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TE WAIORA Nelson Marlborough Health

Annual Plan

Incorporating the Statement of Performance Expectation

2018/19

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 2018
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

Hon Dr David Clark

MP for Dunedin North

Minister of Health

Associate Minister of Finance

17 DEC 2018

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

Dear Jenny

Nelson Marlborough District Health Board 2018/19 Annual Plan

This letter is to advise you I have approved and signed Nelson Marlborough District Health Board's (DHB's) 2018/19 Annual Plan for three years.

I understand your DHB has planned a small surplus for 2018/19 and in future years, which is commendable. I trust that you have contingencies in place to ensure you achieve your planned result for 2018/19.

I understand approval of your Production Plan is still to be confirmed, and you will work with the Ministry to resolve this.

I am aware you are planning a number of service reviews in the 2018/19 year. My approval of your Annual Plan does not constitute acceptance of proposals for service changes that have not undergone review and agreement by the Ministry. 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.

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

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

Yours sincerely

Hon Dr David Clark
Minister of Health

cc: Dr Peter Bramley, Chief Executive, Nelson Marlborough District Health Board, peter.bramley@nmdhb.govt.nz

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Good health services are essential for a resilient and thriving community and we are proud of the valued and valuable health service we provide for the people of Nelson Marlborough. The Nelson Marlborough population has relatively good health, and Nelson Marlborough Health performs well against the majority of health targets and is in a relatively good financial position.

However, achieving health equity is our greatest challenge. The most vulnerable in our community – most notably Māori – continue to have poorer health outcomes. This is unaceptable, we must address this gap now before it continues to impact future generations. Our commitment to achieving health equity is the common thread through this plan, as we reflect on our performance, set targets, and develop initiatives for the year ahead.

We know that if current models of care and service configuration are maintained, growth in demand will exceed capacity, significant expansion of physical and associated staffing capacity will be required, and the equity gap will persist. To continue to successfully meet the needs of our community within the context of constrained resources we will have to work differently.

Our response is the implementation of specific initiatives targeting the most vulnerable in our community, and the Models of Care Programme. We will improve the health of local people through a multi-year transformation programme of healthcare delivery. The programme will support innovation to deliver a connected and networked health system patients experience as seamless.

This Annual Plan outlines what we will do over the next 12 months, as a step along the journey to achieve health equity, transform 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'.

Jenny Black
Chair

Alan Hinton
Deputy 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 2018/19. 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 2018/19.

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 2018/19 articulates Nelson Marlborough Health's commitment to meeting the expectations of the Government, and Minister of Health to deliver national and regional priorities. It covers the actions that NMH will undertake over the next 12 months, as a step along the journey to achieve health equity, transform models of care, technology, workforce, and ultimately the way health care is provided for the people of Nelson Marlborough.

This plan reflects our commitment to the Treaty of Waitangi and our respect for the Treaty principles. We have a responsibility to work in partnership towards equitable health outcomes for Māori through enabling Māori participation in decision making and the delivery of health and disability services.

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Introducing Nelson Marlborough Health

Our population

Nelson Marlborough Health (NMH) covers the top of the South Island including Nelson City, the Tasman District and the Marlborough District. In 2018/19 it is projected to serve 150,700 people. The population is growing slowly, with a projected increase of 9 percent between 2013 and 2033. Our population is significantly older (22 percent) compared to the national average (16 percent), and this is reflected in use rates for health and disability services. The highest growth is expected to be in the older populations, with a projected growth of 140 percent in those aged over 75 by 2033, equating to a 4.5 percent increase per annum. In 2018/19, it is forecast there will be approximately 14,000 people aged over 75 years in Nelson Marlborough.

Nelson Marlborough has a lower proportion of Māori (10.5 percent) and Pacific (1.7 percent) people and fewer people in the most deprived section of the population, compared with the New Zealand average.

Our health profile

Our population has relatively good health, with good access to both primary and secondary health and disability services. However, the Nelson Marlborough Health Needs Assessment 2015 (HNA)[1] clearly showed that the most vulnerable in our community have poorer health outcomes – Māori, youth, and people living with mental health conditions or a disability.

The HNA revealed that the local Māori population is young with just over half (52%) aged less than 24 years and only 6% aged over 65 years. This highlights the need for a different approach to health services which target the younger Māori population, rather than general health services developed for the mostly older, non- Māori population.

On average Māori residents of Nelson Marlborough are 16 percent more likely to be earning under $20,000 than Non-Māori. Almost half of the Māori population (46 percent) reside in 40 percent of the most deprived areas of Nelson Marlborough. This trend is consistent across children (0-19 years). Māori residents are therefore more likely to have higher health care needs associated with poorer living conditions.

Māori residents die younger than non-Māori. If Māori living in Nelson Marlborough had a life expectancy similar to that of Māori nationally there would be a 7.4 year shortfall for Māori males, and a 7.2 year shortfall for Māori females. Heart disease is the leading cause of avoidable mortality in Nelson Marlborough for both Māori and non-Māori. Lung cancer is ranked second among Māori residents, while suicide is second for non-Māori (and third for Māori).

[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/

Our operating system and services

NMH performs well against the majority of health targets and is in a relatively good financial position, having achieved an operating surplus in each of the last three financial years.

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, integrated rural Health Centres in Golden Bay and Murchison and vast community based infrastructure across the district.

The population growth, in particular the growth in the over 75s, is driving up service demand across the NMH districts. If current models of care and service configuration are maintained, growth in demand will exceed capacity, significant expansion of physical and associated staffing capacity will be required, and the equity gap will persist. It is 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).

As demand is increasing, the way in which services are delivered needs to evolve to ensure we meet current best practice. We will design new models of care which will impact existing ways of working, workforce development, adoption of new systems and technology, and facility development.

Our local direction and strategy

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

NMH have identified five priorities to guide action across our health sytem over the next two years:

1. **Achieve health equity** – improve health status of those currently disadvantaged
2. **Drive efficient, effective and safe healthcare**- support clinical governance, innovation and invest to improve
3. **One team** – to achieve joined-up care within health and across local authority and social services
4. **Workforce** – develop the right workforce capacity, capability and configuration
5. **Technology** – digital enablement to allow better information sharing, more efficent health care delivery and better personal outcomes.

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 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.

In addition to these priorities, Nelson Marlborough Health has a number of key strategies and action plans which support the Annual Plan, including:

- Public Health Annual Plan for 2018/19 (see below)
- Primary and Community Health Strategy (short term local health direction)
- Health for Tomorrow (long term local health system strategy).

Public Health

The Public Health Annual Plan for 2018-19 is the companion document to this Annual Plan. It sets out to improve, promote and protect the health and wellbeing of the population and reduce inequities.

Public Health is the part of our health system that works to keep our people well. Our Public Health goal is to improve, promote and protect the health and wellbeing of populations and to reduce inequities. The key Public Health strategies are based on the five core public health functions:

1. Information: sharing evidence about our people's health and wellbeing (and how to improve it)
2. Capacity-building: helping agencies to work together for health
3. Health promotion: working with communities to make healthy choices easier
4. Health protection: organising to protect people's health, including via use of legislation
5. Supporting preventive care: supporting our health system to provide preventive care to everyone who needs it (e.g. immunisation, stop smoking).

Public health takes a life course perspective, noting that actions to achieve health goals must begin before birth and continue over the life span.

Population Performance

Below are the most significant actions that will be delivered in 2018-19 to address local population challenges across life course groups.

Life course group	Significant action that is to be delivered in 2018-19
Pregnancy	**Pēpi First** Nelson Marlborough Health's Pēpi First / Quit Smoking Incentivisation Programme targets pregnant/hapu wahine to support them to give up smoking to avoid the negative health impacts of smoking on themselves and their baby. The programme uses biological incentivisation through the use of CO monitors which graphically show the danger of smoking to Mum in terms of her baby. It also provides Stop Smoking support, nicotine replacement therapy and vouchers across specific time periods for remaining smoke-free. Initial results show the programme is achieving a strong smoke-free success rate.

Early years and childhood	**First 1000 Days** The first 1,000 days of life - the time spanning roughly between conception and a child's second birthday - is a unique period of opportunity and when the foundations of optimum health, growth, and neurodevelopment across the lifespan are established. Nelson Marlborough Health has a range of initiatives to improve wellbeing in the first 1,000 days of a child's life including: • Hapu Wananga, a parenting education programme (see section 2.2 Child Wellbeing) • A pathway for pregnant women with moderate mental health issues (see section 2.2. Maternal Mental Health Services) • A pathway for parents in their first 1000 days with moderate mental health issues (see section 2.2. Maternal Mental Health Services) • Safe Sleep training and the utilisation of Pēpi-Pods and Wahakura • Maternal health and wellbeing – recognising women with extra needs and providing support • New born enrolment to support engagement (see section 2.2 Primary Health Care - Integration) of new born with five key services – universal access to services • Hauora Direct Programme (see section 2.2 Child Wellbeing), a comprehensive 360 degree health assessment, screening and referral tool to increase access to health, particularly for Māori and vulnerable populations
Adolescence and young adulthood	**Youth Wellbeing** Mental Health & Addictions services in Nelson Marlborough are being transformed to ensure they are fit for purpose now and in the future. Key objectives include: configuration of a stepped model of care for patients with needs across the continuum; re-prioritisation and shifting of resources to support primary and community capacity and capability; and addressing recommendations of the Mental Health & Addictions Review and other reports. To ensure youth have increased access to and utilisation of youth appropriate services, Nelson Marlborough Health will develop pathways to include youth advocacy in Child & Adolescent Mental Health Service (CAMHS), addictions, and early intervention service decision making. NMH will implement a multidisciplinary team (MDT) referral review and allocation for CAMHS, addictions and Te Piki Oranga to ensure youth receive appropriate support from the right service(s). NHM will continue to use the Youth Advisory Panel to provide inputs into youth mental health developments, provide training and support to school guidance counsellors, and build resilience for youth through the Communities of Learning and partnership with the Ministry of Education.
Adulthood	**Medical Admissions Unit (MAU)** NMH is trialling a Medical Admissions Unit in Nelson Hospital to deliver a high quality, evidence-based patient-centred model of care for patients admitted with acute medical conditions. The MAU will improve efficiency in the admission process for unplanned patients by providing assessment, care and treatment for a designated period of up to 36 hours prior to transfer to the

	medical unit, or home where appropriate. The MAU focusses on multidisciplinary early assessment provided by appropriate medical, nursing expertise and allied health professionals. The MAU will open on 23 July 2018 for a trial period of 10-14 weeks. The performance of the unit will be audited using key performance indicators including: Number of all acute medical patients presenting to ED who are admitted to MAU; Number discharged home within 36 hours of admission; Number transferred to other wards within 36 hours of admission; Mean and median length of stay within MAU; patient and staff satisfaction.
Older people	**Restorative Model of Care** A new restorative model of care for Home Based Support Services is being implemented across the Nelson Marlborough region. The new model aims to achieve early supported discharge and rapid response for admission avoidance, with a focus on maximising independence and reducing reliance on supports. NMH continues to work with the Accident Compensation Corporation, the Health Quality and Safety Commission and the Ministry of Health to promote and increase enrolment in our integrated falls and fracture prevention services. We will also assist people to identify their personal wishes for their end of life care and increase the uptake of Advance Care Planning across Nelson Marlborough. To ensure we meet the needs of Kaumatua, we will review the Kaumatua navigator programme to assess access and barriers to services across the system for Māori aged 55 plus, and support hospice providers and Aged Related Residential Care facilities in the implementation of Te Ara Whakapiri (see section 2.2 Healthy Ageing).

South Island 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 percent) 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 and changes in technology and demographics. The vision for the South Island Alliance is a sustainable South Island health and disability system – best for people, best for system.

The jointly developed South Island Regional Health Services Plan outlines the agreed regional activity for the next three years. Our vision is a sustainable South Island health system, focused on keeping people well and providing equitable and timely access to safe, effective, high-quality services as close to people's homes as possible. Nelson Marlborough Health has made a strong regional commitment and has participants in all the regional alliance workstreams and the Strategic Planning & Integration Team. Our commitment is outlined in Part 2 of this document and throughout the South Island Regional Plan. [2]

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

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 plan 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)
- The New Zealand Disability Strategy
- The United Nations convention on the Rights of People with Disabilities.

The Minister of Health's Letter of Expectations signals annual expectations and priorities for DHBs and this Annual Plan outlines how NMH will meet those expectations in 2018/19. The Government has signalled an increased priority for primary care, mental health, public delivery of health services, and a strong focus on improving equity in health outcomes.

DHBs are expected to work closely with and support their local public health units and health promotion providers; continue to focus on capital planning; support regional delivery of services where appropriate; increase collaboration; and be bold with workforce change.

DHBs are also expected to increase the rate of organ donations; improve the health and wellbeing of infants, children and youth; improve equity and reduce the burden of long term conditions, particularly diabetes; and address climate change.

