelson, one in Marlborough) held across the region by quarter four • Stakeholder plan completed by quarter one	PP38: Delivery of response actions agreed in annual plan (section 1)

[4] Harti Hauora, or 'Cool Health', is one of the first comprehensive and equity-focused child health programmes developed and tested in New Zealand that offers opportunistic screening, interventions and follow up packages to children.

Government Planning Priority	Focus Expected for Nelson Marlborough DHB	Link to NZ Health Strategy	Nelson Marlborough DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
Keeping Kids Healthy BPS target	Please identify two or three actions and associated milestones you will be undertaking that will support delivery of the target: By 2021, a 25% reduction in hospital admission rates for a selected group of avoidable conditions in children aged 0 - 12 years, with an interim target of 15% by 2019.	**One Team**	1. Implement Harti Hauora, a Child Health programme that sees a comprehensive 360 degree assessment against priority areas 2. Implement Public Health outreach initiative to support good child health including immunisations and oral health 3. Develop community partnerships to support access to oral health services, address dental neglect and support early interventions to increase community demand for, and uptake of, oral health preventive and treatment services 4. Implement the Whare Ora[5] (Healthy Homes) intersectorial initiative that involves an assessment of high need families homes and resolves issues such as dampness to prevent illness	• Launch Whare Ora by quarter one; Evaluate Whare Ora by quarter four • Launch Public Health outreach initiative by quarter two • Increased number of homes insulated through the Warmer Healthier Homes scheme by quarter four	PP38: Delivery of response actions agreed in annual plan (section 1)
Increased Immunisation BPS and Health Target 	Implement the Revitalising the *National HPV Immunisation Programme* strategy to increase HPV immunisation rates to target levels by engaging communities and partnering between providers.	**One team**	1. Implement agreed process with the Ministry of Social Development to locate unimmunised children and offer them immunisations 2. Implement Harti Hauora a Child Health programme that sees a comprehensive 360 degree assessment against priority areas including immunisation and service enrolment 3. Ensure robustness of the HPV	• Intersectorial process in place by quarter two • Harti Hauora implemented by quarter three • In house reporting available by quarter two • Refined recall processes in place by quarter two	Immunisation Health Target PP21: Immunisation Services 75% of eligible girls of all ethnicities receive dose 2 of the HPV (Human papillomavirus) vaccination by 30 June 2018 Monitor uptake of HPV vaccination by boys

[5] Whare Ora is a healthy homes initiative that provides insulation, heating, blankets, fire alarms and more to low income families.

Government Planning Priority	Focus Expected for Nelson Marlborough DHB	Link to NZ Health Strategy	Nelson Marlborough DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
			follow-up process and provide catch-up for unimmunised or incompletely immunised girls by: • Developing in-house capacity for school based immunisation reporting • Working with General Practice to ensure robust recall and opportunistic vaccination processes 4. Agree and implement initiatives to locate un-enrolled children early 5. Continue delivery of the Talk Immunisation programme to ensure a consistent approach to conversations with those who choose not to immunise		
Shorter Stays in Emergency Departments Health Target	Implement *A Quality Framework and Suite of Quality Measures for the Emergency Department Phase of Acute Patient Care in New Zealand*.	**Value and high performance**	1. Further implementation of the ED Quality Framework such that a district wide Annual Report is achieved 2. Work with the Māori Directorate to review and evaluate the cultural approachability of the Emergency Departments for Māori patients 3. Develop a robust ED internal referral guideline 4. Develop and implement a dental pathway to reduce patients presenting for dental care with a particular focus on high need groups 5. Work collaboratively with our primary care partners to ensure the Emergency Department is kept	• An ED Annual Report is produced district wide by quarter two, and the following completed by quarter four: • Regular bi-monthly ED and Medical Injury Centre clinical meeting • Agreement on primary care after hours extension • Clear ED redirection policy implemented and audit completed • Review of health pathways that result in ED as the destination • Active management of frequent presenters to ensure they are engaged with affordable	ED Health Target 5% reduction in numbers waiting for ED disposition by quarter four 25% reduction in dental presentations to ED Reduction in triage scores of 4 and 5 at ED

Government Planning Priority	Focus Expected for Nelson Marlborough DHB	Link to NZ Health Strategy	Nelson Marlborough DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
			available for Emergencies by ensuring GP services are able to respond in times of high presentations and patients are seen in the most appropriate lowest intervention environment 6. Formalise relationships with the Medical and Injury Centre in Nelson, after hours in Wairau and establish information sharing to support access to effective care in optimal timeframes	primary care • Changes made to provide a more culturally acceptable service on the basis of review by quarter four • Staff within ED have increased knowledge of tikanga best practice and increased cultural competence by quarter four • An effective pathway reduces dental presentations to ED • Ongoing collaboration with primary care partners	

Government Planning Priority	Focus Expected for Nelson Marlborough DHB	Link to NZ Health Strategy	Nelson Marlborough DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
Improved Access to Elective Surgery Health Target 	Deliver agreed service volumes in a way that meets timeliness and prioritisation requirements and improves equity of access to services.	Value and high performance	1. Meet Health Targets - 7533 discharges: Complete project on early booking of surgical patients for surgery – Administrative and Scheduling Initiative; Right size production plan to Health Targets; Reduce cancellations of Elective patients though theatre 2. Increased Delivery Orthopaedic services for the third year of the three year MOH funded initiative: Increased across district flow of patients and medical staff; Utilise theatre lists more efficiently 3. Develop Vascular Service Nelson Marlborough and strengthen regional service with Canterbury DHB 4. Ophthalmology Service Models of Care realignment with increase in demand through new treatments, and aging populations: Recover and maintain follow up throughput within acceptable time frames; Participate with MOH initiative funding for Ophthalmology and implement agreed model of care change 5. District wide prioritisation of elective referrals to achieve equity of access across the region for rural and urban consumers 6. Continue to support management of the South Island Bariatric Surgery Service by Canterbury DHB	• Deliver 7533 Health Targets to end quarter four • All preventable Elective Cancellations reduced to <4% by quarter four • Meet expected agreed Orthopaedic Initiative volumes by quarter four • Seamless elective vascular service with CDHB and NMDHB by quarter two • Ophthalmology follow up patients are being seen on time with no delay to clinical care in 95% of cases by end January 2018 • District wide prioritisation of elective referrals in certain specialties by quarter four • Reporting by ethnicity	Electives Health Target SI4: Standardised Intervention Rates OS3: Inpatient Length of Stay (Electives) Electives and Ambulatory Initiative Orthopaedic and General Surgery Initiative Elective Services Patient Flow Indicators Bariatric initiative volumes

Government Planning Priority	Focus Expected for Nelson Marlborough DHB	Link to NZ Health Strategy	Nelson Marlborough DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	

Faster Cancer Treatment Health Target 	Identify the sustainable service improvement activities you will implement to improve access, timeliness and quality of cancer services.	**One team**	1. Undertake process mapping and implement findings for radiation oncology to support equity of access and effective service provision
			2. Formulate tumour pathways through process mapping of the urology, lung and colorectal pathways building on the experience of the Head and Neck Pathway improvement process
			3. Implement Electronic Multi-Disciplinary Meeting (MDM) tool in conjunction with our Southern Cancer Network partners and local IT services
			4. Implementation of the He Huarahi Matepukupuku (Improving the Cancer Pathway for Māori) project for cancer services and implementation of other findings from the Māori cancer pathway
			5. Development of the existing Cancer Nurse Specialist Haematology / Oncology role
				• Equitable service provision across both sites by quarter four
				• Formalised tumour pathways are mapped, agreed and service improvements prioritised by quarter four
				• An electronic solution for MDMs is implemented that enhances the effectiveness of local and regional MDMs by quarter four
				• The He Huarahi Matepukupuku (Improving the Cancer Pathway for Māori) project milestones are achieved and fully implemented by quarter four
				  ◦ 2 community education hui
				  ◦ 4 health professionals education hui
				  ◦ 4 education hui for community nurses and other health workers
				• Development of nurse led clinics and formalised monitoring of haematology patients by quarter four
					Cancer Health Target
					PP30: Faster Cancer Treatment (31 day indicator)
					PP29: Improving waiting times for diagnostic services - CT & MRI

Better Help for Smokers to Quit Health Target 	Provide an integrated approach to delivery of ABC between primary care services.	**One team**	1. Using existing resource, provide Stop Smoking training to primary care providers including midwives, with a focus on supporting Māori and Whanau 2. Establish a single point of entry into the stop smoking service and utilise this to understand gaps in	• Trainer in place by quarter two • Local Stop Smoking training occurring by quarter three • Single point of entry for quit service referrals in place by quarter one • Reports available to operational group indentifying referral	Tobacco Health Target PP31: Better Help for Smokers to Quit in Public Hospitals Maternal smoking rates: smoking at LMC registration, at birth and at 6 weeks.

Government Planning Priority	Focus Expected for Nelson Marlborough DHB	Link to NZ Health Strategy	Nelson Marlborough DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
			referrals and fix quality of referrals and feedback to referrers 3. Monitor efficacy of the Pēpi First smokefree pregnancy initiative and change to achieve success	patterns by quarter three • Reporting available to the operational and governance groups detailing efficacy of Pēpi First by quarter three	Rates for Māori maternal smoking improve compared to the general maternal population 90% of PHO enrolled patients who smoke have been offered help to quit smoking in the last 15 months (by ethnicity) 90% of pregnant women who identify as smokers are offered brief advice and support to quit smoking (by ethnicity)
Raising Healthy Kids Health Target Raising Healthy Kids	Identify activities to sustain efforts and progress towards achieving the Raising Healthy Kids target by December 2017.	Closer to home	1. Investigate an electronic referral and acknowledgement system for children identified at the Before School Check (B4SC) programme 2. Improve the quality and scope of information provided to General Practices of children referred through the Before School Check programme 3. Implement a fast track referral to interventions from the Before School Check programme 4. Participate in a South Island wide evaluation of the Health Lifestyles programme 5. Directly monitor the referral pathway to ensure uptake of services	• Feasibility of electronic referral system investigated by quarter one • Referral system implemented (if recommended) by quarter two • Additional B4SC information provided as part of the referral process by quarter two • Referral process in place by quarter one • Participation in South related to evaluation from quarter one to four • Outcomes reported by ethnicity • All Public Health nurses trained in Healthy Conversations and have a standardised and culturally	95% of obese children identified in the Before School Check programme offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions by December 2017 95% of Māori children identified in the Before School Check programme offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions by

Government Planning Priority	Focus Expected for Nelson Marlborough DHB	Link to NZ Health Strategy	Nelson Marlborough DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
			6. Ensure all Public Health Nurses delivering the B4SC programme have 'Healthy Conversations' training, and work with the Community Dietician and DHB Cultural Advisor to standardise the conversation with caregivers. 7. Develop a programme focused on supporting Māori and Pacific attendance to family based nutrition, activity and lifestyle interventions through funding activity and nutrition options longer term utilising MoH funding available in 2018	appropriate conversation with caregivers by Quarter 1. • Programme model developed by Quarter 3 ready for approval by Quarter 4.	December 2017
Bowel Screening	Contribute to development activities for the national bowel screening programme, including: - engagement with the Ministry on operational readiness and IT integration - implementation of actions in line with agreed timeframes, incorporating quality, equity and timeliness expectations and IT integration activity - ensuring appropriate access across all endoscopy services.	**Value and high performance**	1. Work with the South Island Alliance Programme Office (SIAPO) to deliver on the South Island Bowel Screening Programme Rollout Project Plan including: • development of a Bowel Screening Regional Centre • establishing a local working group to lead the local rollout of the National Bowel Screening Programme in 2018. • developing local systems and processes to allow Nelson Marlborough Health to go live with bowel screening according to the Project Plan 2. Develop a local communications plan including engagement with primary care 3. Undertake initiatives to meet	• Project plan and working group in place by quarter one • Communications plan developed by quarter three • New waiting time initiatives in place in quarter 2 with reporting by ethnicity to review equity • Patient focussed booking introduced by quarter 2 • PICs implemented April 2018 • At least 4 hui held and booklets distributed by quarter 3.	PP29: Improving waiting times for diagnostic services – Colonoscopy National Bowel Screening quality, equity and performance indicators 85% of people accepted for an urgent diagnostic colonoscopy will receive their procedure within two weeks (14 calendar days, inclusive), 100% within 30 days 70% of people accepted for a non urgent diagnostic colonoscopy will receive their procedure within six weeks (42 days), 100% within 90

Government Planning Priority	Focus Expected for Nelson Marlborough DHB	Link to NZ Health Strategy	Nelson Marlborough DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
			waiting times for diagnostic colonoscopy services, including: • district wide Nurse-led triaging for urgent, non urgent diagnostic and surveillance referrals following the national agreed criteria • patients are booked in priority order ensuring equity of access. • Implementing and reviewing of health pathways to ensure alignment with the South Island and for upcoming NBSP. • patient focused booking introduced to ensure sustainability of the service by reduction of DNAs & waste & improved equity of access 4. Implement the Patient Information Care System (PICS)to provide a South Island wide view of colonoscopy and work with the MoH on IT integration 5. Hold Cancer specific Community Hui for Māori to inform of the bowel screening programme and also distribute a local 'Cancer Korero' booklet throughout Te Tau Ihu to increase awareness and uptake of screening to priority groups		days 70% of people waiting for a surveillance colonoscopy will wait no longer than twelve weeks (84 days) beyond the planned date, 100% within 120 days
Mental Health	Improve the quality of mental health services, including reducing the use of seclusion.	People powered	1. Continue to implement the NMH Seclusion Reduction Plan incorporating the Six Core Strategies and recommendations	• SPEC training completed for all targeted Mental Health & Addictions DHB staff by quarter four	PP38: Delivery of response actions agreed in annual plan Analysis by ethnicity shows

Government Planning Priority	Focus Expected for Nelson Marlborough DHB	Link to NZ Health Strategy	Nelson Marlborough DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
			from Te Pou's report 2. Expand the focus to reducing all forms of restraint	• Māori Model of Care 'Poutama" implemented into Mental Health & Addictions by quarter four	reduction in the difference in seclusion rates for Māori.
	Improve population mental health, especially for priority populations including vulnerable children, youth, Māori and Pacifica, by increasing uptake of treatment and support earlier in the course of mental illness, further integrating mental and physical health care, and co-ordinating mental health care with wider social services.		3. Building on previous reviews, implement redeveloped consumer pathways for: immediate support; intense support; integrated care in the community; and living independently, along with workforce development and quality plans and initiatives that support the new models of care 4. Implement the Mental Health & Addictions Integration Programme to enhance a stepped model continuum of care for all ages, working to the agreed principles and addressing Equally Well, and increasing access to services for people with mild to moderate conditions	• Agreed changes developed by the workstreams are implemented by the dates agreed; Year one actions implemented by quarter four • Development of 'toolkits' of brief interventions, e-therapies and education material for common presenting issues to primary mental health • Completion of NZ College of Mental Health Nurses mental health and addictions credentialing programme by at least 10 practice nurses	PP38: Delivery of response actions agreed in annual plan Over time, primary mental health capacity and capability increases with timely escalation and de-escalation of care, driven by client needs
			5. Design and implement a revised Māori Model of Care for Mental Health that is flexible, clinically effective & culturally responsive to the needs of Māori clients and is integrated across the system	• Māori Model of Care 'Poutama" defined and implemented into Mental Health & Addictions by quarter four • Implementation plan on track. • Expanded Māori-focussed activities programme in inpatient setting	Monitoring key indicators by ethnicity shows improving status for Māori relative to non- Māori, e.g. reducing use of seclusion and CTOs.
			6. Prepare to manage changes to processes and expectations when the Substance Abuse Compulsory Assessment and Treatment bill is enacted	• Regional development of a model of care and service delivery in response to SACAT legislation	Regional model agreed

Government Planning Priority	Focus Expected for Nelson Marlborough DHB	Link to NZ Health Strategy	Nelson Marlborough DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
Healthy Ageing	Deliver on priority actions identified in the Healthy Ageing Strategy 2016, where DHBs are in lead and supporting roles, including: - working with ACC, HQSC and the Ministry of Health to further develop and measure the progress of your integrated falls and fracture prevention services as reflected in the associated Outcome Framework and Healthy Ageing Strategy - working with the Ministry and sector to develop future models of care.	Closer to home	1. Commitment to the implementation of the 2016 Healthy Ageing Strategy in alignment with Ministry of Health prioritised Action Plan 2. Commitment to the implementation of the NZ Framework for Dementia Care and Improving the Lives of People with Dementia 3. Support the regularisation of the Home and Community Support Service (HCSS) workforce in response to the In-between Travel Settlement agreement; including the implementation of a bulk funded case-mix service model for HCSS provision in NMDHB, ensuring the model is financially viable and can meet the on-going needs of the home and community population 4. Utilise InterRAI assessment data to identify quality indicators and inform service development opportunities across the continuum of care; with special interest in dementia and delirium, medication management, social isolation and carer stress and service utilisation of Māori populations 5. Review the availability and adequacy of services that support Kaumātua to remain healthy and independent in the community; In conjunction with Māori Health providers, identify opportunities to remove barriers to access appropriate services, ensuring models of care are appropriate for Kaumātua	• Healthy Ageing Strategy prioritised actions for the 2017-18 year delivered on time • NZ Framework for Dementia Care and Improving the Lives of People with Dementia prioritised actions for the 2017-18 year delivered on time • In-between Travel agreement implemented on time • InterRAI assessment data reporting quarterly to identify service development opportunities; including comparison with other DHBs; ongoing • Kaumātua service review completed by December 2017	PP23: Improving Wrap Around Services – Health of Older People

Government Planning Priority	Focus Expected for Nelson Marlborough DHB	Link to NZ Health Strategy	Nelson Marlborough DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
Living Well with Diabetes	Continue to implement the actions in *Living Well with Diabetes – a plan for people at high risk of or living with diabetes 2015-2020* in line with the Quality Standards for Diabetes Care.	**Closer to home**	1. Continue the integration of primary and secondary diabetes services 2. Self management education tailored for Māori and Pacific being delivered by Te Piki Oranga 3. Diabetes distress score added to the diabetes annual review in Nelson Tasman to assess for the presence of psychological problems, with those identified referred to appropriate services 4. Marlborough Clinical Governance to decide on adding the distress score to the diabetes annual review	• Interim Nurse Practitioner Diabetes & Vascular working across primary and secondary care by quarter two • Increased number of practices receiving training and support by Specialist Nurses by quarter four • Self management courses operating by quarter two • Distress score is part of the annual review process in Nelson Tasman by quarter three, with a decision on adding made in Marlborough	PP20: Improved management for long term conditions (CVD, acute heart health, diabetes and stroke) - Focus area 2: Diabetes services The proportion of people with diabetes that have an HbA1c above 64mmol/mol decreases in 2017-18 The proportion of Māori with diabetes that have an HbA1c above 64mmol/mol moves closer to the proportion of non- Māori that have an HbA1c above 64mmol/mol Patient surveys show an increase in confidence and ability for those with diabetes to self manage

Government Planning Priority	Focus Expected for Nelson Marlborough DHB	Link to NZ Health Strategy	Nelson Marlborough DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
Childhood Obesity Plan	Commit to progress DHB-led initiatives from the *childhood obesity plan*.	**Closer to home**	1. Childhood obesity plan initiatives are in place including: • B4SC providers are referring for obese children to nutrition and physical activity programmes • Nutrition and Physical activity programmes are available for referrals, including active families, Toddler Better Health and triple P. • Gestational diabetes guidelines implemented • Referrals to green prescription for pregnant women at risk of gestational diabetes • Early Childhood Education centres have sugar-sweetened beverages policies • Include an obesity check in the Hauora Direct (child health assessment programme)	• Health target achieved by quarter two • All referrals to programmes are accepted and followed up • Gestational diabetes guidelines implemented by quarter one • Referrals to green prescription for pregnant women at risk of gestational diabetes occurring by quarter one • 80% of Childhood education centres have sugar-sweetened beverages policies in place by quarter four • Reporting by ethnicity • Obesity check in the Hauora Direct assessment by the end of Quarter 2	PP38: Delivery of response actions agreed in annual plan

Government Planning Priority	Focus Expected for Nelson Marlborough DHB	Link to NZ Health Strategy	Nelson Marlborough DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
Child Health	Undertake planning and diagnostic work to identify barriers for accessing timely care for young people and their families who are served by Oranga Tamariki. Commit to support national work under way to improve the health outcomes for children, young people and their families serviced by Oranga Tamariki, particularly young people in care.	**Value and high performance**	1. Implement Harti Hauora, a Child Health programme that sees a comprehensive 360 degree assessment against priority areas including GP Enrolment, Well Child/ Tamariki Ora, B4 School Check, Oral Health enrolment, Infant Immunisation, and Infant/ Child Development; initial target population will be children admitted to Paediatrics, then children of Ministry of Social Development clients 2. Implement the Whare Ora (Healthy Homes) intersectorial initiative that involves an assessment of high need families homes and resolves issues such as dampness to prevent illness 3. Implement Hauora Direct[6], a Whanau Health programme that sees a comprehensive 360 degree assessment against infant, child, adult and Kaumatua health priority areas being undertaken in multiple settings and referrals made to a range of services 4. Implement Public Health outreach initiative to support good child health including immunisations and oral health	• Harti Hauora launched by quarter three • Launch Whare Ora by quarter one; Evaluate Whare Ora by quarter four • Launch Hauora Direct by quarter two • Launch Public Health outreach initiative by quarter two	PP38: Delivery of response actions agreed in annual plan Māori Health Indicators: ASH (0-4 yrs) Breastfeeding (6 wks) Breastfeeding (3 months) Oral Health enrolment

[6] Hauora Direct, or Health Direct, uses an app so people can ask a question and receive an answer from a database of millions of responses all approved by doctors registered on the system. Patients can choose to have a video conference call or text chat with the doctor via the app from home or work rather than travelling to hospital.

Government Planning Priority	Focus Expected for Nelson Marlborough DHB	Link to NZ Health Strategy	Nelson Marlborough DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
Disability Support Services	Identify the mechanisms and processes you currently have in place to support people with a disability when they interact with hospital based services (such as inpatient, outpatient and emergency department attendances). These could include: - communication tools (particularly for those with an intellectual disability or sensory impairment) - training for ward staff in individual specific personal care - clarification of the role of the persons support workers/caregivers during a hospital appointment or inpatient stay (both formal and informal) - other issues you have addressed (informed consent, supported decision making etc).	**One team**	1. Continue to complete Health Passports for Disability Support Services clients 2. Implement Supported Decision Making as a mechanism to support people with a disability when they interact with hospital based services 3. Improve support for people with a disability who also experience mental health issues through a closer working relationship between Disability Support Services and Mental Health services 4. Establish the multi-service team to determine appropriate service provision for people with high and complex needs.	• Aim for 90% of clients within Disability Support Services to have a Health Passport by quarter two; reporting by ethnicity where possible • Supported Decision Making implementation plan agreed by quarter one; Implementation complete and move to business-as-usual by quarter four • Changes made to provide an improved mental health service for people with a disability by quarter four • Multi-service team established by Q1	PP38: Delivery of response actions agreed in annual plan Fewer high and complex needs acute admissions to Mental Health Adult Inpatients and shorter stays for those who are admitted.