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

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

1.4 Making a Difference – A System View

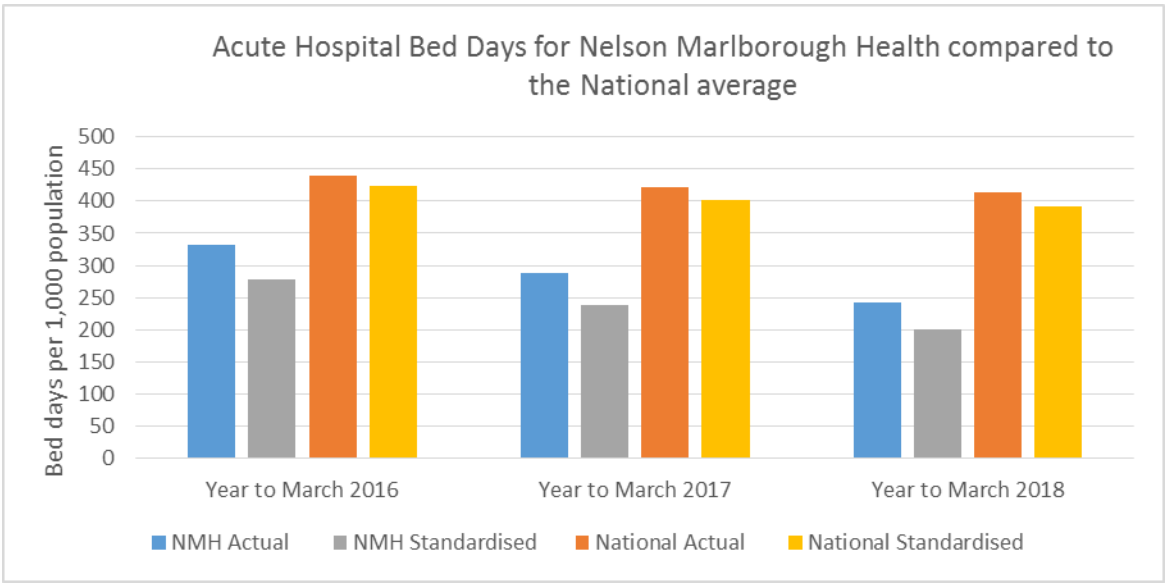
To achieve equity by meeting the health needs of everyone in our community, and do so in a way that is clinically and financially sustainable, requires collaboration across our local health system and joint working with other sectors such as welfare, justice and local government.

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. It is able to be influenced and reduced through effective management in 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. Maintaining the acute hospital bed days rate will be achieved by continuing to work on increase enrolment in integrated falls and fracture prevention services, mapping hospital processes to identify efficiencies, and trialling a Medical Admissions Unit in Nelson Hospital to improve efficiency in the admission process for unplanned patients.



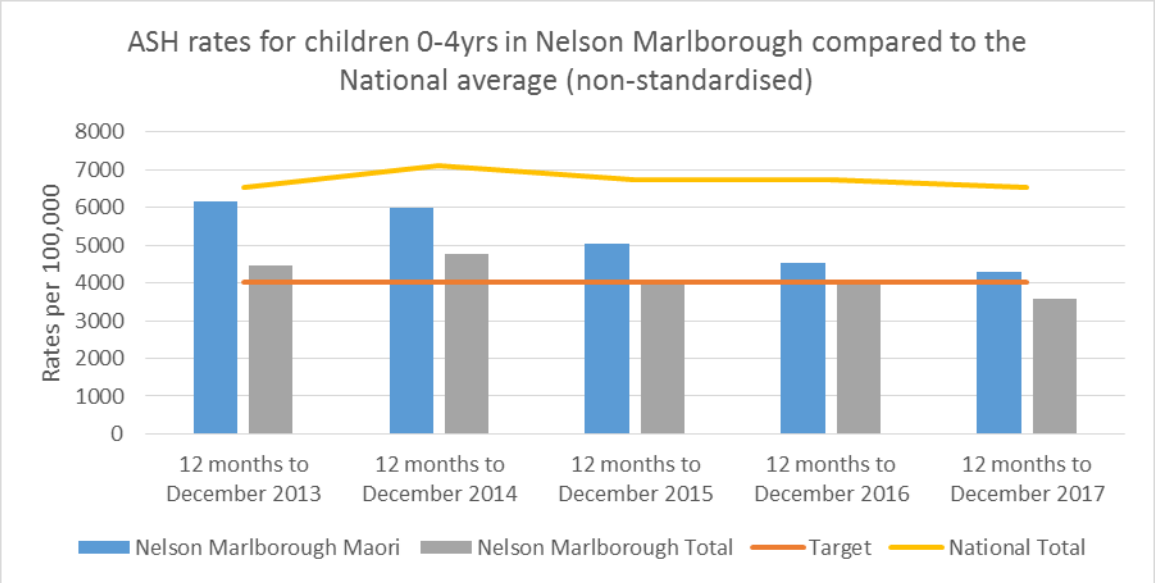
Ambulatory Sensitive Hospitalisations (ASH) Rate for 0-4 year olds

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 who presented to hospital with a condition that could have been treated earlier in a primary care setting.

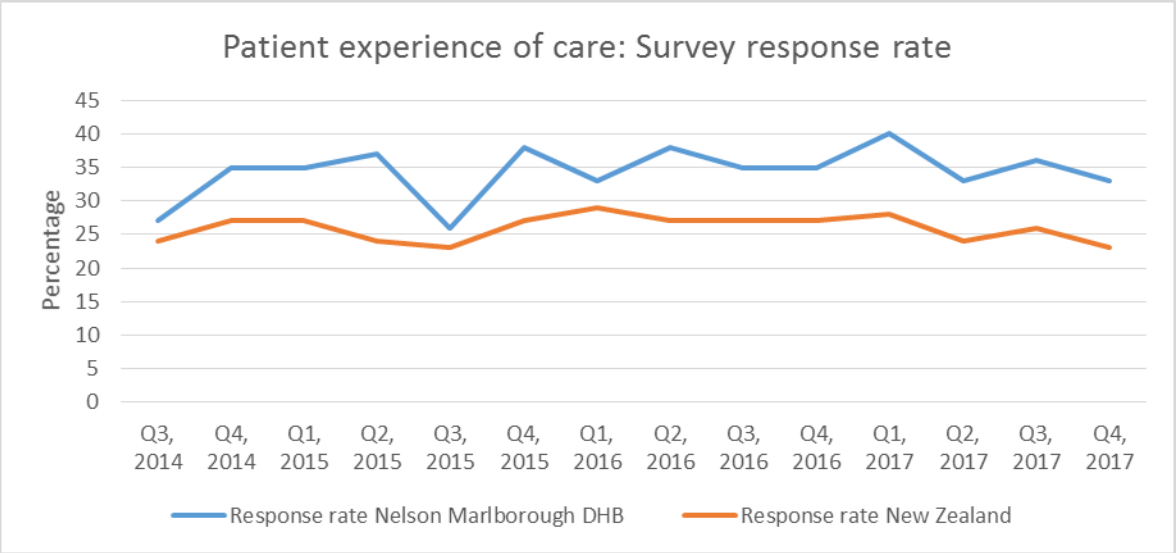
The top conditions that contribute to the higher ASH rate for Māori children are dental conditions, asthma, respiratory infections and gastroenteritis. Living in a warm home and reducing smoke exposure will keep children well and reduce avoidable acute admissions.



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.



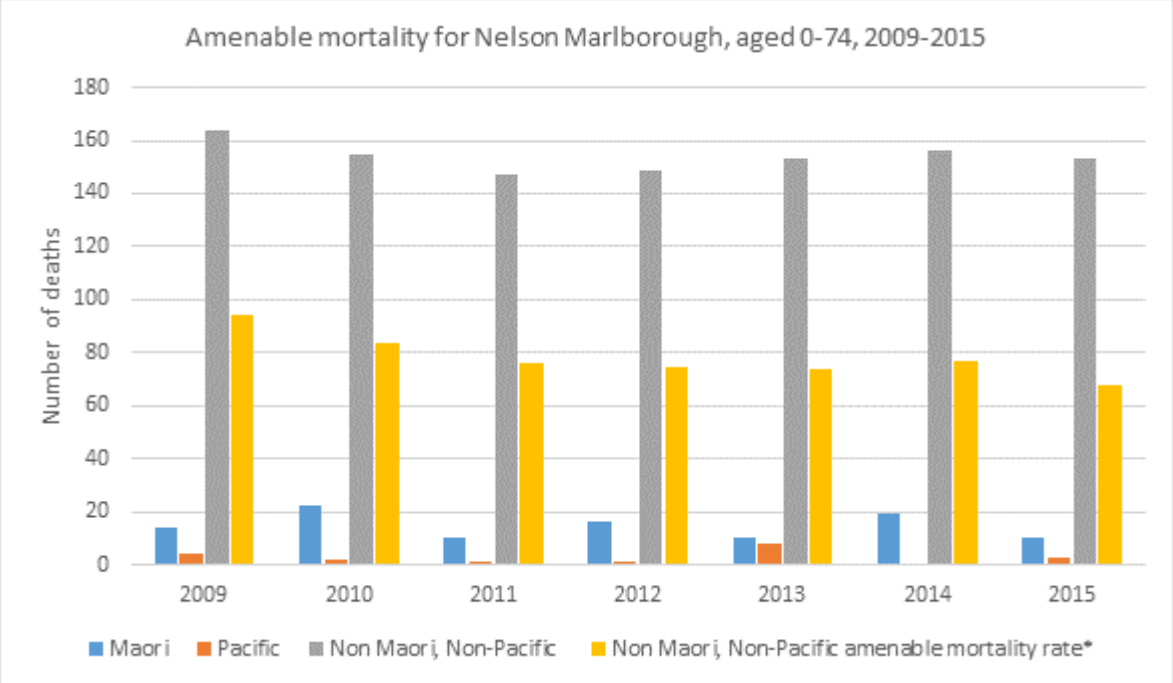
Amenable Mortality Rates

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, in 2015 the amenable mortality rate for non-Māori non-Pacific people was 67.7 per 100,000 meaning that for every 100,000 non-Māori non-Pacific people in Nelson Marlborough, 67.7 will die from a potentially preventable condition. In real numbers, this was 153 people in 2015. The rate for Māori and Pacific people is not available because rates are suppressed where there are less than 30 deaths. However, in 2015 ten Māori people and three Pacific people died from a potentially preventable condition. These numbers are disproportionately high for the size of the population. Therefore the focus is on reducing inequity within our amenable mortality rate by targeting actions towards Māori premature deaths.

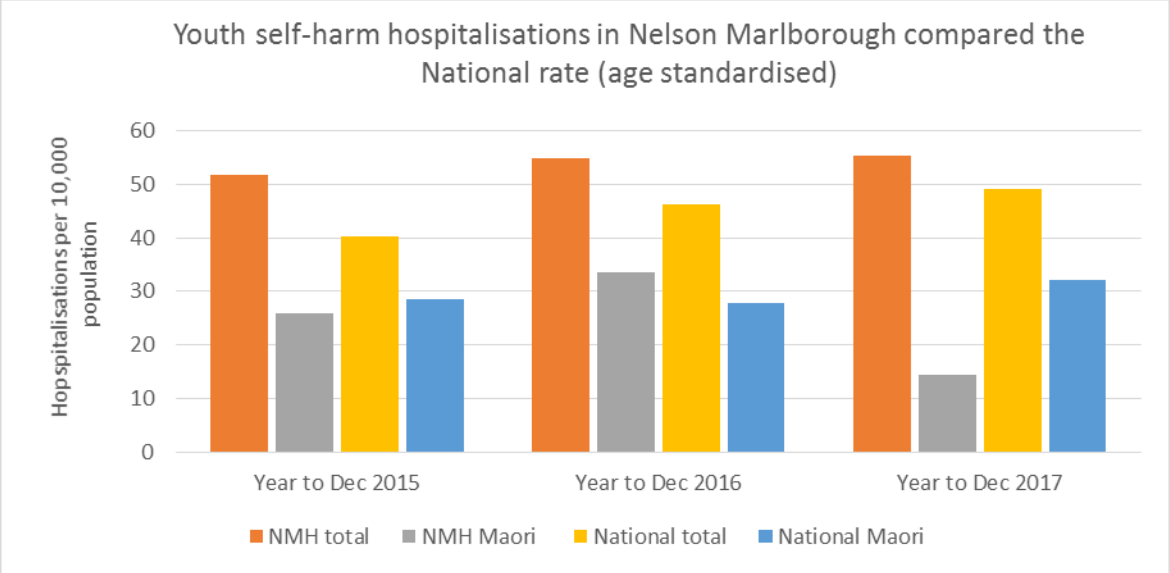
Cancer is one of the major causes of death for Māori so access to cancer services and treatment is one of the key contributory measures we will focus on to improve the amenable mortality rate for Māori.



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.

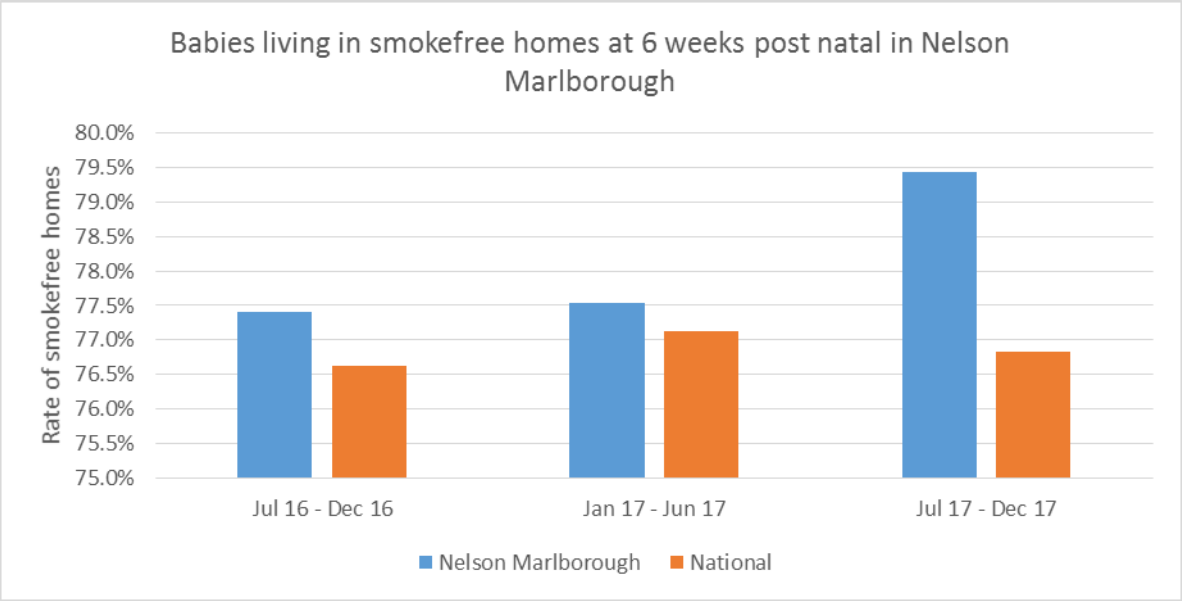


Proportion of Babies Who Live in Smoke Free Households at 6 Weeks

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.



2: Delivering on Priorities

2.1 Health Equity

The Nelson Marlborough population has relatively good health, and Nelson Marlborough Health performs well against the majority of health targets and is in a relatively good financial position.

Achieving health equity is our greatest challenge. The most vulnerable in our community – most notably Māori - continue to have poorer health outcomes. This is clearly reflected in the seclusion rates in Mental Health, and in the Ambulatory Sensitive Hospitalisation rates for children aged 0-4 years old This is unaceptable, and we must address this gap now before it continues to impact future generations. Our response is the implementation of specific initiatives targeting the most vulnerable in our community.

Health equity permeates all our plans, and our initiatives to achieve equitable health outcomes cover multiple services. Hauora Direct is a comprehensive 360 degree individual health assessment and referral tool which seeks to accelerate health sector performance against Māori Health and Vulnerable Populations health priority indicators. These indicators are monitored through the Māori Health Indicator Dashboard (refer to Appendix C). The Hauora Direct assessment includes GP enrolment, immunisation, breast and cervical screening, smoking and housing. For children, the assessment includes oral health enrolment and B4 School Checks in addition to GP enrolment and immunisation. Although Hauora Direct covers multiple services it has been included in the CVD and Diabetes Risk Assessment, Child Wellbeing and Immunisaiton sections of the plan only to reduce repetition. Hauora Direct is a new initaitive and we will continue to increase the scale of the programme to reach those with the greatest need.

Without a healthy home (Whare Ora) you cannot have a healthy family (Whanau Ora). Whare Ora is a healthy homes initiative that aims to reduce the Ambulatory Sensitive Hospitalisation (ASH) rate for Māori and vulnerable population groups. A particular focus is on children who are frequently admitted with conditions caused by living in cold, damp and unhealthy homes. In addition to home insulation, Whare Ora brings a wide range of products and support services to whanau and families in need. This may include heating devices, thermal curtains, draught stoppers, fire alarms, and an in-home fire safety check.

A healthy home is a smoke-free home. NMH's Pēpi First, Quit Smoking Incentivisation Programme targets pregnant/hapu wahine to support them to give up smoking to avoid the negative impacts of smoking on the health of both themselves and their baby. The programme uses biological incentivisation through the use of CO monitors which graphically show the danger of smoking to Mum in terms of her baby. It also provides Stop Smoking support, nicotine replacement therapy and vouchers across specific time periods for remaining smoke-free.
All these initiatives will support Māori, youth, and people living with mental health issues or a disability to achieve health equity. Everyone in our region is entitled to live well, stay well, get well and die well. Health inequity, particularly due to ethnicity, is unacceptable.

2.2 Service Coverage

Nelson Marlborough Health actions in the table below have been developed to achieve health equity, respond to the Government Priorities outlined in the Minister's Letter of Expectations, and support the direction of the New Zealand Health Strategy.

Government Planning Priority		Focus Expected for the DHB	Link to NZ Health Strategy	DHB Key Response Actions to Deliver Improved Performance		Measures
				Activity	Milestones	
Mental Health (both Māori and Pacific focussed equity actions are expected in this priority area)	**Population Mental Health**	Outline actions to improve population mental health and addictions, 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 and addiction, further integrating mental and addiction and physical health care, and co-ordinating mental health care with wider social services. *Please refer to section 2.3.1 Mental Health Focus Areas for a list of areas that your chosen actions should focus on improving.*	**One team**	• Support and further develop Suicide Prevention Strategy across all services • Expand the 'reach' of a wellness approach in line with Equally Well • Develop group therapy for adults and children in the primary setting. • Continue to support the Māori Model of Care 'Poutama' in Mental Health & Addictions (EOA – Māori) • Integrate the Maori Cultural Assessment and Intervention Tool to improve equity • Continue to implement Supporting Parents Healthy Children	• Suicide Prevention Action-Plan submitted to the Ministry • First group therapy session held • Maori Cultural Tool integrated into IT system and informs patient care/rehabilitative pathways	PP26: Rising to the Challenge PP26: Quarterly Primary Mental Health and Addiction (PMH & A)
		Outline how the DHB will ensure your staff and members of your community will be encouraged to participate in the Government Inquiry into Mental Health and Addiction.		*NMH participated in the Government Inquiry visit in May 2018*		

Government Planning Priority		Focus Expected for the DHB	Link to NZ Health	DHB Key Response Actions to Deliver Improved Performance		Measures
	Mental Health and Addictions Improvement Activities	Outline your commitment to the HQSC mental health and addictions improvement activities with a focus on minimising restrictive care (including the aspirational goal of eliminating seclusion by 2020) and improving transitions. *Please note the percentage and quality of transition plans forms part of the PP7 performance measure. The other three programmes that will be led by the HQSC over the life of the programme are; learning from serious adverse events and consumer experience, maximising physical health and improving medication management and prescribing issues. This programme will support standardised, evidence-based processes and practices for prescribing and management.*	**One team**	• Continue to focus on seclusion reduction, in line with the national target of zero seclusion (EOA – Māori) • Review admission, discharge and MDT processes that relate to transition planning.	• Seclusion episodes under 10 per month for three consecutive months • Maximum duration of seclusion under 8 hours for three consecutive months • Recommendations for improvement to admission, discharge and MDT processes made by Q3 • Recommendations for improvement to admission, discharge and MDT processes implemented by Q4	Key Performance Indicators for NZ MH&A Sector: Seclusion Hours, Event and Duration per person and per 100k population. PP7
	Addictions	For those DHBs that are not currently meeting the PP8 addiction related waiting times targets (for total population or all population groups), please identify actions to improve performance. *Note: DHBs should take into account both DHB provided services and those that are DHB funded but provided by NGOs.*	**Value and high performance**	• Continue to use the UK triage tool to determine severity of problem and prioritise accordingly • Continue to provide a kaupapa Maori clinical addiction service	• Ongoing	PP8 Shorter waits for non-urgent mental health and addiction services for 0-19 year olds

Government Planning Priority		Focus Expected for the DHB	Link to NZ Health	DHB Key Response Actions to Deliver Improved Performance		Measures
Primary Health Care (both Māori and Pacific focussed equity actions are expected in this priority area)	**Access**	As per Budget 2018 announcements, commit to the implementation of new primary care initiatives to reduce the cost of access to primary care services. This includes extending zero fees for under-13s to zero fees for under-14s and reducing fees for community service card holders. Describe actions that will ensure at least 95% of eligible children aged under 14 have zero fee access to afterhours care within 60 minutes travel time. This includes general practice services and prescriptions.	**Closer to home**	• Work with PHOs, General Practices and Pharmacies to enable free care for eligible children up to the age of 14 years • Work with PHOs and General Practices to promote uptake of reduced fees for CSC holders. • Establish zero fee access to after-hours care for under 14s in Golden Bay, Motueka, Murchison, Picton and urban areas to ensure free afterhours care access within 60 minutes travel time. • Process for monitoring and reporting of practices providing free and reduced cost care in place • Publish the details of practices/clinics and pharmacies that are providing free care for eligible children up to 14 years old on the Nelson Marlborough Health and PHO websites • Promote access to free care to Maori and vulnerable populations (EOA – Māori & vulnerable populations)	• Free care for 95% of children up to 14 years of age within 30 minutes travel time and 60 minutes after hours by Q3 18-19 • Reduced fees for CSC holders available in at least 80% of practices by Q3 18-19 • All PMS Systems updated with CBF register • Reporting process in place by Q2 18-19 • Promotional activity occurring by Q2 18-19	CSC holders access to general practice increase, including access for Maori and Pacific Reduced ED admissions for children aged up to 14 years

Government Planning Priority		Focus Expected for the DHB	Link to NZ Health	DHB Key Response Actions to Deliver Improved Performance		Measures
	Integration	DHBs are expected to continue to work with their district alliances on integration including (but not limited to): - strengthening their alliance *(e.g., appointing an independent chair, establishing an alliance programme office, expanding the funding currently considered by the alliance)* - broadening the membership of their alliance *(e.g., pharmacy, maternity, public health, WCTO providers, mental health providers, ambulance)* - developing services, based on robust analytics, that reconfigure current services. In addition: -please identify actions you are undertaking in the 2018/19 year to assist in the utilisation of other workforces in primary health care settings.	**Closer to home**	• Invest in a models of care programme including the Health Care Home (HCH) initiative • Develop integrated primary and secondary data analytical ability and use to support the models of care programme and system change • Re-align the flexible funding pool to meet new priorities, including utilisation of Care Plus and supporting the HCH initiative • Analyse and determine the appropriate workforce mix supporting the HCH initiative • Reconfigure primary healthcare funding to support the government directive for subsidised visits for community services card holders • Co-design an improved integrated mental health model of care • Utilise cross-sector alliances to support service development, including the Top of the South Impact Forum • Look for opportunities for evergreen, high trust contracts with key providers • Implement the Palliative Care review recommendations • Implement virtual health initiatives to support care closer to home • Develop service integration through further development of the health hubs • Implement ambulatory care nursing and integration of the community based nursing workforce • We will ensure we work in partnership with key providers to provide health services for Māori and vulnerable populations	• First tranche of practices confirmed for HCH Q2 18-19 • Integrated data available for models of care by Q2 18-19 • Alliance agreement on flexible fund utilisation by Q2 18-19 • first tranche practices agree workforce needs Q4 18-19 • Reduced charges for CSC holders by Q2 18-19 • Model of care in place by Q3 18-19 • Inter-sectoral initiatives agreed • Contracts established with key providers by Q4 18-19 • Recommendations implemented by Q4 18-19 • Rural consults in two rural areas in place Q2 18-19 • Stage 2 of Marlborough hub in place Q1 18-19 • Integrated nursing model in place Q4 18-19	Increased PHO enrolment rates Improved primary care patient experience survey uptake response and reported quality of care Length of Stay (LOS) acute patients maintained Decrease in number/ % of acute patients readmitted within 30 days of discharge Achievement of the ED 6 hour target Number/% of patients discharged within 36 hours Reduced Ambulatory sensitive hospitalisations (ASH) rate for the 45-64 age group (both overall and by ethnicity)

Government Planning Priority		Focus Expected for the DHB	Link to NZ Health	DHB Key Response Actions to Deliver Improved Performance		Measures
		-identify actions to demonstrate how you will work proactively with your PHOs and other providers to improve newborn enrolment with general practice in 2018/19.		• Follow up with individual LMCs where newborn enrolment isn't occurring • Cross match newborn enrolments with new NHI registrations • Continue to provide navigation and free enrolment with PHOs for families with young children identified by MSD as new to Nelson Marlborough • Implement LMC referral form to PHO navigation service	• Cross matching of enrolment with LMC occurs by Q1 • Ongoing follow up on unknown NHIs • New families navigated to General Practice	Uptake of first Well Child core visit Improvement in newborn enrolment by LMCs Improvement in district wide enrolment rates
	System Level Measures	Please reference your jointly developed and agreed with all appropriate stakeholders System Level Measure Improvement Plan that is attached as an Appendix. System Level Measures Guidance is available on the Nationwide Service Framework Library.	**Value and high performance**	Please refer to the System Level Measures Improvement Plan: Appendix B		Various