Government Planning Priority	Focus Expected for Nelson Marlborough DHB	Link to NZ Health Strategy	Nelson Marlborough DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
Primary Care Integration	DHBs must describe activity to demonstrate how they are working with their district alliances to move care closer to home for people through improved integration with the broad health and disability sector (eg primary care, disability services, ambulance services).	**Closer to home**	1. New investment in integration activities will occur in 2017-18 as our budgets are finalised and will be guided by our Priorities Matrix shown in Appendix A 2. Develop a discussion document for an ambulatory care nursing service and agree on the implementation approach	• New investments in integration activities undertaken according to the Priorities Matrix as budgets are finalised • Discussion document completed by quarter one • Implementation approach agreed by quarter two	PP22: Delivery of actions to improve system integration including SLMs

Government Planning Priority	Focus Expected for Nelson Marlborough DHB	Link to NZ Health Strategy	Nelson Marlborough DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
	DHBs are expected to continue to work with their district alliances to improve performance against the System Level Measures (SLMs) including submitting an SLM Improvement Plan jointly developed and agreed with all appropriate stakeholders. The current four SLMs will continue in 2017/18. As decisions are made further guidance will be provided about the babies in smoke free homes and youth access to and use of services measures, along with the specific requirements of the Improvement Plan.	Value and high performance	3. Advance the introduction of designated senior nursing roles 4. Foster an interagency approach for improving access and services starting with immunisation, psychosocial issues and chronic pain 5. Improve access for Māori, youth & vulnerable populations by implementing Hauora Direct (child health assessment programme) and Harti Hauora (Vulnerable populations assessment programme) 6. Further develop the Marlborough Health hub to deliver integrated services in the community 7. Urgent care services redesign district wide, including optimal GP capacity and capability, urgent after hours services, ED avoidance and St John	• Nurse practitioner for Health of Older people appointed by quarter two • Implement agreed process with the MSD to locate unimmunised children and offer them immunisations by quarter two • Develop a joint DHB and MSD proposal to target young people with psychosocial conditions to return them to health and work by quarter two • Implement a pilot project for MSD clients with chronic pain to receive a holistic assessment, and have access to appropriate services, by quarter three • Interagency approach for chronic pain, psychosocial issues & immunisation implemented by quarter three • Harti Hauora implemented by quarter three • Hauora Direct implemented by quarter two • New services operating at the Marlborough Health Hub by quarter three	PP22: Delivery of actions to improve system integration including SLMs: • Maintenance of acute hospital bed day rate at 258.9 per 1,000 population • Reduce ASH rates for Māori aged 0 – 4 years by 30 June 2018 • Increase the participation rate of patient surveys by 5% by June 2018 • Maintain current amendable mortality rate for the population • Reduce inequity for Māori within our amendable mortality rates by 2020
Pharmacy Action Plan	Commit to implement any decisions made during 2017/18 in relation to Pharmacy contracting arrangements.	One team	1. Provide interpreter assistance to the pharmacy providing services to the Chin community in Nelson who have high health needs and very little understanding of English or basic health concepts and that	• Pharmacies have access to and know how to use interpreter assistance for Chin and other customers by quarter two • Agreed Pharmacy contracting arrangement actions	PP38: Delivery of response actions agreed in annual plan

Government Planning Priority	Focus Expected for Nelson Marlborough DHB	Link to NZ Health Strategy	Nelson Marlborough DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
			interpreter services in general be available to all community pharmacies across the region to assist with patient care 2. We commit to any decisions made in relation to Pharmacy contracting arrangements for the 2017/2018 year 3. Initiate and maintain a task force to actively review and mitigate medication errors within the NMDHB region	implemented by quarter four • Medication error task force for secondary care implemented by quarter one; and for primary care by quarter four	

Government Planning Priority	Focus Expected for Nelson Marlborough DHB	Link to NZ Health Strategy	Nelson Marlborough DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
Improving Quality	Demonstrate, including planned actions, how you will improve patient experience as measured by the Health Quality & Safety Commission's national patient experience surveys. You can do this by selecting one of the four categories of the adult inpatient survey to focus on and providing actions to improve patient experience in this area. Commit to either establish (including a date for establishment) or maintain a consumer council (or similar) to advise the DHB.	**Value and high performance**	1. Analyse Patient Experience Survey data to identify details surrounding specific groups of patients that are dissatisfied with medication information at discharge 2. Identify and implement localised tests of change to assess dissatisfaction with medication information at discharge 3. Test local patient survey for all discharged patients 4. Utilise patient survey data for local improvement projects 5. Establish Consumer Council and develop work plan 6. Support the national development and introduction of a primary care patient experience survey (PES) 7. Fund the Pegasus General Practitioner education programme 8. Extend Health Pathways across primary and secondary services, including within hospital.	• Patient Experience Survey cohort identified by quarter one • Localised tests to assess dissatisfied with medication information at discharge implemented by quarter one • Process for collecting local patient survey data for discharged patients in Nelson implemented by quarter one • Patient survey data used in local improvement projects from quarter two • Consumer Council meeting monthly and work plan developed by quarter one • Primary care patient experience survey (PES) implemented in accordance with national timeframes • Pegasus GP education programme implemented from quarter one • Priority pathways developed by quarter two, and implemented by quarter four • Improved information on clinical performance regularly reported to the Board • Themes from compliments, complaints and adverse event reviews regularly shared across the health system with support to ensure a consumer perspective from the Consumer Council	PP38: Delivery of response actions agreed in annual plan

Government Planning Priority	Focus Expected for Nelson Marlborough DHB	Link to NZ Health Strategy	Nelson Marlborough DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
Living Within our Means	Commit to manage your finances prudently, and in line with the Minister's expectations, and to ensure all planned financials align with previously agreed results.	**Value and high performance**	Nelson Marlborough Health is committed to prudent financial management and will continue to deliver high quality clinical care within the budgeted funds allocated by the Ministry of Health to ensure all planned financials align with previously agreed results	• Meet financial targets within Annual Plan	Agreed financial templates – see section 2.3 Financial Performance Summary.
Delivery of Regional Service Plan	Identify any significant DHB actions the DHB is undertaking to deliver on the Regional Service Plan priorities of: - Cardiac Services - Stroke - Major Trauma - Hepatitis C. Note: you do not necessarily need to include an action for each priority, only where there is significant activity.	**NA.**	See 'Regional Alliance Work' below.		NA.

Regional Alliance Work

Through the South Island Alliance, we are working with our South Island DHB counterparts to provide equal access to safe, timely, high quality healthcare as close to home as possible for every person living in the South Island. Working together in this way enables us to make the best use of our finite resources to meet the needs of the South Island population now and in the future.

Together we have identified 14 areas of focus for our regional alliance work:

- Cancer
- Child health
- Health of older people
- Quality and safety
- Mental health
- Information services
- Support services
- Hepatitis C
- Cardiac services
- Elective services
- Workforce development
- Stroke services
- Public health
- Major trauma

Through our alliance approach – our strong relationship and united vision – we will continue to achieve better outcomes for patients, more integrated health information and a more flexible workforce.

2.2 Local and Regional Enablers

Local and Regional Enabler	Focus Expected for Nelson Marlborough DHB	Link to NZ Health Strategy	Nelson Marlborough DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
IT	State when Order Entry will be implemented. Start the implementation of ePA and eOrders as per the regional programme. Implementation of PICS.		1. Embed the 'Health Connect South' regional clinical portal as our key platform from which our paper-lite and digital hospital initiatives can be implemented. 2. Commence implementation of key paper-lite initiatives which are dependent on this.	• Key primary and secondary care collaboration tool (HealthOne) implemented by quarter one. • Initial implementation of digital bedside care (Patientrack) implemented by quarter two. • Paper chart transformation underway by quarter one. • Initial changes to chart requesting in place by quarter two.	Quarterly reports from regional leads.
			3. Order entry scoped for Radiology and Laboratory. Implementation underway once the regional programme have implemented a regional provider index, which is a core dependency.	• Scoping work completed for order entry by quarter four • Able to implement once regional provider index available • Scoping confirmed by quarter four.	

			4. Continue to work towards the implementation of the PICS	• PICS implemented in April 2018	
		Smart system	5. Electronic prescribing scoped and implementation commenced by end of financial year (dependent on operating cost budget being confirmed for the 2018/19 year and onwards).	• Initial project planning and scoping by quarter three • Agreement for operating budget in next financial year • Implementation has commenced by quarter four.	

Workforce	Identify any particular workforce issues that need to be addressed at a local level around capability and capacity (numbers) and include key actions and milestones. Identify actions to regularise and improve the training of the kaiāwhina workforce in home and community support services as per Action 9a of the Healthy Ageing Strategy.	**Value and high performance**	1. Support the South Island Workforce Development Hub and engage in the development and implementation of the regional plan 2. Develop and implement a joint Workforce and Māori Health project to raise staff awareness of cultural supports; Increase Māori staff profile and mana to increase the volume and accuracy of staff ethnicity data 3. Continue to link primary and secondary care, as outlined in the Primary & Community Health Strategy, through the development of a new model of care to increase capacity and advance senior nursing roles 4. Continue to increase the completion rate of performance appraisals for all professional groups 5. Repeat staff survey to assess progress against areas for improvement 6. Continue roll-out of the Building Respect programme 7. Continue to develop a workforce that reflects the demographic profile of the local community	• Implementation of regional Workforce plan on track, including implementation of the NZQA Level 3 : New Zealand Certificate in Health and Wellbeing – Health Assistance Strand by Q2; implementation of the Calderdale Framework Workforce Methodology to identify appropriate delegation and skill sharing across allied health by Q2 • Increase the visibility and contribution of the Allied Health, Scientific and Technical workforces to health and social care by Q3 • Joint Workforce and Māori Health project implemented by December 2017; completed by June 2018 • Implementation of Primary & Community Health Strategy on track • 90% of performance appraisals completed by Q4 • Improved workforce culture with zero tolerance of inappropriate behaviour; pathways established to address bullying and intimidation early • Staff survey repeated by Q2 • Increase in Māori staff numbers to achieve Health Workforce New Zealand targets by 2025	NA.

Local Priorities

Nelson Marlborough Health has some local priorities in addition to the guiding priorities from the Ministry of Health, as reflected in our priorities matrix. The priorities matrix reflects local health needs, and how we will continue to support the people of Nelson, Tasman and Marlborough to live well, stay well and get well, by delivering and coordinating care in a way that is equitable and clinically and financially sustainable. Our priorities matrix includes oral health, intersectorial working, and specific volume related initiatives to respond to our ageing population.