Government Planning Priority		Focus Expected for the DHB	Link to NZ Health	DHB Key Response Actions to Deliver Improved Performance		Measures
	CVD and diabetes risk assessment	Commit to maintaining a rate of 90% in undertaking CVD and Diabetes Risk Assessments for their eligible population. Those DHBs whose current performance is below 90% are expected to work closely with their alliance partners to achieve 90%. These DHBs must describe specific actions their alliance will take to reach this target. These actions could be part of the actions committed to in the System Level Measures Improvement Plan (specifically in achieving the Acute Bed Days or Amenable Mortality SLMs), in which case this should be cross-referenced, if that is appropriate. If specific risk assessment activity is not part of the SLM Improvement Plan, actions to improve the level of risk assessments provided must be included in this section along with two quarterly milestones. In addition each DHB should identify three priority areas they will be undertaking for quality improvement in diabetes care and services with key actions and milestones. These areas may be informed by their self-assessment against the Quality Standards for Diabetes Care 2014.	**One team**	• Further implement the Hauora Direct Programme which includes cardiovascular disease risk assessments – CVDRA (EOA – Māori & Vulnerable Populations) • Integrate principles of Hauora Direct into Te Piki Oranga and PHOs (EOA – Māori) • Work with the Pacific Health Service and Nelson Tasman Pasifika Community Trust to locate unenrolled people and those without risk assessments and navigate them to general practice (EOA – Pacifica) • Continue general practice processes to achieve a rate of 90% of CVDRA undertaken in the eligible population • Undertake a rapid improvement project to change the model of care of diabetes delivery. Complete a process map for adults with diabetes and identify touch points and gaps to redevelop the model for those with poor glycaemic control and for high needs/vulnerable populations. • Support Nelson Bays Primary Health and Te Piki Oranga on a gout project to identify and support those at risk of diabetes (EOA – Māori) • Support General Practices to screen for diabetes distress during the diabetes annual review with referral and support where diabetes distress is identified	• Pilot Hauora Direct at two additional community / workplace sites by Q1 • Integrate Hauora Direct into Community providers, Te Piki Oranga and PHOs by Q4 • Pacific people navigated to General Practice and are risk assessed by Q1 • Practices monitored quarterly for CVDRA performance • Diabetes project complete by Q4 18-19 • Gout project in place by Q3 18-19 • Increase in the number of diabetes distress screens undertaken with diabetes annual reviews	90% of the eligible adult population have their CVDRA in the last five years 90% of eligible Māori men aged 35-44 years have their CVDRA in the last five years 90% of eligible Pacific population have their CVDRA in the last five years Referrals onwards to self-management increase 10% decrease in the number of people under the age of 75 with an HbA1c greater than 80 by June 2020

Government Planning Priority		Focus Expected for the DHB	Link to NZ Health	DHB Key Response Actions to Deliver Improved Performance		Measures
	Pharmacy Action Plan	Continue to engage with the agreed national process to develop and implement a new contract to deliver integrated pharmacist services in the community. Continue to support the vision of the Pharmacy Action Plan by working with pharmacists, consumers and the wider health sector (e.g., primary health care) to develop integrated local services that make the best use of the pharmacist workforce.	One team	• NMH will continue to engage with the agreed national process to develop and implement a new contract to deliver the Integrated Community Pharmacy Services Agreement • NMH will develop local services, specifically: population personal health; medicines management; and minor ailments services • NMH will introduce Asthma Services targeted at Maori, Pasifica and other high risk groups to support adherence to therapy and refer where necessary.	• Contracting arrangements in place by Q1 • New model to integrate long term conditions between Pharmacy and General Practice in place by Q4 • Local services to be implemented by Q4	Implementation and ongoing monitoring of contract to develop integrated local services that make the best use of the pharmacist workforce.

Government Planning Priority		Focus Expected for the DHB	Link to NZ Health	DHB Key Response Actions to Deliver Improved Performance		Measures
	Support to quit smoking	Please identify activities that continue to support delivery of smoking ABC in primary care		1. Using existing resource, provide Stop Smoking training to primary care providers including midwives, with a focus on supporting Māori and Whanau 2. Increase the capacity of primary care Stop Smoking Coordination to work with practices and the community on the ABC process and referral to the Stop Smoking Service and Pēpi First (smokefree pregnancy initiative 3. Undertake an analysis of the Pēpi First programme and change to achieve success	• Local Stop Smoking training occurring by quarter one • Capacity increased by Q3 • Report of Pēpi First completed by Q3 with recommendations undertaken by Q4.	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. 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)

Government Planning Priority		Focus Expected for the DHB	Link to NZ Health	DHB Key Response Actions to Deliver Improved Performance		Measures
Child Health (both Māori and Pacific focussed equity actions are expected in this priority area)	**Child Wellbeing**	Please identify the most important focus areas to improve child wellbeing and that realises a measurable improvement in equity for your DHB. Identify key actions that demonstrate how the DHB is building its understanding of population needs, including those of high-needs populations, and making connections with and between local service providers of maternal health, child health and youth focused services.	Value and high performance	• Implement the Hauora Direct Programme (EOA – Māori, Pacifica & Vulnerable Populations)	• Pilot Hauora Direct at two additional community / workplace sites by Q1 • Integrate Hauora Direct into Health IT system by Q4 • Integrate Hauora Direct into Paediatrics, Midwifery Services, Community/ Māori provider/s and PHOs by Q4	• Two Hauora Direct programmes completed • Hauora Direct assessment tool integrated into DHB/ PHO IT system • Evidence that Hauora Direct tool is being utilised in Paediatrics, Midwifery Services, Community/ Māori providers • Evidence that the principles of Hauora Direct assessment is being implemented within PHO's where appropriate

Government Planning Priority		Focus Expected for the DHB	Link to NZ Health	DHB Key Response Actions to Deliver Improved Performance		Measures
				• Monitor efficacy of the Pēpi First smokefree pregnancy initiative and change to achieve success (EOA – Māori, Pacifica & Vulnerable Populations) • Support children with respiratory illness (EOA – Māori, Pacifica & Vulnerable Populations)	• Report on the number of wahine whom are pregnant whom have entered into the programme at Q2 and Q4 • Report on the % of successful quit rates for Māori compared to the rest of the population at Q2 and Q4 • Smokefree incentive programme extended to whānau of children with identified respiratory illness by Q2 18-19 • Asthma management plan available at GP practices	• Smoking cessation rate for Pēpi First initiative • SI13 • 50% quit rate achieved for whānau of children with respiratory illness enrolled in the incentivised quit programme
				• Kaupapa Māori resource in Oral Health service (EOA - Māori & Vulnerable Populations)	• Establish kaupapa Māori Oral Health service with Te Piki Oranga • Narrative report on Oral Health service targets evidences attainment of contract	• Kaupapa Māori Oral Health service established • Reduced the Did Not Attend (DNA) rate for Māori children with the Oral Health service • PP10 and PP11

Government Planning Priority		Focus Expected for the DHB	Link to NZ Health	DHB Key Response Actions to Deliver Improved Performance		Measures
				• Improve newborn enrolment process on the ward and in the community (EOA – Māori, Pacifica & Vulnerable Populations)	A formal Primary/ Secondary engagement process operative by Q1	• Māori infants getting first core visit within first 6 weeks with Well Child provider • SI18
				• Fund a Hapu Wananga parenting education programme (EOA - Māori & Vulnerable Populations) • Improve health literacy about SUDI, breast feeding and smoking cessation for participants of the programme	Hapu Wananga established by Q1	• Referrals to Hapu Wananga • Number of people who have completed Hapu Wananga by ethnicity • 95% positive evaluations by participants
				• Implement the Whare Ora^ / Healthy Homes initiative (EOA - Māori & Vulnerable Populations)	• Whare Ora lite conducts referrals to the Healthy Homes home insulation programme	• Increase number of homes insulated through the Warmer Healthier Homes scheme • Whare Ora launched targeting tamariki with respiratory problems whom are frequently admitted to hospital
				• Continue to identify the needs of vulnerable and high-needs populations, and connect with service providers and other government agencies	• Host three vulnerable and high-needs population consumer hui by Q1 • Intersectoral meetings held at least quarterly	• Three vulnerable and high-needs population consumer hui by Q1 • Stakeholders collaborate on projects to improve child health

Government Planning Priority		Focus Expected for the DHB	Link to NZ Health	DHB Key Response Actions to Deliver Improved Performance		Measures
				• Promote healthy food choices via programmes such as Eat Move Grow and Active Families	• Referral targets met	• Improvement in both qualitative and quantitative measures around better food choices, less screen time and increased physical activity
				• Establish a cross-sector multidisciplinary approach for eating disorders, infant mental health and positive behaviour support		• Paediatric clinics held in the Child and Adolescent Mental Health Service
	Maternal Mental Health Services	Commit to have completed a stock-take by the end of quarter two, of community-based maternal mental health services currently funded by your DHB, both antenatal and postpartum. Please include funding provided to PHOs specifically to address primary mental health needs for pregnant women and women and men following the birth of their baby. Commit to identify, and report in quarter four on the number of women accessing primary maternal mental health services both through PHO contracts that the DHB holds and, through any other DHB funded primary mental health service.	**Closer to home**	• NMH will identify all community-based maternal mental health services (both antenatal and post-partum) funded by the DHB, including funding to PHOs that are targeted at pregnant women and parents following the birth of their baby. • NMH will develop a pathway for pregnant women with moderate mental health issues. • NMH will develop a pathway for parents in their first 1000 days with moderate mental health issues • NMH will report on the number of women accessing primary maternal mental health services both through PHO contracts that the DHB holds and, through any other DHB funded primary mental health service.	• All community-based maternal mental health services identified by Q1 • Health pathway for pregnant women reviewed by Q2 • Health pathway for parents created by Q2 • Liaison contact in mental health identified for midwives by Q1 • Report produced in Q4	PP44 Maternal Mental Health

Government Planning Priority		Focus Expected for the DHB	Link to NZ Health	DHB Key Response Actions to Deliver Improved Performance		Measures
	Supporting Health in Schools	Identify actions currently under way to support health in schools by the end of quarter two, an example can be found on the FAQ sheet on the NSFL (in addition to School-Based Health Services – see guidance below).	Closer to home	• Youth health schedule published and promoted to secondary schools • Teen Health Festival findings collated to support understanding of student needs for the implementation plan for the expansion of school based health services • Youth Advisory Panel provides advice and support to Nelson Marlborough Health in further development of services • Work in collaboration with the Ministry of Education to provide health promotion programmes in specific areas • *Refer to Adolescence and Young Adulthood life course group in section 1.3*	• Schedule published by Q1 • Teen Health Festival findings available by Q1 • Youth panel meetings occur quarterly	School based health services for decile 4 schools in place Youth health schedule promoted to schools by Q2 Teen Festival findings incorporated in implementation plan by Q4 Youth feedback incorporated in implementation plan by Q4 Agencies working in collaboration for improved outcomes
	School-Based Health Services (SBHS)	Commit to have completed a stocktake of health services in public secondary schools in the DHB catchment (MoH to provide list of schools) by the end of quarter 2. Commit to have developed an implementation plan including timeframes for how SBHS would be expanded to all public secondary schools in the DHB catchment (MoH to provide template) by the end of Q4. *Note that the implementation plan should include an equity focus.*	Closer to home	• Current school based health services (SBHS) extended to decile 4 schools – Tapawera and Murchison • Undertake a stocktake of health services in public secondary schools across Nelson, Marlborough and Tasman • Develop an implementation plan including timeframes for expanding school based health services to all public secondary schools across Nelson, Marlborough and Tasman within current resources • Detail measures for ensuring equity in the implementation plan for school based health services (EOA – Māori and Vulnerable Populations)	• Contract agreed with PHOs for SBHS extension • Stocktake completed by the end of Q2 • Local stakeholders agree implementation plan by June • How equity will be achieved is clear in the implementation plan by Q4	Implementation plan for extended school based health services completed by Q4

Government Planning Priority		Focus Expected for the DHB	Link to NZ Health	DHB Key Response Actions to Deliver Improved Performance		Measures
	Immunisation	Work as one team across all immunisation providers within your region, and in collaboration with other child services, to improve immunisation rates and equity for the key milestone ages in early childhood. This includes delivery of the primary series of vaccines under one year of age, and completion of immunisations due at two and five years of age, with a particular focus on increasing immunisation rates for Māori infants.	One team	• Implement agreed process with the Ministry of Social Development to locate and immunise children • Continue delivery of the Talk Immunisation programme to health professionals to ensure a consistent approach to conversations with those who choose not to immunise • Ensure women are linked with general practices by cross-referencing secondary facility maternity lists with NIR • Proactively follow up on reasons for declining via Immunisation Facilitator in primary care	• Inter-sectorial process in place by Q2 • Talk Immunisation programme delivered each quarter • Maternity lists cross-reference with the NIR by Q2 18-19 • Practices notified of pregnant women not immunised • Imms Facilitator follow up on declines by Q3 18-19	95% of infants aged eight months complete their primary course of immunisation 95% of 2 year and 5 year olds are fully immunised 95% of Māori infants and children are immunised at 8 months, 2 years and 5 years Decrease in percentage of decliners by 1%
		For Nelson Marlborough DHB: Please provide three specific actions that will increase Māori infant immunisation coverage levels and sustain high levels during 2018/19. These actions must be accompanied by a date for implementation of the action, an expected outcome, and a date by which the outcome will be achieved.	Value and high performance	• Implement the Hauora Direct Programme which includes immunisation (EOA – Māori & Vulnerable Populations) • Fund a Hapu Wānanga parenting education programme that supports Hauora Direct and immunisation (EOA – Māori & Vulnerable Populations) • Communications promoting immunisations targeted to vulnerable populations (EOA – Māori & Vulnerable Populations) • Work with MSD to develop processes for supporting access to vaccinations for vulnerable families through referral to PHOs by Q2.	• Pilot Hauora Direct delivered in an additional community by Q1 • Hauora Direct tool in Health IT systems by Q4 • Hauora Direct in Paediatrics, Midwifery, Te Piki Oranga and PHOs by Q4 • Hapu Wānanga established by Q1 • 50 particants in Hapu Wānanga by the end of Q4 • Communications plan implemented	Number of people who have completed Hapu Wananga 95% of Māori infants and children are immunised at 8 months, 2 years and 5 years Decrease in percentage of delayers/decliners

Government Planning Priority		Focus Expected for the DHB	Link to NZ Health	DHB Key Response Actions to Deliver Improved Performance		Measures
	Responding to childhood obesity	Please identify activities that continue to respond to children identified as obese at their B4 school check.		1. Achieve health target for Raising Healthy Kids by: • Supporting B4SC providers to refer obese children to nutrition and physical activity programmes • Reviewing and monitoring reports to identify and target priority populations • Continuing to make quality improvements to the B4SC Healthy Kids pathway 2. Continue to promote key health messaging and brief healthy weight intervention to parents and the child health sector • Promote the new BMI calculator with General Practice and other providers in the child health sector 3. Monitor and ensure that Nutrition and Physical activity programmes are available to meet the demand for referrals, including active families and Eat, Move, Grow. 4. Implement the Hauora Direct Programme, which includes a healthy weight assessment (EOA – Māori, Pacifica & Vulnerable Populations)	• Health Target for 95% of obese children identified in the B4SC referred to nutrition and physical activity programmes to be achieved, including priority populations • All referrals to programmes are accepted and followed up • Education of BMI calculator undertaken • Pilot Hauora Direct at two additional community / workplace sites by Q1 • Integrate Hauora Direct into Health IT system by Q4 • Integrate Hauora Direct into Paediatrics, Midwifery Services, Community/ Māori provider/s and PHOs by Q4	HT7: Raising Health Kids Health Target Quarterly Reporting and target achievement Two Hauora Direct programmes completed Hauora Direct assessment tool integrated into DHB/ PHO IT system Evidence that Hauora Direct tool is being utilised in Paediatrics, Midwifery Services, Community/ Māori providers Evidence that the principles of Hauora Direct assessment is being implemented within PHO's where appropriate

Government Planning Priority		Focus Expected for the DHB	Link to NZ Health	DHB Key Response Actions to Deliver Improved Performance		Measures

System Settings (both Māori and Pacific focussed equity actions are expected in this priority area)	**Strengthen Public Delivery of Health Services**	Identify any activity planned for delivery in 2018/19 to strengthen access to public health services.	**Value and high performance**	• Strengthen interpreter services by implementing a single provider model with contracted responsibility for providing interpreters with training and support e.g. health terminology training, confidentiality training, and mentoring support (EOA – migrants and former refugees)
				• Implement the multi-year Models of Care (MOC) Programme to redesign how the various parts of our health system should work together to improve the health outcomes of the people in Nelson Marlborough, including:
				  • Investigate the option of increased use of virtual health to improve access to public health services by removing barriers to access (e.g. transport, time) particularly for rural patients (EOA – rural)
				  • Development of the Health Care Home (HCH) model increasing the integration of providers and developing holistic care service networks
				  • Turning data into information that supports decision making by developing comprehensive, multi-source dataset(s) that will provide access to relevant activity and outcome data from across primary, community and secondary health settings.
					• Single provider interpreter service implemented by Q2
					• Virtual health stocktake completed by Q1
					• Virtual health pilot to start in Q2
					• Expressions of Interest for the HCH pilot received by Q1
					• HCH pilot to start in Q2
					• Integrated data available for models of care by Q2 18-19
						SI 16: Strengthening Public Delivery of Health Services

Government Planning Priority		Focus Expected for the DHB	Link to NZ Health	DHB Key Response Actions to Deliver Improved Performance		Measures
	Shorter stays in emergency department ED)	Please identify activities that continue to improve patient flows through hospital.		• Improve the patient journey through a consultant led service and provision of expert ED advice; and incorporating top of scope ED nursing practice into the model of care • Continue to promote the 'Save ED for emergencies' message, particularly for the peak summer period • Pilot a Medical Assessment & Planning Unit (MAPU) to improve efficiency in the admission process for unplanned patients by providing assessment, care and treatment for a designated period of up to 36 hours prior to transfer to the medical unit, or home where appropriate • Strengthen primary care through implementation of the Health Care Home (HCH) model • Continue to redirect from ED to primary care as appropriate in collaboration with general practice and St Johns • Improve the ED experience for Māori through: active engagement with the Manaaki Mana strategy, National ED Māori Strategy, through local membership; improved bi-lingual signage with Māori as well as English; improved ethnicity data collection to ensure all data can be analysed by ethnicity; governance group review of ethnicity indicators and associated actions; mandatory cultural competency training for staff; participation in a multicentre HRC project about adverse events and ED inequalties (EOA – Māori, Pacifica & Vulnerable Populations)	• 'Save ED for emergencies' campaign re-starts in Q2 • MAPU pilot assessment by Q2 • First tranche of practices confirmed for HCH by Q2 • Ongoing redirection	• Achievement of the ED 6 hour target • Number/% of patients discharged within 36 hours • Reduced ambulatory sensitive hospitalisations (ASH) rate • ED redirection and ED returns within 48 hours

Government Planning Priority		Focus Expected for the DHB	Link to NZ Health	DHB Key Response Actions to Deliver Improved Performance		Measures

	Access to Elective Services	Please provide three specific actions that will support your delivery of the agreed number of Elective discharges, in a way that meets timeliness and prioritisation requirements and improves equity of access to services.
		At least one action to improve equity of access to Elective Services should be included.
		These actions must be accompanied by a date for implementation of the action, an expected outcome, and a date by which the outcome will be achieved.
			Value and high performance	• Meet elective discharge target of 7575 discharges: Right size production plan to discharge targets
				• Reduce cancellations of Elective patients though theatre. Ensure weekly reporting on delivery back to service
				• Continue with Ophthalmology Service model of care changes to ensure follow up throughput within acceptable time frames
				• Continue to support management of minor skin lesions in primary care
				• Ensure equity of access to elective services across all ethnic groups:
				  • District wide prioritisation of elective referrals to achieve equity of access across the region for rural and urban customers
				  • Ensure patients are contacted prior to their appointments to identify any barriers to attendance; connect them with existing groups and navigation services to support them
				• Continue to support management of the South Island Bariatric Surgery Service by Canterbury DHB
					• Deliver 7575 elective discharges to end Q4
					• All preventable Elective Cancellations reduced to <4% by end Q4
					• Ophthalmology follow up patients are being seen on time with no delay to clinical care in 95% of cases by end January 2018
					• Minor skin lesions continue to be delivered in primary care
					• Elective inpatient services volumes reported by ethnicity and rurality by Q4
					• Canterbury DHB supported to continue to managed the South Island Bariatric Surgery Service
						Number of Elective Discharges
						SI4: Standardised Intervention Rates
						OS3: Inpatient Length of Stay (Electives)
						Electives and Ambulatory Initiative
						Elective Services Patient Flow Indicators

Government Planning Priority		Focus Expected for the DHB	Link to NZ Health	DHB Key Response Actions to Deliver Improved Performance		Measures
	Cancer Services	Implement improvements in accordance with national strategies and demonstrate initiatives that support the areas outlined below. All initiatives will demonstrate clear strategies for addressing Māori health gain, equitable and timely access to services and the use of data to inform quality improvement across those initiatives. DHBs will describe actions to: - ensure equity of access to timely diagnosis and treatment for all patients - implement the prostate cancer decision support tool to improve the referral pathway across primary and secondary services - provide support to people following their cancer treatment (survivorship).	Value and high performance	• Kia ora E Te Iwi (KOETI) Māori Cancer health literacy wananga are held across the district (EOA – Māori and Vulnerable Populations) • Use the prostate cancer decision support tool to support better information flow and timeliness of treatment for patients with suspected Ca Prostate once the tool has been delivered • Work with local stakeholders to smooth the pathway from secondary to primary led care for patients following their cancer journey	• Three KOETI wananga are held across the district; survey evaluation identifies 100% of participants rate the event as being successful • Pathways for referral for Ca Prostate have been reviewed and reflect the implementation tool • 3 Cancer streams will have formed survivorship pathways from secondary to primary care	Achieve Faster Cancer Treatment Target Achieve Faster Cancer Treatment Target for Māori
	Healthy Ageing	Deliver on actions identified in the Healthy Ageing Strategy 2016, involving older people in service design, co-development and review, and other decision-making processes[4], including: - working with ACC, HQSC and the Ministry of Health to promote and increase enrolment in your integrated falls and fracture prevention services as reflected in the associated "Live Stronger for Longer" Outcome Framework and Healthy Ageing Strategy - contributing to DHB and Ministry led development of Future Models of	Closer to home	• Continue to support the implementation of the 2016 Healthy Ageing Strategy in alignment with Ministry of Health prioritised Action Plan , in partnership with key stakeholders including consumers *Refer to section 4.3.1 Healthy Ageing Workforce*	• Healthy ageing prioritised actions for 2018-19 delivered, in partnership with key stakeholders including consumers, on time	PP23: Implementing the Healthy Ageing Strategy
				• Increase uptake of Advance Care Planning across Nelson Marlborough	• Recruitment of ACP Facilitators by Q1 • Start communication skills training for health professionals by Q2	

[4] Action 26 of the Healthy Aging Strategy.

Government Planning Priority		Focus Expected for the DHB	Link to NZ Health	DHB Key Response Actions to Deliver Improved Performance		Measures
		Care for home and community support services. In addition, please outline current activity to identify drivers of acute demand for people 75 plus presenting at ED (or at lower ages for disadvantaged populations).		• Participate in the DHB and Ministry led development of Future Models of Care for home and community support services		
				• Continue to work with ACC, the Health Quality and Safety Commission and the MoH to promote and increase enrolment in our integrated falls and fracture prevention services as reflected in the associated "Live Stronger for Longer" Outcome Framework and Healthy Ageing Strategy	• Falls, Fracture and Bone health electronic assessment tool implemented into primary care to identify people at risk who could benefit from prevention services • Increase the number of approved community providers delivering strength and balance exercises, with a minimum of 80 approved in the NMH community	• Number of falls fracture and bone health assessments completed in primary care • Number of falls (ACC) • Number of serious harm falls (ACC) • Number of programmes
				• Use interRAI assessment data to identify indicators of ED admission for people 75 plus (65 plus for vulnerable populations). Utilise indicators to identify people in the community 'at risk' of presenting to ED and conduct review of people by NASC/HOP rehab team.	• Establish indicators of admission to ED based on interRAI assessment data • Commence review programme Q2 • Assess outcomes Q4	Number of ED admissions

Government Planning Priority		Focus Expected for the DHB	Link to NZ Health	DHB Key Response Actions to Deliver Improved Performance		Measures
				• Identify further drivers of acute demand for people 75 plus presenting at ED from ARRC (65 plus for vulnerable populations)	• Establish reporting for admissions to ED from ARRC facilities for monthly review • Conduct assessment of data to identify quality improvement areas	• Number of ED admissions from ARRC • Assessment completed Q4
				• Conduct review of Kaumatua navigator programme to assess access and barriers to services across the system for Māori 55 plus (EOA – Māori)	• Review conducted Q3	• Review complete
				• Support hospice providers and Aged Related Residential Care facilities in the implementation of Te Ara Whakapiri (EOA – Māori)	• All facilities have implemented Te Ara Whakapiri by Q4	• Number of facilities with guidelines implemented

Government Planning Priority		Focus Expected for the DHB	Link to NZ Health	DHB Key Response Actions to Deliver Improved Performance		Measures
	Disability Support Services	Commit to develop e-learning (or other) training for front line staff and clinicians by the end of quarter 2 2018/19 that provides advice and information on what might be important to consider when interacting with a person with a disability. (Some DHBs have developed tools which could be shared, contact DSS). Commit to report on what % of staff have completed the training by the end of quarter 4, 2018/19. *Additional information - These modules might include advice about the clinical impact of various disabilities on health outcomes, barriers to accessing healthcare, the role of support workers in healthcare settings and communication tools when interacting with people with visual, hearing, physical and/or intellectual disabilities.*	**One team**	• Review e-learning training from other DHBs that provide advice and information on what might be important to consider when interacting with a person with a disability • Select and implement an appropriate e-learning training course as a pre-requisite to classroom "Positive Behaviour Support" training • Prioritise services to receive "Positive Behaviour Support" training • Promote training and monitor completion rates	• e-learning training from other DHBs reviewed by Q2 • e-learning training course selected and implemented by Q4 • Training completion report produced by Q4	% of staff have completed the training by the end of Q4

Government Planning Priority		Focus Expected for the DHB	Link to NZ Health	DHB Key Response Actions to Deliver Improved Performance		Measures