Oral health is a good indicator of a person's overall health – when a person has a healthy mouth without tooth decay and gum disease, it is likely that their overall health is good too. Conversely, if a person has poor oral health they may have other health problems. Good oral health is an important area of focus to avoid children presenting to the Emergency Department unnecessarily (see the target about reducing avoidable presentations to the Emergency Department within the System Level Outcome Measures Plan in Appendix B). Education is important for children and their parents to improve oral health, so Nelson Marlborough Health is building on the success of the sugar-sweetened beverages and artificially-sweetened beverages campaign by actively promoting water as the best beverage choice with the 'Tap into water' campaign. During child dental appointments at the Oral Health Hub, parents are given key messages about looking after their children's dental health, and the Public Health team is actively working with early childhood centres to promote messages about healthy food, reducing sugar intake, twice daily brushing with fluoride toothpaste and regularly visiting a dental provider.

Health is a broad area that touches many aspects of people's lives so we will continue to collaborate with other organisations to achieve real health gains for our community. For example, where multiple agencies are supporting people with multiple and complex needs it makes sense to ensure that all available funding is maximised. And to address the determinants of health – such as healthy homes, clean air, and environments that encourage activity – we will continue to collaborate with local authorities, government departments, community organisations and businesses to make that happen.

Healthy ageing is particularly important for our region because our population is older than the New Zealand average with 8% of people aged over 75 years compared with 6% across New Zealand. Projections suggest this figure will roughly double with approximately 17% of the Nelson Marlborough population being over 75 years by 2033. Our local health initiatives will need to address the increase in dementia, need for carer support, and contribute to elderly friendly design in our community.

2.3 Financial Performance Summary

(refer to Appendix D for further detail)

PROSPECTIVE STATEMENT OF FINANCIAL PERFORMANCE (COMPREHENSIVE INCOME) FOR THE THREE YEARS ENDED 30 JUNE 2018, 2019 AND 2020

	2015/16 Actual $000	2016/17 Forecast $000	2017/18 Projection $000	2018/19 Projection $000	2019/20 Projection $000
Income	**461,572**	**469,917**	**493,765**	**509,363**	**524,982**
Operating Expenditure					
Workforce costs	170,862	173,991	184,089	187,040	190,039
Outsourced services	10,711	10,642	15,875	16,034	16,194
Clinical supplies	35,199	34,516	33,878	34,254	34,634
Infrastructure and non-clinical supplies	26,723	28,251	30,725	37,771	44,195
External providers	149,933	154,248	158,863	162,358	165,930
Inter-district flows	45,039	42,541	44,321	45,296	46,293
Interest	3,005	2,928	252	255	257
Depreciation & amortisation	10,745	12,273	12,907	12,907	12,907
Capital charge	7,801	7,327	9,355	9,448	9,533
Total expenditure	**460,018**	**466,717**	**490,265**	**505,363**	**519,982**
Net surplus / (deficit)	**1,554**	**3,200**	**3,500**	**4,000**	**5,000**
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
Items that will not be reclassified to surplus/(deficit):					
Gain/(loss) on property revaluation	0	0	0	0	0
(Impairment)/revaluation of property assets	0	0	0	0	0
Total other comprehensive revenue or expenses	**0**	**0**	**0**	**0**	**0**
Total comprehensive revenue and expense	**1,554**	**3,200**	**3,500**	**4,000**	**5,000**

PROSPECTIVE FINANCIAL PERFORMANCE BY OUTPUT CLASS FOR THE THREE YEARS ENDED 30 JUNE 2018, 2019 AND 2020

	2015/16 Actual $000	2016/17 Forecast $000	2017/18 Projection $000	2018/19 Projection $000	2019/20 Projection $000
Revenue					
Prevention services	8,295	8,445	8,647	8,822	8,997
Early detection & management services	117,809	119,939	122,815	125,292	127,773
Intensive assessment & treatment services	243,471	247,873	266,397	277,409	288,434
Support services	91,997	93,660	95,906	97,840	99,778
Total revenue	**461,572**	**469,917**	**493,765**	**509,363**	**524,982**
Expenses					
Prevention services	7,820	7,941	8,160	8,311	8,455
Early detection & management services	115,668	117,010	119,666	122,148	124,622
Intensive assessment & treatment services	243,315	247,394	265,911	276,413	286,483
Support services	93,215	94,372	96,528	98,491	100,422
Total expenses	**460,018**	**466,717**	**490,265**	**505,363**	**519,982**
Net contribution					
Prevention services	475	504	487	511	542
Early detection & management services	2,141	2,929	3,149	3,144	3,151
Intensive assessment & treatment services	156	479	486	996	1,951
Support services	-1,218	-712	-622	-651	-644
Net surplus / (deficit)	**1,554**	**3,200**	**3,500**	**4,000**	**5,000**

3: Service Configuration

Service Coverage

There are no identified significant service coverage exceptions identified for 2017/18.

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 high needs groups.

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.

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 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.

The table below signals potential services changes during the 2017/18 year.

CHANGE	DESCRIPTION	BENEFITS OF CHANGE	CHANGE FOR LOCAL, REGIONAL OR NATIONAL REASONS
Rural Services	• Ongoing review of Golden Bay and Murchison	• Appropriate service access to meet community needs • Value for money	• Local
Mental Health & Addictions (MH&A)	• Implement actions following service review	• Increased primary mental health capacity • Mental health services closer to home – shift to community based mental health services • Value for money	• Local
Radiology	• District wide model	• Increased capacity and ability to respond to demand • Common model across the district – one service, two sites	• Local
Marlborough Health Hub Stage II	• Implement community health hubs	• Services closer to home • Co-location of community based services	• Local

CHANGE	DESCRIPTION	BENEFITS OF CHANGE	CHANGE FOR LOCAL, REGIONAL OR NATIONAL REASONS
Health Promotion & Public Health	• One Health Promotion plan / service	• Increased clarity and effectiveness of Health Promotion • Reduced duplication • Value for money	• Local
Hospice review	• District wide model	• Consistent model across the region and a district wide service • Improved efficiency and value for money	• Local
Home Based Services Support (HBSS)	• Rehabilitation model of care	• Improved patient journey • Strengthened rehabilitation focus • Improved utilisation of resources • Value for money	• Local
ToSHA review	• Appropriate alliance and PHO model	• Following completion of the review in May 2017, implementation of the review recommendations to facilitate implementation of the Primary & Community Health Strategy	• Local
Plastics	• Provision of some plastic surgery services locally	• Provide services closer to home for patients • Improved patient journey • Reduced IDF costs over time	• Local
Dermatology and Skin Lesions	• Sustainable district wide model	• Identification and implementation of an appropriate model • Investigate further volume shift to primary care services	• Local
Motueka Maternity Services	• Sustainable district wide model	• The current provider has given notice with effect from 30 September 2017 • Currently exploring options to deliver primary and maternity services to the Nelson Marlborough Health population in the most effective way.	• Local
Community Pharmacy and Pharmacist Services	• Implement the national pharmacy contracting arrangements and develop local services	• More integration across the primary care team • Improved access to pharmacist services by consumers • Consumer empowerment • Safe supply of medicines to the consumer • Improved support for vulnerable populations • More use of pharmacists as a first point of contact with primary care	• National & Local

Service Issues

There are no identified significant service issues for 2017/18.

4: Stewardship

(Refer to Nelson Marlborough Health's 2016/17 Statement of Intent for more information)

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.

Funding and financial management
Nelson Marlborough Health's key financial indicators are operating expenditure, revenue and expenses. These are assessed against and reported through Nelson Marlborough Health's performance management process to the Board every month and to the Executive Leadership Team every fortnight. Further information about Nelson Marlborough Health's planned financial position for 2017/18 and out years is contained in the Financial Performance Summary section of this document on page 28.

Investment and asset management
All DHBs are required to complete a stand-alone Long Term Investment Plan (LTIP) covering at least 10 years. LTIPs are part of the new Treasury system for monitoring investments across government, the Investment Management and Asset Management Performance (IMAP) system.

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 utilises the Quantate management system and monthly reporting to the Executive Leadership Team and quarterly reporting to 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).

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.

4.2 Building Capability

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

Building Capability

Capital and infrastructure development
Nelson Hospital will be redeveloped as it is nearing the end of its economic life and is no longer fit for purpose.

The Nelson Marlborough District Health Board is currently planning a $120m to $150m redevelopment of Nelson Hospital. Planning is estimated to take two years and will consist of four business cases to cover strategic, commercial and financial considerations.
Increasing demands on hospital services due to the region's aging and growing population, the need for more hospital beds and improving the buildings earthquake standards are some of the reasons for the proposed redevelopment.

The last major rebuilding project at Nelson Hospital was finished in 2003 at a cost of $35.5m and was seen as stage one of hospital redevelopment.

Information technology and communications systems
Nelson Marlborough Health's information technology and communication systems goals align with the national and regional strategic direction for IT.

Key information technology initiatives for the year ahead to support the Nelson Marlborough Health paper-lite strategy include:

- implementation of the regional Patient Information Care System (PICS)
- embedding Health Connect South as the regional clinical portal
- implementation of order entry for Radiology and Laboratory, subject to availability of the regional provider index.

Further detail about Nelson Marlborough Health's current IT initiatives is contained in the 2017/18 South Island Health Services Regional Plan, and in the section on local and regional enablers within this document, on page 32.

Workforce
Below is a short summary of Nelson Marlborough Health's organisational culture, leadership and workforce development initiatives. Further detail about the South Island regional approach to workforce is contained in the 2017/18 South Island Health Services Regional Plan.

Nelson Marlborough Health continues to implement actions from the Workforce Strategy and Action Plan to grow and develop the Nelson Marlborough workforce across the whole health

system. Nelson Marlborough Health has also established a Staff Engagement: Working Together (SE:WT) group which consists of representatives from across the workforce, including union representatives. The SE:WT group was established to address issues raised through the Staff Survey. A key initiative has been the Building Respect programme, which resulted in an anti-harassment and anti-bullying memorandum of understanding between Nelson Marlborough Health and the Royal Australasian College of Surgeons, a building respect education programme, and the development of a team of people involved in a low level intervention approach to bullying.

Nelson Marlborough Health is a training institution and is committed to supporting the skilled workforce of the future across many professional groups. This includes support for prevocational training. Nelson Hospital has been a "teaching hospital" for the last five years. In 2016 there were 12 trainee interns at Nelson Marlborough Health, working across general medicine, general surgery, paediatrics, psychology, obstetrics and gynaecology and critical care which included anaesthetics and the emergency department.

Co-operative developments

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

- 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
- 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'
- 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 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.

5: Performance Measures

2017/18 Performance Measures

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

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

Code Dimension
HS Health Strategy
PP Policy Priorities
SI System Integration
OP Outputs
OS Ownership
DV Developmental – Establishment of baseline (no target/performance expectation is set)
Inclusion of 'SLM' in the measure title indicates a measure that is part of the 'System Level Measures' identified for 2017/18.