	Improving Quality	Identify actions to improve equity in outcomes and patient experience by demonstrating planned actions to:
		- work to improve equity in outcomes as measured by the Atlas of Healthcare Variation (DHB to choose one domain from: gout, asthma, or diabetes)
		- improve patient experience as measured by your DHB's lowest-scoring question in the Health Quality & Safety Commission's national inpatient experience surveys.
			Value and high performance	• Identify the people within vulnerable populations (Maori, people who live in areas of high deprivation, transient populations and people with chronic mental illness) at risk of diabetes and ensure these people are connected with primary care services (EOA – Vulnerable Populations)
				• Patient Experience Survey data used to inform tests of change including:
				  • Ogilvy medication discharge project
				  • Medicines reconciliation and counselling implemented on the Medical Unit
					• Ensure that all Hauora Direct participants within the age range are screened for diabetes and as required ensure an appropriate referral to primary care services
					• In line with Equally Well strategy, identify people with coexisting mental illness and diabetes and ensure referral to primary care services for them and their whanau
					• Medicines reconciliation and counselling implemented on the medical unit by Q1
					• Test 'follow up phone call' in Wairau in-patient unit underway Q2
					• Use of home safe checklist and medicines safety counselling from Q1
						Percentage of people with known diabetes with no HbA1c measured in the past 2 years
						
						Results of 'follow up phone call trial'
						
						Percentage of patients discharged home from medical in-patient units with a yellow card

Government Planning Priority		Focus Expected for the DHB	Link to NZ Health	DHB Key Response Actions to Deliver Improved Performance		Measures
	Climate Change	Commit to individually and collectively make efforts to reduce carbon emissions and, where appropriate, promote the adoption of CEMARS (or other carbon neutral scheme). Commit to undertake a stocktake to be reported in quarter 2 to identify activity/actions being delivered, including procurement, that are expected to positively mitigate or adapt to the effects of climate change.	Value and high performance	• Review sustainability policy and organisational capability and capacity to implement • Undertake a stocktake to identify activity / actions being delivered, including procurement, that are expected to positively mitigate or adapt to the effects of climate change • Undertake an assessment of the carbon footprint of NMH and determine opportunities to reduce that footprint	• Sustainability policy updated by June 2019 • Stocktake completed by Q2 • Assessment of the carbon footprint and opportunities for reduction completed by June 2019	Baseline of the carbon footprint of NMH determined PP40 Responding to Climate Change
	Waste Disposal	Provide actions to raise awareness and actively promote the use of your DHB's pharmaceutical waste collection and disposal arrangements. Commit to undertake a stocktake to be reported in quarter 2 of 2018/19 to identify activity/actions to support the environmental disposal of hospital and community *(e.g., pharmacy)* waste products (including cytotoxic waste).	Value and high performance	• Place ads in local media to remind public of process for waste disposal • Remind local pharmacies of how to access free medicine waste collection from the DHB. Note that pharmacies partake on a voluntary basis. • Stocktake of pharmaceutical waste, including cytotoxic waste, disposal in NMH and the community • Stocktake of the bulk of our existing waste disposal quantities and methods; Identification of opportunities to improve	Advertising complete by 31 Dec 2018 Reminder to pharmacies complete by 31 December 2018 Stocktakes completed by end Oct 2018	PP41 Waste Disposal

Government Planning Priority		Focus Expected for the DHB	Link to NZ Health	DHB Key Response Actions to Deliver Improved Performance		Measures

	National Bowel Screening	Indicate plans for the: implementation of the National Bowel Screening Programme		• Successful implementation of NBSP services, including:
				  • Equitable access for identified priority groups i.e. Māori, Pacific, Asian People, and rural men
				  • Work in partnership with the He Huarahi Matepukupuku / Improving the Cancer Pathway for Māori project
				  • Work with Marae and other Māori/Pacific settings (e.g. Te Piki Oranga, Pacific Trust) to provide health education and promotional activities
					• MOH approval for 'Go Live' date of August in Q1
					• Formalised NBSP pathways are mapped, agreed and service improvements prioritised by Q1
					• Equitable service provision across both sites by Q1
					• New waiting time initiatives in place in Q2
					• Centralised booking in place by Q1
					• Nurse led consent in place by Q1
						PP29.4: Improving waiting times for diagnostic services as per NBSP quality, equity and performance indicators:
						
						PP30: Faster cancer treatment
						
						PP32: Improving the quality of ethnicity data collection in PHO and NHI registers
						
						PP33: Improving Māori enrolment in PHOs
						
						S19: SLM amenable mortality: Reduce inequity for Māori within our amenable mortality rates by 2020
						
						OS10: Improving the quality of identity data within the National Health Index (NHI)

				• Undertake initiatives to meet waiting times for diagnostic colonoscopy services, including:
				  • Introduce of senior Clinical Nurse Endoscopy roles district wide
				  • New waiting time initiatives in place in Q1 with reporting by ethnicity to review equity
				  • District wide prioritisation of elective referrals to achieve equity of access across the region for rural and urban consumers
				  • Implement reviewed health pathways to ensure alignment with the South Island
				  • Introduce electronic referral for NBSP
					• Software is successfully implemented to enhance the effectiveness of NBSP reporting and audit purposes by Q1	

Government Planning Priority		Focus Expected for the DHB	Link to NZ Health	DHB Key Response Actions to Deliver Improved Performance		Measures
				• Continue partnership with PHOs and Primary Care for timely referral and NBSP participation	• Participation in South Island evaluation from Q1 to Q4 • At least 4 communal hui held and booklets distributed by Q2 • 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	and data submitted to National Collections

Government Planning Priority		Focus Expected for the DHB	Link to NZ Health	DHB Key Response Actions to Deliver Improved Performance		Measures
	Digital Technology	Indicate plans for the: • provision of health services via digital technology across the health system; for example telehealth, integrated care and working remotely. Linked with the RSP indicate plans regarding the implementation of ePA and the completion of the E Triage implementation.	**Value and high performance**	• Implement eTriage – eReferrals received through the RMS module in Health Connect South (HCS) with triage functionality • Implement the regional instance of ePharmacy [this is a pre-requisite for an ePA implementation] • Contribute to the implementation of the Regional Service Provider Index (RSPI) • eObservations (Patientrack) pilot ward rollout completed • Continue to implement SI PICS foundation functionality following replacement of OraCare by SI PICS in the live environment • NMH Telehealth strategy created in-line with SI strategy	• eTriage project kick-off Q1 • Complete Q4 • ePharmacy regional Implementation Planning Study complete Q1 • Joint ePharmacy project with WCDHB, NMH, and CDHB kick off Q2, completed Q4 • Confirm NMH scope, plan and budget for RSPI by Q2 • eObservation pilot ward roll out with 5 charts Q2 • eObservation hospital roll-out with 5 charts Q4 • Mobile Device Strategy completed Q3, informed by feedback from eObservation pilot • Telehealth initiatives identified and scoped by Q3	Quarterly reports from regional leads

Government Planning Priority	Focus Expected for the DHB	Link to NZ Health	DHB Key Response Actions to Deliver Improved Performance		Measures
Fiscal Responsibility	Commit to deliver best value for money by managing your finances in line with the Minister's expectations. Local improvement activities to respond to Government intentions (DHBs required to include actions in this sections will be advised)	**Value and high performance**	Nelson Marlborough Health is committed to deliver best value for money by managing finances in line with the Minister's expectations.		Actual vs planned spend

* Hauora Direct Programme: A comprehensive 360 degree health assessment and referral tool which seeks to accelerate health sector performance against Māori Health and Vulnerable Populations Health priority indicators

^ Whare Ora: A Healthy Homes intersectoral initiative that involves an assessment of high needs families' homes and resolves issues such as dampness to prevent illness.

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. 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.

The South Island Alliance Strategy priorities for the next 1-2 years are:

- Turning data into information that supports decision making (*refer to Strengthening Delivery of Public Health Services section above)*
- Understanding and influencing the social determinants of health (*refer to 1.3 Strategic Intentions and Priorities/Public Health and the Public Health Annual Plan for 2018/19)*
- First 1,000 days and vulnerable children – supporting the best possible start in life (*refer to 1.3 Strategic Intentions and Priorities/Life Course Group/Early Years and Childhood)*
- Developing mental health aspects of integrated systems of care across the health, education and social spectrum (*refer to 1.3 Strategic Intentions and Priorities/Life Course Group/Youth Wellbeing and the Mental Health section above)*
- Acute Demand Management Platform - enabling primary care-led acute admission avoidance *(refer to the Primary Health section above)*
- Embedding and utilisation of Advance Care Plans across the whole system *(refer to the Healthy Ageing section above)*

To achieve these priorities, the most significant actions NMH is undertaking to deliver on the Regional Service Plan are outlined in the table below:

Government Planning Priority	Focus Expected for the DHB	Link to NZ Health Strategy	Activity	Milestones	Measures
Delivery of Regional Service Plan	Identify any significant DHB actions the DHB is undertaking to deliver on the Regional Service Plan. In particular, for Elective Services, identify local actions to support planned Elective activity in the regional service plan across, Workforce, Clinical Leadership, Quality and Pathways. There is a strong focus on regional collaboration in 2018/19 for Orthopaedics, Ophthalmology, Vascular and Breast Reconstruction.	**One team**	Continue to support the delivery of the South Island Health Services Plan, including: • Participate with the SI Alliance in SI models of care and ensure equity of access (EOA) • Link with Hutt Valley DHB in relation to improving access, and consistency of access, to plastics and reconstructive services, including breast reconstruction; NMH will engage with the SI & national service improvement programme as actions are developed and support regional implementation as required • Collaborate with the SI with regards to consistent ophthalmology pathways, reducing variations in patterns of care and improving health equity • Link with SIAPO re orthopaedic workforce resources, including subspecialty capability, identify future requirements to meet demand, gap analysis • Continue to support management of the South Island Bariatric Surgery Service by Canterbury DHB • An equity assessment framework is confirmed and applied across the development of new regional initiatives for cancer services (EOA) • Continue to implement SI PICS foundation functionality following replacement of OraCare by SI PICS in the live environment • Implement e-Triage, e-Pharmacy and Patient– *refer to Digital Technology section above* • Turning data into information that supports decision making by developing comprehensive, multi-source dataset(s) that will provide access to relevant activity and outcome data from across primary, community and secondary health settings • Increase uptake of Advance Care Planning across Nelson Marlborough • Embed the South Island Dementia Model of Care, including socialising the model of care with the wider health sector and supporting implementation.	• Southern Cancer Network pilot and implement equity assessment framework that aligns with national and regional guidance • Integrated data available for models of care by Q2 18-19 • Recruitment of ACP Facilitators by Q1 • Start communication skills training for health professionals by Q2 • Ongoing work to embed the South Island Dementia Model of Care – this is a long-term process	Electives Health Target Bariatric initiative volumes

2.2 Local and Regional Enablers

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 (Appendix A). 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.

Models of Care Programme

We want to improve and transform the way health care is provided in Nelson Marlborough. Our health services need to meet the needs of our community, especially Māori and vulnerable populations, and meet increased demand. We need health services that are safe, high quality, and take advantage of new technology.

We have initiated a programme of work (the 'Models of Care programme') to help us consider how the various parts of our health system should work together to improve the health outcomes of the people in Nelson Marlborough. A key component of this is designing and testing improvements and changes to the way health and health care are provided in the Nelson Marlborough region. The programme will inform system reconfiguration to drive transformational change and inform the requirements of new facilities, including the rebuild of Nelson Hospital.

Workstreams will be led by a multidisciplinary team, including consumers, and the workstreams will evolve as the programme progresses. The initial workstreams that have been identified as a starting point are:

- End of life care
- Vulnerable populations
- Unplanned (acute) care
- Planned (elective) care
- Primary care and the healthcare home
- Long-term conditions
- Mental health

Top of the South Impact Forum

To achieve the NMH vision that all people in the region live well, get well and stay well requires collaboration across our local health system and joint working with other sectors. The Top of the South Impact Forum (TOSIF) is comprised of senior leaders from sectors such as health, police, education, welfare, housing, and local government. TOSIF has been reinvigorated in the last couple of years and has a strong focus on actions that make a big difference, which is reflected in the name change to Top of the South Impact Forum from the former 'Talking Heads'.

The forum shares information about the challenges and priorities facing each organisation and has identified mutual priorities to jointly address for collective gain. The lead agency for each priority is responsible for developing a work programme, and the cross-governance group meets regularly to monitor progress. The identified priorities for 2018-19 are:

- Addressing methamphetamine in our community
- Housing for vulnerable people
- Reducing Family Harm
- Supporting Young People.

Workforce

Nursing

Nurses represent the largest part of the Nelson Marlborough health workforce and play an important role in delivering health care. Nelson Marlborough Health is developing the local nursing workforce to ensure the nursing skill mix is planned to match the level of health need in the population and to enhance their contribution to health services. We aim to provide the highest level of nursing care in order to improve health outcomes, and also to improve access to services, and to provide rewarding career pathways for nurses in Nelson Marlborough. This includes nurse prescribing for chronic disease management, such as Diabetes and Cardiology. We will increase the number of nurses who identify as Māori to ensure we achieve a Nelson Marlborough nursing workforce that reflects the demographics of the local community by 2025.