PERFORMANCE MEASURE	2016/17 PERFORMANCE EXPECTATION/TARGET		
HS: Supporting delivery of the New Zealand Health Strategy	Quarterly highlight report against the Strategy themes.		
PP6: Improving the health status of people with severe mental illness through improved access	Age 0-19		To be agreed during quarter one 2017/18
	Age 20-64		To be agreed during quarter one 2017/18
	Age 65+		To be agreed during quarter one 2017/18
PP7: 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		
PP8: Shorter waits for non-urgent mental health and addiction services for 0-19 year olds	Mental Health Provider Arm		
	Age	<= 3 weeks	<=8 weeks
	0-19	80%	95%
	Addictions (Provider Arm and NGO)		
	Age	<= 3 weeks	<=8 weeks
	0-19	80%	95%
PP10: Oral Health- Mean DMFT score at Year 8	Ratio year 1	0.86	
	Ratio year 2	0.86	
PP11: Children caries-free at five years of age	Ratio year 1	62.00%	
	Ratio year 2	62.00%	

PP12: Utilisation of DHB-funded dental services by adolescents (School Year 9 up to and including age 17 years)	% year 1	85.00%
	% year 2	85.00%
PP13: Improving the number of children enrolled in DHB funded dental services	0-4 years - % year 1	95.00%
	0-4 years - % year 2	95.00%
	Children not examined 0-12 years % year 1	<=10%
	Children not examined 0-12 years % year 2	<=10%
PP20: improved management for long term conditions (CVD, diabetes and Stroke) Focus area 1:Long term conditions	Report on delivery of the actions and milestones identified in the Annual Plan.	
Focus area 2: Diabetes Services	Reporting on implementation of actions in the Diabetes plan "Living Well with Diabetes" Improve or, where high, maintain the proportion of patients with good or acceptable glycaemic control (HbA1c indicator).	
Focus area 3: Cardiovascular (CVD) health	Indicator 1: 90 percent of the eligible population will have had their cardiovascular risk assessed in the last five years.	
	Indicator 2: 90 percent of 'eligible Māori men in the PHO aged 35-44 years' who have had their cardiovascular risk assessed in the last five years.	
Focus area 4: Acute heart service	70 percent of high-risk patients will receive an angiogram within 3 days of admission	
	Over 95 percent of patients presenting with ACS who undergo coronary angiography have completion of ANZACS QI ACS and Cath/PCI registry data collection within 30 days.	
	Over 95 percent of patients undergoing cardiac surgery at the five regional cardiac surgery centres will have completion of Cardiac Surgery registry data within 30 days of discharge.	
Focus area 5: Stroke Services	8 percent or more of potentially eligible stroke patients thrombolysed 24/7	
	80 percent of stroke patients admitted to a stroke unit or organised stroke service with demonstrated stroke pathway	
	80 percent of patients admitted with acute stroke who are transferred to inpatient rehabilitation services are transferred within 7 days of acute admission	
PP21: Immunisation coverage	95 percent of two year olds fully immunised	
	95 percent of four year olds fully immunised	

	75 percent of eligible girls fully immunised – HPV vaccine
	75 percent of 65+ year old immunised – flu vaccine
PP22: Improving system integration	Report on activities in the Annual Plan.
PP23: Improving Wrap Around Services – Health of Older People	Report on activities in the Annual Plan.
	95% of older people who have received long-term home and community support services in the last three months who have had an interRAI Home Care or a Contact assessment and completed care plan Provision of data that demonstrates an improvement on current performance
PP25: Prime Minister's youth mental health project	*Initiative 1*: Report on implementation of School Based Health Services (SBHS) in decile one to three secondary schools, teen parent units and alternative education facilities, and actions taken to implement Youth Health Care in Secondary Schools: A framework for continuous quality improvement in each school (or group of schools) with SBHS. *Initiative 3: Youth Primary Mental Health:* As reported through PP26 *Initiative 5*: Improve the responsiveness of primary care to youth. Report on actions to ensure high performance of the youth service level alliance (SLAT) (or equivalent) and actions of the SLAT to improve health of the DHB's youth population.
PP26: The Mental Health & Addiction Service Development Plan	Provide reports as specified for each focus area: • Primary Mental Health • District Suicide Prevention and Postvention • Improving Crisis Response services • Improving outcomes for children • Improving employment and physical health needs of people with low prevalence health conditions.
PP27: Supporting vulnerable children	Report on activities in the Annual Plan.
PP28: Reducing Rheumatic fever	*Focus Area 1*: Reducing the incidence of First Episode Rheumatic Fever: • Report progress against BPS target • Provide progress report against Rheumatic Fever prevention plan • Provide report on lessons learned and actions taken following reviews.
	Focus Area 2: Report progress in following-up known risk factors and system failure points in cases of first episode and recurrent acute Rheumatic Fever
PP29: Improving waiting times for diagnostic services	1. Coronary angiography – 95% of accepted referrals for elective coronary angiography will receive their procedure within 3 months (90 days)
	2. CT - 95% of accepted referrals for CT scans will receive their scan within 6 weeks (42 days)
	3. MRI - 90% of accepted referrals for MRI scans will receive their scan within 6 weeks (42 days)

	4. Diagnostic colonoscopy a. 90% of people accepted for an urgent diagnostic colonoscopy will receive their procedure within two weeks (14 calendar days, inclusive); 100% within 30 days b. 70% of people accepted for a non urgent diagnostic colonoscopy will receive their procedure within six weeks (42 days); 100% within 90 days Surveillance colonoscopy c. 70% of people waiting for a surveillance colonoscopy will wait no longer than twelve weeks (84 days) beyond the planned date, 100% within 120 days.	
PP30: Faster cancer treatment	Part A *Faster cancer treatment* *31 day indicator*	85 percent of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat
PP31: Better help for smokers to quit in public hospitals	95 percent 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	
PP32: Improving the quality of ethnicity data collection in PHO and NHI registers	Report on progress with implementation and maintenance of Ethnicity Data Audit Toolkit (EDAT)	
PP33: Improving Māori enrolment in PHOs	Meet and / or maintain the national average enrolment rate of 90%	
PP34: Improving the percentage of households who are smoke free at six weeks postnatal	More 'Households are smoke-free at six weeks postnatal' by 30 June 2018	
PP36: Reduce the rate of Māori under the Mental Health Act: section 29 Community Treatment Orders	Reduce the rate of Māori under the Mental Health Act (s29) by at least 10% by the end of the reporting year	
PP37: Improving breastfeeding rates	60% of infants are exclusively or fully breastfed at three months	
PP38: Delivery of response actions agreed in annual plan	Report on activities in the Annual Plan	
S11: Ambulatory sensitive (avoidable) hospital admissions	Age group 0-4 years [a System Level measure]: Reduce ASH rates for Māori age 0-4 years to <4009 by 30 June 2018	
	Age group 45-64 years: Improvement (decrease) on the baseline population rate of 2,646	
SI2: Delivery of Regional Service Plans	Provision of a progress report on behalf of the region agreed by all DHBs within that region	
SI3: Ensuring delivery of Service Coverage	Report progress towards resolution of exceptions to service coverage identified in the Annual Plan, and not approved as long term exceptions, and any other gaps in service coverage (as identified by the DHB or by the Ministry)	
SI4: Standardised Intervention Rates (SIRs)	Major joint replacement	an intervention rate of 21.0 per 10,000 of population
	Cataract procedures	an intervention rate of 27.0 per 10,000

	Cardiac surgery	A target intervention rate of 6.5 per 10,000 of population.
	Percutaneous revascularization	A target rate of at least 12.5 per 10,000 of population
	Coronary angiography services	A target rate of at least 34.7 per 10,000 of population
SI5: Delivery of Whānau Ora	Provide reports as specified about engagement with Commissioning Agencies and for the focus areas of: • Mental health • Asthma • Oral health • Obesity • Tobacco.	
S17: SLM total acute hospital bed days per capita	As specified in the jointly agreed (by district alliances) System Level Measure improvement plan	
S18: SLM patient experience of care	As specified in the jointly agreed (by district alliances) System Level Measure improvement plan: Increase the participation rate of patient surveys by 5% by 30 June 2018	
S19: SLM amenable mortality	As specified in the jointly agreed (by district alliances) System Level Measure improvement plan: • Maintain current amenable mortality rate for 2017/18 • Reduce inequity for Māori within our amenable mortality rates by 2020	
S110: Improving cervical screening coverage	80% coverage for all ethnic groups and overall	
S110: Improving breast screening rates	70% coverage for all ethnic groups and overall	
OS3: Inpatient Average Length of Stay	Elective LOS	1.48 days
	Acute LOS	2.3 days
OS8: Reducing Acute Readmissions to Hospital	Tba – under review	
OS10: Improving the quality of identity data within the National Health Index (NHI) and data submitted to National Collections Focus area 1:Improving the quality of data within the NHI	New NHI registration in error (causing duplication)	A. Greater than 2% and less than or equal to 4%
		B. Greater than 1% and less than or equal to 3%
		C. Greater than 1.5% and less than or equal to 6%
	Recording of non-specific ethnicity in new NHI registrations	Greater than 0.5% and less than or equal to 2%
	Update of specific ethnicity value in existing NHI record with a non-specific value	Greater than 0.5% and less than or equal to 2%
	Validated addresses excluding overseas,	Greater than 76% and less than or equal to 85%

	unknown and dot (.) in line 1	
	Invalid NHI data updates	TBA
Focus area 2:Improving the quality of data submitted to National Collections	NBRS collection has accurate dates and links to NNPAC and the NMDS	Greater than or equal to 97% and less than 99.5%
	National collections File Load Success	Greater than or equal to 98% and less than 99.5%
	Assessment of data reported to the NMDS	Greater than or equal to 75%
	Timeliness of NNPAC data	Greater than or equal to 95% and less than 98%
Focus area 3:Improving the quality of the Programme for the Integration of Mental Health data (PRIMHD)	Provide reports as specified about data quality audits	
Output 1: Mental Health output delivery against plan	Volume delivery for specialist Mental Health and Addictions 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 in place is within 5% (+/-) of the year-to-date plan	
DV4: Improving patient experience	No performance expectation / target set	
DV6: SLM youth access to and utilisation of youth appropriate health services	No performance expectation / target set	
DV7: SLM number of babies who live in a smoke-free household at six weeks post natal	No performance expectation / target set	

Appendix A: Priorities Matrix

See overleaf

All people live well, get well, stay well

NMDHB Key Priorities to June 2018

ONGOING SERVICE DELIVERY: Continue to provide efficient, effective and safe health care every day

Priority	Maori Health	Mental Health & Disability	Primary & Community	Emerging Risks	Oral Health	Youth Health	Invest in Children	Model of Care
Achieve health equity: Improve health status of those currently disadvantaged	Implement: •Whare Ora •Harti Hauora •Hauora Direct	•Develop an integrated Maori MOC	•Introduce funding options to improve access for Maori , youth & vulnerable populations	•Health status of new migrant community •High need / low income adult dental care •Eye service provision •Clerical / admin workforce •Implement a new Model of care for Home Based Support Services •Introduce Models of Care to support growing demand for chronic conditions	•Improve enrolment & utilisation of child oral health services	•Improve the continuum of sexual health services	•Incentivise pregnant women to be smokefree •Increase good nutrition & physical activity options •Develop a child and whanau centred response plan	•Innovate Primary care team model to deliver equitable outcomes through prevention, acute demand and planned care, maximising health professional potential (MDT, top of scope) •Hospital re-development to support Model of Care •Increase capacity of the alliance to deliver system change at scale •All of system prescribing review to ensure quality & appropriate prescribing.
Drive efficient, effective & safe healthcare: Support clinical governance, innovation & invest to improve		•Develop MDT community teams across the district •Develop models of integrated care across specialist, primary & community settings •Develop a high & complex needs pathway for people with a disability, addiction or mental health issue, and older people	•Increase Primary Care capacity in Marlborough with a focus on equitable access •Implement nurse-led community clinics			•Improve access to youth mental health services •Implement nurse-led community / school clinics		
One Team to achieve joined-up care within health and across local authority and social services		•Build primary & community capacity for mild to moderate Mental Health issues			•Improve adult & youth access to oral health services in rural areas	•Introduce supported transition from child to adult services •Review service provision for vulnerable youth		
Workforce: Develop the right workforce capacity, capability & configuration	**Develop community based roles to build primary capacity and support new Models of Care within an integrated system** •Advance the introduction of designated senior nursing roles (including Nurse Practitioner, District, Specialist, Public Health, practice nurse) •Implement pharmacy model to deliver clinical services •Optimise Post Graduate Year 2 community based medical training opportunities •Maori workforce development •Kaiawhina workforce development •Embed consumer engagement and co-design							
Technology – Digital Enablement: to allow better information sharing, more efficient healthcare delivery & better personal outcomes	•Implement the key initiatives in the paperlite programme which will underpin the future investment required to move us to a digital hospital and health system •Immediate paperlite initiatives include: Transformation of the paper medical chart process to a digital process; Implementation of key building blocks toward paperlite – HCS, HealthOne, the e-initiative (e-lab sign-off, e-radiology ordering, e-radiology sign-off, e-triage, e-medicines), PICS, electronic bedside care. •Further develop the paperlite programme for the remaining 4 years of the programme.							

Appendix B

System Level Measures Improvement Plan

Nelson Marlborough Health System
System Level Outcomes Measures Plan
2017-18

The Top of the South Health Alliance (ToSHA) is committed to improving the health of everyone in the Nelson Marlborough region by effecting transformational health system change. We will keep investing in initiatives that provide the opportunity to enhance the integration of community, primary and secondary care across the continuum of health to achieve health equity and enable high quality, safe, person-centred delivery.

To do this, and to support the implementation of the refreshed New Zealand Health Strategy, we have jointly developed an Improvement Plan for System Level Outcome Measures:

<table>
<tr><th colspan="3">Total Acute Hospital Bed Days Per Capita</th></tr>
<tr><td colspan="3">Champion: Pam Kiesanowski, Director of Nursing & Midwifery and Acting General Manager Clinical Services</td></tr>
<tr><th>Aim</th><th>Actions and Milestones</th><th>Contributory Measures</th></tr>
<tr><td rowspan="3">TARGET: Reduce acute hospital bed days rate to <236

<table><tr><td>Year to March 2015</td><td>Year to March 2016</td><td>Year to March 2017</td></tr><tr><td>239.1</td><td>236.8</td><td>218.8</td></tr></table></td><td>• Systematically review unplanned readmissions data
• Identify amenable causes of unplanned readmission
• Develop an action plan to reduce the unplanned readmissions rate</td><td>• Reduce acute unplanned readmissions rate</td></tr>
<tr><td>• Support patients to prevent illness with Flu vaccinations</td><td>• Maintain Flu vaccination rate for over 65 year olds</td></tr>
<tr><td>• Develop a discussion document for an ambulatory care nursing service and agree on the implementation approach
• Further develop the Marlborough Health hub to deliver integrated services in the community
• Review ED touch points in health pathways for appropriateness</td><td>• Reduced Ambulatory sensitive hospitalisations (ASH) rate for the 45-64 age group</td></tr>
<tr><th colspan="3">Ambulatory Sensitive Hospitalisations (ASH) Rates for 0-4 year olds</th></tr>
<tr><td colspan="3">Champion: Dr Nick Baker, Chief Medical Officer & Paediatrician; and Ditre Tamatea, General Manager Maori Health & Vulnerable Populations</td></tr>
<tr><th>Aim</th><th>Actions and Milestones</th><th>Contributory Measures</th></tr>
<tr><td>TARGET: Reduce ASH rates</td><td>• Implement Harti Hauora, a Child Health programme that sees a</td><td>• Increase children caries free at 5 years of age</td></tr>
</table>

<table>
<tr><td>for Maori age 0-4 years to <4009 by 30 June 2018

<table><tr><td></td><td>2014/15</td><td>2015/16</td><td>2016/17</td></tr><tr><td>NM Māori 0-4yrs</td><td>6882</td><td>4302</td><td>4800</td></tr><tr><td>NM Other 0-4</td><td>4348</td><td>3994</td><td>3975</td></tr></table></td><td>comprehensive 360 degree assessment against priority areas
• Implement Public Health outreach initiative to support good child health including immunisations and oral health</td><td>(by ethnicity and deprivation level)</td></tr>
<tr><td></td><td>• Monitor efficacy of the Pēpi First smokefree pregnancy initiative and change to achieve success
• Maintain early enrolment with LMC by: Updating pregnancy information packs with consistent advice and information given to women; Holding GP/LMC forums to discuss information relating to pregnancy pathways, Health Pathway for GPs, and the importance of women booking with an LMC within 12 weeks</td><td>• Maintain early enrolment with LMC: 90 per cent of pregnant women register with a Lead Maternity Carer in their first trimester</td></tr>
<tr><td></td><td>• Implement the Whare Ora (Healthy Homes) intersectorial initiative that involves an assessment of high needs families homes and resolves issues such as dampness to prevent illness</td><td>• Increase number of homes insulated through the Warmer Healthier Homes scheme</td></tr>
<tr><td colspan="3">Patient Experience of Care</td></tr>
<tr><td colspan="3">Champion: Dr Elizabeth Wood, Clinical Director Community & Chair of Clinical Governance</td></tr>
<tr><td>Aim</td><td>Actions and Milestones</td><td>Contributory Measures</td></tr>
<tr><td>Improved patient experience of care across the five domains of safe, timely, efficient, effective and patient centred

TARGET: Increase the participation rate of patient surveys by 5% by 30 June 2018</td><td>• Support the implementation and utilisation of the primary care patient experience survey (PES)
• Following implementation of the primary care patient experience survey, share primary and secondary results with clinical governance groups and address areas of concern
• Continue to drive secondary care service improvement through the NMH “You said, we did” campaign, with a focus on medication information at discharge
• Utilise patient survey data for local improvement projects</td><td>• Improve Hospital Patient Experience Survey results
• Implement the Primary Care Patient Experience Survey by December 2017</td></tr>
<tr><td></td><td>• Work collaboratively with our primary care partners to ensure the Emergency Department is kept available for Emergencies by ensuring GP services are able to respond in times of high</td><td>• Reduce waiting times to see GP
• Reduce waiting times for diagnostics (MRI, CT, colonoscopy and angiogram)</td></tr>
</table>

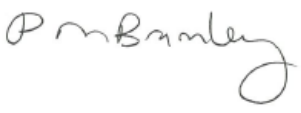
<table>
<tr><td></td><td>presentations and patients are seen in the most appropriate lowest intervention environment
• Increase access to care and reduce waiting times for patients</td><td></td></tr>
<tr><td colspan="3">Amenable Mortality Rates</td></tr>
<tr><td colspan="3">Champion: Cathy O’Malley, General Manager Primary, Strategy & Community</td></tr>
<tr><td>Aim</td><td>Actions and Milestones</td><td>Contributory Measures</td></tr>
<tr><td rowspan="5">TARGET:
• Maintain current amenable mortality rate for 2017/18
• Reduce inequity for Maori within our amenable mortality rates by 2020

<table><tr><td></td><td>Rate calculated using projected 2011 population data</td></tr><tr><td>NM Māori</td><td>129.9</td></tr><tr><td>NZ Māori</td><td>219.6</td></tr><tr><td>NM Non Maori, Non Pacific</td><td>78.6</td></tr><tr><td>NZ Non Maori, Non Pacific</td><td>80.0</td></tr></table></td><td>• Develop a new whole of system diabetes model of care that focuses on self management, early intervention and equity</td><td>• Number of pre-diabetes courses held in primary care</td></tr>
<tr><td>• Continue to implement the child obesity plan in order to achieve the Raising Healthy Kids Target</td><td>• 95% of obese children identified in the Before School Check programme offered a referral to a health professional</td></tr>
<tr><td>• Work with Marae and other Maori settings (e.g. Kohanga Reo Tane Ora, community hubs) to support healthy choices and behaviours</td><td></td></tr>
<tr><td>• Support patients to prevent illness by providing better help for smokers to quit
• Establish a single point of entry into the stop smoking service
• Monitor efficacy of the Pepi First smokefree pregnancy initiative and change to achieve success (impact on respiratory conditions for children)</td><td>• Achieve Health Target: Better Help for Smokers to Quit</td></tr>
<tr><td>• Implement the Mental Health & Addictions Integration Programme to ensure a stepped model continuum of care for all ages</td><td>• Improved access to care for people seeking support for mild to moderate mental health issues</td></tr>
<tr><td colspan="2">• Implementation of the He Huarahi Matepukupuku (Improving the Cancer Pathway for Maori) project for cancer services and implementation of other findings from the Maori cancer pathway</td><td>• Achieve Faster Cancer Treatment Target</td></tr>
<tr><td colspan="3">Youth Access to and Utilisation of Youth Appropriate Health Services</td></tr>
<tr><td colspan="3">Champion: Annette Milligan, Clinical Director Women, Child & Youth</td></tr>
<tr><td>Aim</td><td>Actions and Milestones</td><td>Contributory Measures</td></tr>
<tr><td>Youth have increased access to, and increased utilisation of, youth appropriate services: Mental Health and Wellbeing</td><td>• Utilise the Youth Advisory Panel to provide inputs into youth mental health developments (Youth Voice)
• Provide education to vulnerable youth using channels as advised</td><td>• Youth access to Mental Health & Addiction Services
• Youth alcohol related ED presentations
• Youths accessing</td></tr>
</table>

TARGET: Reduced self-harm hospitalisations and short stay ED presentations for <24 year olds by 30 June 2018	by the Youth Advisory Panel • Progress developments of platforms which would be useful for young people / parents / providers to access health and service information (Access to Information) • Explore options to increase nurse-led, school-based & community-based access to healthcare, as resources allow (Model of Care) • Implement the Mental Health & Addictions Integration Programme to enhance a stepped model continuum of care for all ages, working to the agreed principles	primary health brief intervention services • Number of young people 16-18 years Not in Education, Employment or Training (NEET)
Proportion of Babies Who Live In A Smoke Free Household at 6 Weeks		
Champion: Sue Allen, Service Manager Women, Child & Youth; and Ditre Tamatea, General Manager Maori Health & Vulnerable Populations		
Aim	**Actions and Milestones**	**Contributory Measures**
Increase the proportion of babies who live in a smoke-free household at 6 weeks post-birth TARGET: More 'Households are smoke-free at six weeks postnatal' by 30 June 2018	• Monitor efficacy of smoke free pregnancy initiatives by June 2018 • Provide smoke free education tailored to midwives to support their conversations, in particular with Maori women and whanau by June 2018	• Better Help for Smokers to Quit (IPIF) • Maternal smoking rates (by age and ethnicity): Smoking at LMC registration, at birth, and at 6 weeks • Pregnant women (who identify as smokers) offered advice and support to quit

Progress against this plan will be overseen, and advice provided as needed on strategic direction, by the ToSHA committee. Champions will continue to act as the single point of contact between ToSHA and those responsible for delivering the selected actions, and will review progress against the plan, monitor changes, help eliminate obstacles and drive continuous improvement.

We, the Chief Executives of the Top of the South Health Alliance, pledge our commitment to the delivery of this improvement plan.