The development of the nurse practitioner role offers the potential for more nurses to contribute to health gains, offering a responsive, innovative, effective, efficient and collaborative health care service. The role also offers a clear clinical career pathway for nurses in clinical practice, and should encourage more highly skilled nurses to stay and work in the Nelson Marlborough region and New Zealand. The Nurse Practitioner Pathway focus areas for NMH are: Health of Older Persons; Rural Areas; Mental Health; Emergency Departments; and Identified Specialist Areas e.g. Acute Pain.

Safe Staffing is part of a collaborative agreement between the New Zealand Nurses' Organisation and the District Health Boards. NMH is committed to have staffing and workplaces that assure patient safety and satisfaction, support staff health and well-being and support organisational efficiency, and will fully implement Safe Staffing by 2021. NMH is committed to fully implementing Care Capacity Demand Management (CCDM) by June 2021.

With the ageing demographic of our nursing workforce, significant work has been undertaken to ensure robust succession planning is in place. Succession plans are in place for all key nursing roles.

Allied Health

With over 40 professions, the allied workforces are a diverse group. The Allied Health, Scientific and Technical (AHS&T) workforce encompasses over 50 professional groups working across all health and disability services. AHS&T professionals are vital not only in the effective delivery of patient assessments, but also acute and rehabilitation treatment services and the delivery of necessary patient support services such as sterile supplies. Some workforces are small in number and can experience significant peaks and troughs in supply and demand.

The South Island Directors of Allied Health support the implementation of the Calderdale Framework as a means of developing a more flexible and competent allied health workforce for the South Island health system – in primary care, secondary care and community health care. The Calderdale Framework is a clinically-led workforce development tool to facilitate a 'best for patient, best for system' approach. It provides opportunities to standardise patient care and achieve service efficiencies. NMH aims to embed the Calderdale Framework into acute and community health allied health service delivery, to maximise the use of health resources. Projects include skill delegation to Allied Health Assistants (AHAs) and skill sharing with other health professionals. This includes the training of more Calderdale Framework practitioners and facilitators.

The Ministry contracts two providers, and Enable New Zealand administers Equipment and Modifications Service (EMS) for Nelson Marlborough Health. EMS Assessors hold categories and levels of accreditation which relate to their individual qualifications and experience. The categories and levels refer to the types of services that the EMS Assessor is able to recommend. The South Island DHBs have a regional approach to development of resources to support Enable accreditation for equipment issue - mobility aids and Activities of Daily Living equipment. The South Island DHBs also have agreed clinical and training resources to support Allied Health Enable equipment issue.

Disability Support Services

NMH is the only DHB still providing a disability support service (DSS) for people with physical and intellectual disabilities. The planned actions for disability support services during 2018-19 are:

	Activity	Milestones
Disability Support Services (DSS)	• Improve IT literacy amongst all DSS staff • Review and refresh recruitment and orientation programme for DSS staff • Develop targeted training for DSS staff who work in the high and complex area • Offer Positive Behaviour & Support training across DSS and Mental health. • Position DSS to support the adoption of the Enabling Good Lives (EGL) strategy in Nelson Marlborough	• All front-line staff and clinicians have a log-in by Q3 to support e-learning • Refreshed recruitment and orientation programme in place by Q3 • Implement high and complex matrix for front line staff in DSS; Matrix available by Q3 • Mental Health and Intellectual Disability Positive Behaviour & Support sessions are available by Q3 • EGL self-assessment is part of annual processes for each house

2.3 Financial Performance Summary

(refer to Appendix E for further detail)

3: Service Configuration

Service Coverage

There are no identified significant service coverage exceptions identified for 2018/19.

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

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

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 2018/19 year.

CHANGE	DESCRIPTION	BENEFITS OF CHANGE	CHANGE FOR LOCAL, REGIONAL OR NATIONAL REASONS
Models of Care Programme	• Nelson Marlborough Health System transformation	• Local people and clinicians will work together, planning, transforming and building health and health services that will offer the right care, at the right time, by the right team in the right location	• Local (within the context of national and international change)
Mental Health & Addictions (MH&A)	• Implement actions following service review	• Improved integration between services • Refresh residential care to better match community need • Strengthen after-hours responsiveness for all ages • Increase access to respite services	• Local
Marlborough Health Hub Stage II	• Expand existing Marlborough community health hub	• More services closer to home - A General Practice, Pharmacy, District Nursing, Support Works, Te Piki Oranga, Physiotherapy, Hearing and Older People Mental Health team • 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
Palliative Care Review	• District wide model	• Consistent model across the region and a district wide service • Improved efficiency and value for money	• Local
Pharmacy	• National contract	• NMH will work towards different contracting arrangements for the provision of community pharmacist services by working with consumers and other stakeholders within the framework of the new contract to develop and agree local service options, including potential options for consumer-focused pharmacist service delivery, with wider community- based inter-disciplinary teams and a review of and possible re-modelling of the Community Pharmacy Anti-coagulation Management service to allow for increased patient numbers to access this service.	• National
Bowel Screening Service	• National screening programme	• Lives saved by detecting bowel cancer at an early stage when it can often be more successfully treated	• National
Sleep Apnoea	• Local contract	• Improved efficiency and value for money	• Local

Service Issues

There are no identified significant service issues for 2018/19. However:

- NMH continues to have a large number of people for follow-up appointments who have not been seen in the timeframes originally allocated. At times this has resulted in adverse patient outcomes (e.g. ophthalmology)
- NMH has a number of small but crucial services (e.g. neurology, haematology, oncology) which are under substantial pressure because of high levels of referrals and often single senior staff members so sustainability is under threat
- Like almost all other Intensive Care Units (ICU) in New Zealand, NMH is under pressure. Last Winter was particularly challenging as we neither had the staff or space to care for patients, but no other ICU was able to take them
- NMH is the only DHB in the country without a stroke nurse. Although funding has been planned, it has been superseded by higher priority needs.

4: Stewardship

(Refer to Nelson Marlborough Health's 2018/19 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 is operating expenditure. This is assessed against and reported through Nelson Marlborough Health's performance management process to the Board and Executive Leadership Team every month. Further information about Nelson Marlborough Health's planned financial position for 2018/19 and out years is contained in section 2.3 Financial Performance Summary.

Investment and asset management
NMH is committed to advancing and maturing its asset management planning with a view to a more strategic approach to asset maintenance, replacement and investment. A revised Asset Management Plan (AMP) is due to be completed during the 2018/19 year. The AMP reflects the joint approach taken by all DHBs and current best practice. NMH will also support the MoH in the development of a national Asset Management Plan.

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

Building Capability

Capital and infrastructure development

The most significant capital and infrastructure investment for Nelson Marlborough Health will be the rebuild of Nelson Hospital. The current unsuitable design of buildings and infrastructure is impacting on the quality of care, hindering new ways of working and constraining capacity. Some buildings at Nelson Hospital are in poor condition, putting health, safety and ongoing service delivery at risk. The way the healthcare system works at present is restricting the sector's ability to meet current and emerging health care needs and increasing demand. The four-stage Better Business Case planning process is estimated to take two years. The Strategic Business Case has been produced, and the Indicative Business Case will be produced by November 2018. The Detailed and Implementation business cases will be produced during 2019-20 before construction begins on the multi-million dollar improvements.

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:

- Work with SIAPO to implement the Regional Service Provider Index across the South Island.
- With CDHB, prioritise and implement further SI PICS foundation functionality following the replacement of OraCare with SI PICS in the live environment.
- Implement eTriage – eReferrals received through the RMS module in Health Connect South (HCS) with triage functionality.
- Replace the local install of WinDOSE with the regional instance of ePharmacy, as part of the eMedicines roadmap.
- Continue to expand the scope of eRecords (scanned documents) as an enabler for a complete electronic health record in conjunction with HCS and HealthOne.
- Roll-out eObservations (Patientrack). This application supports zero paper Early Warning Score (EWS), observations, progress notes, nursing, allied health and medical assessments, checklists, handover documents and summaries.
- Create a NMH telehealth strategy in support of the South Island telehealth strategy.

Nelson Marlborough Health is committed to constructively engage with the Ministry and other health sector members in the establishment of a programme of IT Security maturity activities.

Further detail about Nelson Marlborough Health's application portfolio programme are contained in the 2018-21 South Island Health Services Plan, and in section two on Regional Alliance Work and enablers within this document. For the sub-regional or local initiatives in the portfolio, details are:

Project	**Deliverable**	**Time frame**
eObservations (Patientrack)	Pilot ward go-live	Q2
NMH Telehealth	Pilot site for clinical virtual consult live (dependent on budget)	Q4

Nelson Marlborough Health is committed to constructively engage with the Ministry and other health Sector members in the establishment of a programme of IT Security maturity activities. This includes reporting on activities in the ICT Operational Assurance Plan to the Audit & Risk Committee, noting this plan was updated and submitted to the Department of Internal Affairs in August. With regard to information security, an independent audit of the Health Information Security Framework (HISF) within Nelson Marlborough Health has recently been completed. A plan of activities is being be developed to improve compliance, and this also will be regularly reported to the Audit & Risk committee.

Workforce

Over the next 12–18 months, NMH will develop and implement a NMH workforce action plan that supports the models of care needed for NMH in the future as identified by the NMH Models of Care Programme. This workforce action plan includes current DHB national and regional priorities, such as development of the Māori workforce and other specified areas. The plan will have a number of actions and measures.

The Staff Engagement Working Together forum continues to work in partnership with key union stakeholders, to collectively solve shared challenges, and work in a constructive and transparent way with our union partners.

Our focus for 2018/2019 will be on building a change agile organisation, in preparation for the hospital rebuild and models of care work. This will require a focus on building leadership capability and cultural competence at every level within NMH. NMH will also continue to focus on building management capability through the continued development and delivery of NMH's Management Series workshops.

NMH will continue to participate in partnership forums with key union partners, through Joint Consultative Committee (JCC) meetings.

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'
- The Top of the South Impact Forum is a cross-sector alliance of senior leaders from sectors such as health, police, education, welfare, housing, and local government
- NZ Health Partnerships Limited has the broad aim to enable DHBs to collectively maximise shared services opportunities for the benefit of the sector, and Nelson Marlborough Health is committed to supporting NZHP's work and the local implementation of business cases
- The Nelson Marlborough Hospitals' Charitable Trust (trading at The Care Foundation) holds trust funds for the benefit of public hospitals
- The Marlborough Hospital Equipment Trust provides equipment and other items from public donations raised by Trust
- Churchill Private Hospital Trust provides private medical and surgical services in Marlborough
- Nelson Marlborough Health has an agreement with Pacific Radiology to provide a joint MRI service from the Nelson and Wairau Hospital sites
- Nelson Marlborough Health has an agreement with Christchurch Radiology Group to provide a visiting Radiology service at Wairau Hospital site
- Top of the South Cardiology Limited has an agreement with Nelson Marlborough Health to provide private cardiology services from Nelson Hospital
- Nelson Marlborough Health is a partner in the Golden Bay Health Alliance for an Integrated Family Health Centre with Nelson Bays Primary Health Trust and Golden Bay Community Health Trust – Te Hauora O Mohua Trust.

4.3 Workforce

4.3.1 Healthy Ageing Workforce

Nelson Marlborough Health will work to identify the workforces working with older people and their family/whanau/informal carers; and develop a workforce plan to ensure that those working with older people have the training and support they require to deliver high-quality, person-centred care.

This workforce plan will include strategies to support specialist workforce delivery of education and training for non-specialist workforces. The plan will identify and prioritise vulnerable workforces in planning, including allied health, kaiāwhina and carer and support worker workforces. This plan will include working as 'one team' with our healthcare partners in attracting, retaining and making the best use of the skills in the health workforce to meet the needs of an

older population, whilst ensuring the workforce appropriately reflects our growing ethnic diversity, reflecting guidance and actions outlined in the Healthy Ageing Strategy.

4.3.2 Health Literacy

Most individuals and whānau will at times have difficulty understanding and applying complex health information. Nelson Marlborough Health will promote and coordinate action to raise awareness of, and build skills in health literacy practice among the health workforce and across the health system.

Nelson Marlborough Health recognises that levels of health literacy differ between individuals and can differ for an individual at different times of their life.

For Māori, we are focusing on health literacy about cancer. Cancer is a major cause of illness, with a significant impact on individuals, families and health systems. Despite a decline in cancer mortality and an increase in cancer survival over time, it remains an important cause of preventable mortality and illness. Māori have a higher incidence rate of cancer, and those living in the most deprived areas have a significantly higher incidence of cancer than those living in the least deprived areas.

Recent health literacy activities to raise cancer health literacy for Māori and vulnerable populations include the development of a Cancer Korero booklet, pamphlet, hui, education programme, high profile speakers, and a video about cancer treatment.

- The Cancer Korero booklet and pamphlet provide an overview of the various signs and symptoms of cancer and other information regarding cancer, early detection and services
- Cancer Korero Hui with a focus on health literacy for whanau have been held across the NMDHB region. The five hui held were well attended and provided an opportunity for whanau to listen and learn, and share their own cancer experiences
- Kia ora - E te iwi is a cancer education and support programme for Māori, and will be implemented across Nelson Marlborough 2018-19. Kia ora - E te iwi is a Kaupapa Māori cancer education programme to be delivered for Māori by Māori, and is for anyone who has had to cope with cancer, either as a patient, support person or health professional
- The Cancer treatment video has a specific focus on chemotherapy and aims to 'demystify' the treatment - what it involves and the environment it is given in. The video is used as a tool to assist whanau when making decisions about treatment options.