Signature	*Signature*	*Signature*
		
Beth Tester Chief Executive Marlborough Primary Health	Angela Francis Chief Executive Nelson Bays Primary Health	Peter Bramley Chief Executive Nelson Marlborough Health

Appendix C

Statement of Performance Expectations

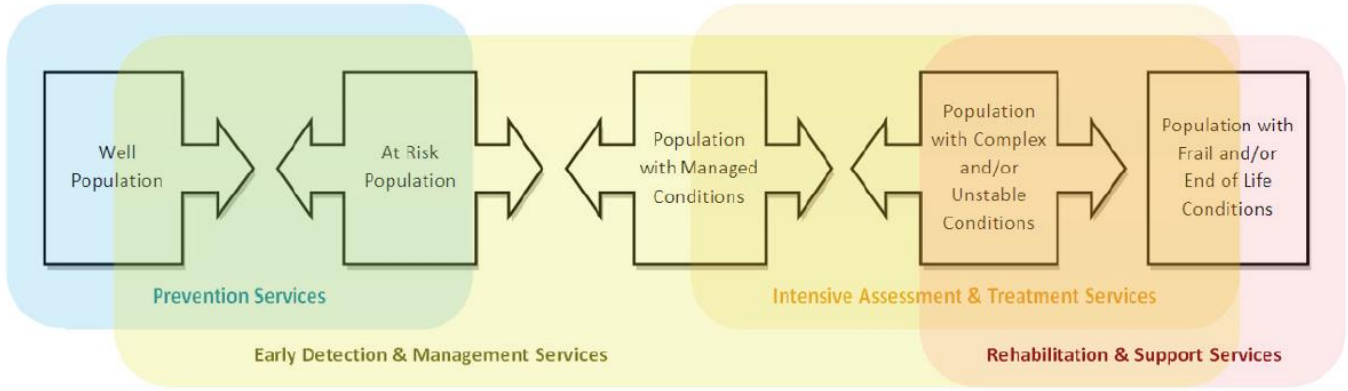
We aim to provide the best healthcare and achieve the best health outcomes for our community, and we need to monitor our performance to evaluate the effectiveness of the decisions we make on behalf of our population, and ensure we are achieving the outcomes required for our community.

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 cover 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).

Prevention Services

Output Class Description

Preventative health services promote and protect the health of the whole population, or identifiable sub-populations, and influence individual behaviours by targeting population-wide changes to physical and social environments that engage, influence and support people to make healthier choices. These services include education programmes and services to raise awareness of risk behaviours and healthy choices, the use of legislation and policy to protect the public from environmental risks and communicable diseases, and individual health protection services such as immunisation and screening programmes that support early intervention to modify lifestyles and maintain good health.

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 (low socio-economic, Māori, 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 2017-18

Measures Quality (Q) – Quantity (V) – Coverage (C) – Timeliness (T)	Notes	Actual 2015/16	Target 2016/17	Target 2017/18
Percentage of enrolled women (20-69) who had a cervical smear in the last 3 years	V	88	85	85
Percentage of enrolled high-needs women (20-69) who had a cervical smear in the last	V	67	90	90

3 years				
Percentage of women (45-65) having mammography within 2 years	V	72	80	80
Percentage of newborn hearing screening completed within 1/12 birth	V	95	95	95
Percentage of two year old children fully vaccinated	C	90	95	95
Percentage of over 65 year olds vaccinated for seasonal influenza	V	69	75	75
Percentage of eligible children receiving Before (B4) School Checks	V	101	90	100
Reduction in Alcohol related harm measure – Implementation of the Alcohol Related Harm Reduction Strategy	T,Q	N/A	New	Complete
Number of clients seen by the primary mental health service - youth	Q	N/A	New	460
Number of clients seen by the primary mental health service - adults	Q	N/A	New	2200

Early Detection and Management Services

Output Class Description

Early detection and management services maintain, improve and restore people's health. These services include detection of people at risk, and identification of disease, and well as more effective management and coordination of people with long-term conditions. These services are by nature more generalist, usually accessible from multiple providers, and at a number of different locations. Providers include general practice, community services, personal and mental health services, Māori and Pacific health services, pharmacy services, diagnostic imaging and laboratory services, and child and youth oral health services.

Primary Health Care services are offered in local community settings by teams of General Practitioners (GPs), registered nurses, nurse practitioners, and other primary health care professionals, and are aimed at improving, maintaining, or restoring health. High numbers of enrolment with general practice are indicative of engagement, accessibility, and responsiveness of primary care services. These services keep people well by:

a) intervening early to detect, manage, and treat health conditions (e.g. health checks)
b) providing education and advice so people can manage their own health
c) reaching those at risk of developing long-term or acute conditions.

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 2017-18

Measures Quality (Q) – Quantity (V) – Coverage (C) – Timeliness (T)	Notes	Actual 2015/16	Target 2016/17	Target 2017/18
Percentage of people in the district enrolled with PHO – Nelson	C	98	99	99
Percentage of people in the district enrolled with PHO – Marlborough	C	95	99	99
Percentage of children <5 years enrolled in DHB funded dental services	C	82	85	85
Percentage of secondary care patients whose medicines are reconciled on admission	C,Q	24	>22	>22
Percentage of people provided with a CT scan within 42 days of referral	T	74	100	100
Percentage of people provided with an MRI scan within 42 days of referral	T	42	100	100

Intensive Assessment & Treatment Services

Output Class Description

Intensive assessment and treatment services are usually complex services provided by specialists and other healthcare professionals working closely together. These services are usually (but not always) provided in hospital settings which enable the co-location of clinical expertise and specialist equipment. These services include ambulatory services, inpatient and outpatient services, and emergency or urgent care services.

As the local provider of hospital and specialist services, Nelson Marlborough Health provides an extensive range of intensive treatment and complex specialist services to our population. We also fund some intensive assessment and treatment services for our population provided by other DHBs, private hospitals, and private providers. A proportion of these services are driven by demand, such as unplanned (acute) and maternity services. However, others are planned (elective) services and access is determined by capacity, clinical triage, national service coverage agreements, and treatment thresholds.

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, the DHB 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 and / 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 2017-18

Measures Quality (Q) – Quantity (V) – Coverage (C) – Timeliness (T)	Notes	Actual 2015/16	Target 2016/17	Target 2017/18
Acute inpatient average length of stay (days)	Q	2.23	3.47	3.47
Percentage of elective and arranged surgery undertaken on a day case basis	Q	66	61	61
Percentage of people receiving their elective & arranged surgery on day of admission	Q	98	97	97
Percentage of total deliveries in primary birthing units	Q V	7.0	7.0	7.0
Women registering with an LMC by week 12 of their pregnancy	T	81	80	80
Standardised Intervention Rate for major joint replacement	V	21 per 10,000	21 per 10,000	21 per 10,000
Standardised Intervention Rate for cataract procedures	V	27 per 10,000	27 per 10,000	27 per 10,000

Rehabilitation and Support Services

Output Class Description

Rehabilitation and support services provide people with the support and assistance they need to maintain or regain maximum functional independence, either temporarily while they recover from illness or disability,

or over the rest of their lives. These services are delivered following a clinical 'needs assessment' process coordinated by Needs Assessment and Service Coordination (NASC) services and include: domestic support, personal care, community nursing and community services provided in people's own homes and places of residence including day care, respite and residential care services. Services are mostly for older people, mental health clients, and for personal health clients with complex health conditions.

Support services also include palliative care services for people who have end-stage conditions. It is important that they and their families are appropriately supported, so that the person is able to live comfortably, have their needs met in a holistic and respectful way, and die without undue pain and suffering. Delivery of these services may require coordination with other organisations and agencies, and may include public, private, and part-funding arrangements.

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 and / 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 2017-18

Measures Quality (Q) – Quantity (V) – Coverage (C) – Timeliness (T)	Notes	Actual 2015/16	Target 2016/17	Target 2017/18
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	N/A	75	80
Percentage of older people living in ARRC	C	5	5	5
Improving Mental Health services using transition (discharge) planning and employment: Child and Youth with a transition (discharge) plan	Q	100	95	95

Appendix D

2017/18 Statement of Performance Expectations including Financial Performance

Introduction

Nelson Marlborough Health ("NMH") has displayed a strong commitment in the last few years to operating within its budget 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, delivery of a surplus position has been a significant achievement with NMH is committed to continuing. This is a key commitment for NMH and we have a strong record of financial delivery whilst remaining focussed on good patient outcomes. Whilst we expect that new challenges will emerge in 2017/18, we remain in good shape to face these challenges.

We continue to target a better than breakeven result through a progressive increase in our planned surplus results as we move toward the redevelopment of the Nelson Hospital in four to five years time.

The risks to achieving this position, changes that must be made and challenges to overcome are outlined through this section of the Annual Plan.

Financial Performance Summary

The NMH is committed to not only living within its means by delivering a minimum of a breakeven financial result but also build the surplus over the period of this Annual Plan that will allow us to incur the additional capital associated costs that accrue following the investment in a new hospital. We are focussed on not falling into the trap experienced by other district health boards where they have struggled to find and deliver savings and efficiency programmes to afford the increase in capital costs post-build.

The budgets incorporated within this Plan build on the surpluses reported in the last three years. At the time of writing we are forecasting a surplus of $3.2M for the 2016/17 financial year which affords us the space to project a surplus of $3.5M for 2017/18 with increasing surpluses in the following years. 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.

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 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:

(i) NMH's funding allocations will increase as per funding advice from the Ministry of Health. Core funding received for the out year revenue will increase by the same nominal dollar value as received for 2017/18 in line with MOH requirements.
(ii) Revenue and expenditure have been budgeted on current Government policy settings and known health service initiatives.
(iii) Expenditure in relation to the Supporting Equitable Pay for Care and Support Workers settlement, including the costs associated with the revaluation of employee entitlements for the DHB staff covered by the settlement will be fully funded.
(iv) 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.
(v) Any revaluation of land and buildings will not materially impact the carrying value or the associated depreciation costs.

(vi) IDF volumes and prices are at the levels identified by the Ministry of Health and advised within the Funding Envelope.

(vii) Employee cost increases are based on terms agreed in current wage agreements. Expired wage agreements are assumed to be settled on affordable and sustainable terms.

(viii) 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.

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

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

(xi) 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.

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

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

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) was completed during the 2016/17 year and is subject to an annual review and update process. 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 $7.5M of general capital expenditure across the three years within this Plan. In addition significant investment has been allowed for major or strategic projects including the commencement of the Nelson hospital development. 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:

- Learning & Development Centre
- Move to a "digital hospital" environment

- Master site plan leading to the redevelopment of Nelson Hospital and other interim and transition moves that will likely be required.

Asset Valuation

NMH completed a full revaluation of its property and building assets at 30 June 2015 in line with generally accepted accounting practice requirements, the next such review being due as at 30 June 2020.

Debt and Equity

Over the last two years 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 commence formal consultation on the proposed disposal and the required notifications for the disposal of surplus Crown land. The approval of the Minister of Health is required prior to the DHB disposing of land. 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 2015/16 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.

STATEMENT OF PROSPECTIVE COMPREHENSIVE REVENUE AND EXPENSE

	2015/16 Actual $000	2016/17 Forecast $000	2017/18 Projection $000	2018/19 Projection $000	2019/20 Projection $000
Income	**461,572**	**469,917**	**493,765**	**509,363**	**524,982**
Operating Expenditure					
Workforce costs	170,862	173,991	184,089	187,040	190,039
Outsourced services	10,711	10,642	15,875	16,034	16,194
Clinical supplies	35,199	34,516	33,878	34,254	34,634
Infrastructure and non-clinical supplies	26,723	28,251	30,725	37,771	44,195
External providers	149,933	154,248	158,863	162,358	165,930
Inter-district flows	45,039	42,541	44,321	45,296	46,293
Interest	3,005	2,928	252	255	257
Depreciation & amortisation	10,745	12,273	12,907	12,907	12,907
Capital charge	7,801	7,327	9,355	9,448	9,533
Total expenditure	**460,018**	**466,717**	**490,265**	**505,363**	**519,982**
Net surplus / (deficit)	**1,554**	**3,200**	**3,500**	**4,000**	**5,000**
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
Items that will not be reclassified to surplus/(deficit):					
Gain/(loss) on property revaluation	0	0	0	0	0
(Impairment)/revaluation of property assets	0	0	0	0	0
Total other comprehensive revenue or expenses	**0**	**0**	**0**	**0**	**0**
Total comprehensive revenue and expense	**1,554**	**3,200**	**3,500**	**4,000**	**5,000**

STATEMENT OF PROSPECTIVE CHANGES IN NET ASSETS/ EQUITY

	2015/16 Actual $000	2016/17 Forecast $000	2017/18 Projection $000	2018/19 Projection $000	2019/20 Projection $000
Equity at beginning of the year	**97,650**	**98,657**	**156,810**	**159,763**	**163,216**
Total comprehensive revenue and expense for the year	**1,554**	**3,200**	**3,500**	**4,000**	**5,000**
Owner transactions					
Capital contributions	0	55,500	0	0	0
Repayment of capital	-547	-547	-547	-547	-547
Total owner transactions	**-547**	**54,953**	**-547**	**-547**	**-547**
Equity at end of the year	**98,657**	**156,810**	**159,763**	**163,216**	**167,669**

STATEMENT OF PROSPECTIVE FINANCIAL POSITION

	2015/16 Actual $000	2016/17 Forecast $000	2017/18 Projection $000	2018/19 Projection $000	2019/20 Projection $000
Non current assets					
Property, plant & equipment	171,349	163,227	164,999	160,695	156,392
Intangible assets	2,210	6,637	5,484	4,631	3,777
Prepayments	43	50	50	50	50
Other financial assets	1,548	1,618	1,693	1,707	1,730
Total non current assets	**175,150**	**171,532**	**172,226**	**167,083**	**161,949**
Current assets					
Cash & cash equivalents	43,724	47,119	49,105	62,970	76,268
Debtors & other receivables	14,152	14,402	14,402	14,533	14,666
Inventories	2,723	2,770	2,770	2,770	2,770
Prepayments	588	600	600	600	600
Assets held for sale	487	191	465	465	465
Total current assets	**61,674**	**65,082**	**67,342**	**81,338**	**94,769**
Total assets	**236,824**	**236,614**	**239,568**	**248,421**	**256,718**
Equity					
Crown equity	28,062	83,015	82,468	81,921	81,374
Revaluation reserve	53,213	53,213	53,213	53,213	53,213
Retained earnings	17,382	20,582	24,082	28,082	33,082
Total equity	**98,657**	**156,810**	**159,763**	**163,216**	**167,669**
Non current liabilities					
Interest bearing loans & borrowings	56,968	7,300	7,300	6,800	6,300
Employee entitlements	10,405	10,200	10,200	10,200	10,200
Total non current liabilities	**67,373**	**17,500**	**17,500**	**17,000**	**16,500**
Current liabilities					
Creditors & other payables	37,581	35,251	35,252	41,152	45,496
Employee benefits	26,657	26,553	26,553	26,553	26,553
Interest bearing loans & borrowings	6,556	500	500	500	500
Provisions	0	0	0	0	0
Total current liabilities	**70,794**	**62,304**	**62,305**	**68,205**	**72,549**
Total liabilities	**138,167**	**79,804**	**79,805**	**85,205**	**89,049**
Total equity & liabilities	**236,824**	**236,614**	**239,568**	**248,421**	**256,718**

STATEMENT OF PROSPECTIVE CASH FLOWS

	2015/16 Actual $000	2016/17 Forecast $000	2017/18 Projection $000	2018/19 Projection $000	2019/20 Projection $000
Cash flows from operating activities					
Receipts from Ministry of Health & patients	456,611	469,447	493,764	509,231	524,848
Interest received	2,157	2,032	2,000	2,000	2,000
Payments to employees	-169,767	-170,572	-182,783	-185,721	-188,706
Payments to suppliers	-265,997	-277,966	-283,051	-293,405	-296,517
Capital charge paid	-7,801	-7,327	-9,355	-9,448	-9,533
Interest paid	-3,005	-2,928	-252	-255	-257
Net GST paid	-27	0	0	0	0
Net cash inflow from operating activities	**12,171**	**12,686**	**20,323**	**22,402**	**31,835**
Cash flows from investing activities					
Sale of property, plant & equipment	293	296	0	0	0
Cash inflow on maturity of investments	0	0	0	0	0
Acquisition of property, plant & equipment	-8,671	-8,300	-17,050	-6,950	-16,950
Acquisition of intangible assets	-2,951	-500	-500	-800	-800
Acquisition of investments	0	0	0	0	0
Net cash inflow / (outflow) from investing activities	**-11,329**	**-8,504**	**-17,550**	**-7,750**	**-17,750**
Cash flows from financing activities					
Loans raised	0	0	0	0	0
Finance leases raised	0	0	0	0	0
Equity injections	0	0	0	0	0
Equity repaid	-547	-547	-547	-547	-547
Repayment of borrowings	0	0	0	0	0
Repayment of finance lease liabilities	-283	-240	-240	-240	-240
Net cash outflow from financing activities	**-830**	**-787**	**-787**	**-787**	**-787**
Net increase/(decrease) in cash & cash equivalents	**12**	**3,395**	**1,986**	**13,865**	**13,298**
Cash & cash equivalents at 1 July	43,712	43,724	47,119	49,105	62,970
Cash & cash equivalents at 30 June	**43,724**	**47,119**	**49,105**	**62,970**	**76,268**

SUMMARY OF REVENUE & EXPENSES BY DIMENSION

	2015/16 Actual $000	2016/17 Forecast $000	2017/18 Projection $000	2018/19 Projection $000	2019/20 Projection $000
Revenue					
Funds	419,631	428,480	451,488	466,746	482,020
Governance & funding administration	5,147	4,279	4,281	4,281	4,281
Provider	264,862	264,663	286,300	297,428	308,478
Eliminations	-228,068	-227,505	-248,304	-259,092	-269,797
Total revenue	**461,572**	**469,917**	**493,765**	**509,363**	**524,982**
Expenses					
Funds	423,041	424,294	451,488	466,746	482,020
Governance & funding administration	4,061	4,354	3,818	3,846	3,874
Provider	260,984	265,574	283,263	293,863	303,885
Eliminations	-228,068	-227,505	-248,304	-259,092	-269,797
Total expenses	**460,018**	**466,717**	**490,265**	**505,363**	**519,982**
Net contribution					
Funds	-3,410	4,186	0	0	0
Governance & funding administration	1,086	-75	463	435	407
Provider	3,878	-911	3,037	3,565	4,593
Net surplus / (deficit)	**1,554**	**3,200**	**3,500**	**4,000**	**5,000**

SUMMARY OF REVENUE & EXPENSES BY OUTPUT CLASS

	2015/16 Actual $000	2016/17 Forecast $000	2017/18 Projection $000	2018/19 Projection $000	2019/20 Projection $000
Revenue					
Prevention services	8,295	8,445	8,647	8,822	8,997
Early detection & management services	117,809	119,939	122,815	125,292	127,773
Intensive assessment & treatment services	243,471	247,873	266,397	277,409	288,434
Support services	91,997	93,660	95,906	97,840	99,778
Total revenue	**461,572**	**469,917**	**493,765**	**509,363**	**524,982**
Expenses					
Prevention services	7,820	7,941	8,160	8,311	8,455
Early detection & management services	115,668	117,010	119,666	122,148	124,622
Intensive assessment & treatment services	243,315	247,394	265,911	276,413	286,483
Support services	93,215	94,372	96,528	98,491	100,422
Total expenses	**460,018**	**466,717**	**490,265**	**505,363**	**519,982**
Net contribution					
Prevention services	475	504	487	511	542
Early detection & management services	2,141	2,929	3,149	3,144	3,151
Intensive assessment & treatment services	156	479	486	996	1,951
Support services	-1,218	-712	-622	-651	-644
Net surplus / (deficit)	**1,554**	**3,200**	**3,500**	**4,000**	**5,000**

STATEMENT OF PROSPECTIVE FINANCIAL PERFORMANCE - PREVENTION SERVICES

	2015/16 Actual $000	2016/17 Forecast $000	2017/18 Projection $000	2018/19 Projection $000	2019/20 Projection $000
Income	**8,295**	**8,445**	**8,647**	**8,822**	**8,997**
Operating Expenditure					
Workforce costs	4,068	4,142	4,315	4,384	4,454
Other operating costs	1,311	1,335	1,330	1,357	1,374
External providers & inter district flows	2,441	2,464	2,515	2,570	2,627
Total expenditure	**7,820**	**7,941**	**8,160**	**8,311**	**8,455**
Net surplus / (deficit)	**475**	**504**	**487**	**511**	**542**

STATEMENT OF PROSPECTIVE FINANCIAL PERFORMANCE - EARLY DETECTION AND MANAGEMENT SERVICES

	2015/16 Actual $000	2016/17 Forecast $000	2017/18 Projection $000	2018/19 Projection $000	2019/20 Projection $000
Income	**117,809**	**119,939**	**122,815**	**125,292**	**127,773**
Operating Expenditure					
Workforce costs	20,653	21,031	21,909	22,259	22,614
Other operating costs	8,432	8,589	8,555	8,725	8,838
External providers & inter district flows	86,583	87,390	89,202	91,164	93,170
Total expenditure	**115,668**	**117,010**	**119,666**	**122,148**	**124,622**
Net surplus / (deficit)	**2,141**	**2,929**	**3,149**	**3,144**	**3,151**

STATEMENT OF PROSPECTIVE FINANCIAL PERFORMANCE - INTENSIVE ASSESSMENT AND TREATMENT SERVICES

	2015/16 Actual $000	2016/17 Forecast $000	2017/18 Projection $000	2018/19 Projection $000	2019/20 Projection $000
Income	**243,471**	**247,873**	**266,397**	**277,409**	**288,434**
Operating Expenditure					
Workforce costs	124,768	127,055	135,193	137,363	139,570
Other operating costs	74,151	75,531	82,666	89,940	96,723
External providers & inter district flows	44,396	44,808	48,052	49,110	50,190
Total expenditure	**243,315**	**247,394**	**265,911**	**276,413**	**286,483**
Net surplus / (deficit)	**156**	**479**	**486**	**996**	**1,951**

STATEMENT OF PROSPECTIVE FINANCIAL PERFORMANCE - SUPPORT SERVICES

	2015/16 Actual $000	2016/17 Forecast $000	2017/18 Projection $000	2018/19 Projection $000	2019/20 Projection $000
Income	**91,997**	**93,660**	**95,906**	**97,840**	**99,778**
Operating Expenditure					
Workforce costs	21,372	21,763	22,672	23,034	23,401
Other operating costs	10,290	10,482	10,441	10,647	10,785
External providers & inter district flows	61,553	62,127	63,415	64,810	66,236
Total expenditure	**93,215**	**94,372**	**96,528**	**98,491**	**100,422**
Net surplus / (deficit)	**-1,218**	**-712**	**-622**	**-651**	**-644**