Nelson Marlborough Health's external communications and marketing channels have an important role in improving health literacy. In 2018/19 the following channels will continue to be used to present trustworthy information to the community, which in turn could improve people's understanding of local health services, and health as a whole.

- Social media: Facebook and Neighbourly
- Print: Community newspaper advertorial, news media articles and promotional print material
- Screen media: TV screens in hospital waiting rooms and cafes, Giggle TV advertising and Cinema screen advertising.
- Online and digital: The NMH website, Nelson & Marlborough Apps, Stuff advertising.

The information promoted via these channels should be as trustworthy as possible. To this end, the communications team sources the majority of information from suppliers of scientifically peer-reviewed information that is tailor-made for New Zealand consumers, including:

- The Health Promotion Agency
- The Ministry of Health
- HealthEd.govt.nz
- HealthNavigator.org.nz
- KidsHealth.org.nz
- HealthInfo.org.nz
- Organisations such as the Asthma Foundation, Mental Health Foundation, NZ Cancer Society

Where information is not readily available, the communications team will work with NMH teams to produce information that the Clinical Governance Committee and other NMH leaders would consider accurate and trustworthy.

5: Performance Measures

2018/19 Performance Measures

The DHB monitoring framework aims to provide a rounded view of performance using a range of performance markers. Four dimensions are identified reflecting DHB functions as owners, funders and providers of health and disability services. The four identified dimensions of DHB performance cover:

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

A list of the 2018/19 Performance Measures is provided below:

Performance measure	Performance expectation	
HS: Supporting delivery of the New Zealand Health Strategy	Quarterly highlight report against the Strategy themes.	
PP6: Improving the health status of people with severe mental illness through improved access	Age 0-19	4.2% Maori & Total)
	Age 20-64	6.5% (Maori) 4.6% (Total)
	Age 65+	0.9% (Maori & Total)
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.
		Report on activities in the Annual Plan.
PP8: Shorter waits for non-urgent mental health and addiction services for 0-19 year olds		80% of people seen within 3 weeks.
		95% of people seen within 8 weeks.
		Report on activities in the Annual Plan.
PP10: Oral Health- Mean DMFT score at Year 8	Year 1	0.83
	Year 2	0.83
PP11: Children caries-free at five years of age	Year 1	62%
	Year 2	62%
PP12: Utilisation of DHB-funded dental services by adolescents (School Year 9 up to and including age 17 years)	Year 1	>85%
	Year 2	>85%
PP13: Improving the number of children enrolled in DHB funded dental services	Year 1: Children Enrolled 0-4 years	>= 95%

	Year 2: Children Enrolled 0-4 years	>= 95%
	Year 1: Children Not Examined 0-12 years	<= 10%
	Year 2: Children Not Examined 0-12 years	<= 10%

PP20: Improved management for long term conditions (CVD, Acute heart health, Diabetes, and Stroke)		
Focus Area 1: Long term conditions	Report on activities in the Annual Plan.	
Focus Area 2: Diabetes services	Implement actions from Living Well with Diabetes.	
	Improve or, where high, maintain the proportion of patients with good or acceptable glycaemic control (HbA1C indicator).	
Focus Area 3: Cardiovascular health	90% of the eligible population will have had their cardiovascular risk assessed in the last 5 years.	
	Percentage of 'eligible Māori men in the PHO aged 35-44 years' who have had their cardiovascular risk assessed in the past 5 years.	0.9
Focus Area 4: Acute heart service	>70% of high-risk patients receive an angiogram within 3 days of admission.	
	>95% of patients presenting with ACS who undergo coronary angiography have completion of ANZACS QI ACS and Cath/PCI registry data collection within 30 days and >= 99% within 3 months.	
	Over 95% of patients undergoing cardiac surgery at the five regional cardiac surgery centres will have completion of Cardiac Surgery registry data collection within 30 days of discharge.	
	≥85% of ACS patients who undergo coronary angiogram have pre-discharge assessment of LVEF	
Focus Area 4: Acute heart service (continued from previous page)	Composite Post ACS Secondary Prevention Medication Indicator - in the absence of a documented contraindication/intolerance all ACS patients who undergo coronary angiogram should be prescribed, at discharge, aspirin, a second anti-platelet agent, statin and an ACEI/ARB (4-classes), and those with LVEF<40% should also be on a beta-blocker (5-classes). (expected target for 2018/19 is 85%)	
Focus Area 5: Stroke services	10% or more of potentially eligible stroke patients thrombolysed 24/7.	
	80% of stroke patients admitted to a stroke unit or organised stroke service with demonstrated stroke pathway.	
	80% of patients admitted with acute stroke who are transferred to inpatient rehabilitation services are transferred within 7 days of acute admission.	
	60 % of patients referred for community rehabilitation are seen face to face by a member of the community rehabilitation team ie RN/PT/OT/SLT/SW/Dr/Psychologist within 7 calendar days of hospital discharge.	
PP21: Immunisation coverage		95% of two year olds fully immunised
		95% of four year olds fully immunised
		75% of girls fully immunised – HPV vaccine
		75% of 65+ year olds immunised – flu vaccine
		Report on activities in the Annual Plan
PP22: Delivery of actions to improve system integration including SLMs		Report on activities in the Annual Plan.
PP23: Implementing the Healthy Ageing Strategy	Report on activities in the Annual Plan.	
	Conversion rate of Contact Assessment (CA) to Home Care assessment where CA scores are 4 – 6 for assessment urgency	Baseline to be established

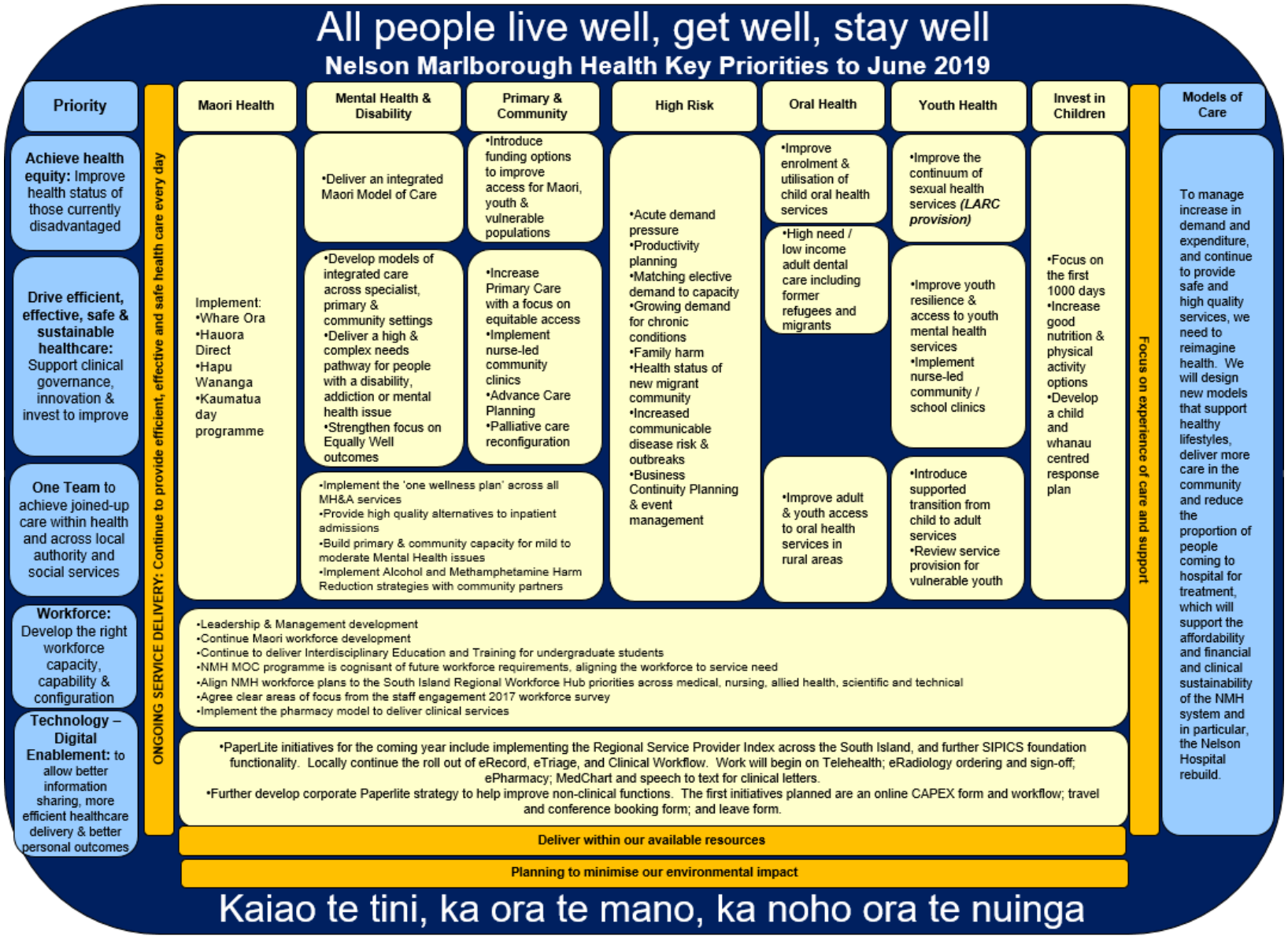
PP25: Youth mental health initiatives	Initiative 1: Report on implementation of school based health services (SBHS) in decile one to three secondary schools, teen parent units and alternative education facilities and actions undertaken to implement *Youth Health Care in Secondary Schools: A framework for continuous quality improvement* in each school (or group of schools) with SBHS.	
	Initiative 3: Youth Primary Mental Health. As reported through PP26 (see below).	
	Initiative 5: Improve the responsiveness of primary care to youth. Report on actions to ensure high performance of the youth service level alliance team (SLAT) (or equivalent) and actions of the SLAT to improve health of the DHB's youth population.	
PP26: The Mental Health & Addiction Service Development Plan	Provide reports as specified for the focus areas of Primary Mental Health, District Suicide Prevention and Postvention, Improving Crisis Response services, improving outcomes for children, and improving employment and physical health needs of people with low prevalence conditions.	
PP27: Supporting child well-being		Report on activities in the Annual Plan.
PP28: Reducing Rheumatic fever	Reducing the Incidence of First Episode Rheumatic Fever	<= 0.2 per 100,000 for the South Island DHBs
PP29: Improving waiting times for diagnostic services	95% of accepted referrals for elective coronary angiography will receive their procedure within 3 months (90 days).	
	95% of accepted referrals for CT scans, and 90% of accepted referrals for MRI scans will receive their scan within 6 weeks (42 days).	
	90% 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 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.	
PP30: Faster cancer treatment		85% of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat.
		Report on activities in the Annual Plan.
PP31: Better help for smokers to quit in public hospitals	95% of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking.	
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%.
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		70% of infants are exclusively or fully breastfed at three months.
PP39: Supporting Health in Schools		Report on activities in the Annual Plan.
PP40: Responding to climate change		Report on activities in the Annual Plan
PP41: Waste disposal		Report on activities in the Annual Plan
PP42: (Canterbury DHB ONLY)Mental health support in earthquake affected schools		N/A
PP43: Population mental health		Report on activities in the Annual Plan
PP44: Maternal mental health		Report on activities in the Annual Plan
PP45: Elective surgical discharges		7575 number of publicly funded, casemix included, elective and arranged discharges for people living within

		the DHB region	
SI1: Ambulatory sensitive hospitalisations		0-4	See System Level Measure Improvement Plan
		45-64	Improvement (decrease) on the baseline population rate of 1,927
SI2: Delivery of Regional Plans	Provision of a progress report on behalf of the region agreed by all DHBs within that region.		
SI3: Ensuring delivery of Service Coverage	Report progress towards resolution of exceptions to service coverage identified in the Annual Plan, and not approved as long term exceptions, and any other gaps in service coverage (as identified by the DHB or by the Ministry).		
SI4: Standardised Intervention Rates (SIRs)	Major joint replacement procedures - a target intervention rate of 21 per 10,000 of population.		
	Cataract procedures - a target intervention rate of 27 per 10,000 of population.		
	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, and tobacco.		
SI7: SLM total acute hospital bed days per capita	As specified in the jointly agreed (by district alliances) SLM Improvement Plan.		
SI8: SLM patient experience of care	As specified in the jointly agreed (by district alliances) SLM Improvement Plan.		
SI9: SLM amenable mortality	As specified in the jointly agreed (by district alliances) SLM Improvement Plan.		
SI10: Improving cervical screening coverage		80% coverage for all ethnic groups and overall.	
SI11: Improving breast screening rates		70% coverage for all ethnic groups and overall.	
SI12: SLM youth access to and utilisation of youth appropriate health services		See System Level Measure Improvement Plan	
SI13: SLM number of babies who live in a smoke-free household at six weeks post natal		See System Level Measure Improvement Plan	
SI14: Disability support services		Report on activities in the Annual Plan	
SI15: Addressing local population challenges by life course		Report on activities in the Annual Plan	
SI16: Strengthening Public Delivery of Health Services		Report on activities in the Annual Plan	
SI17: Improving quality		Report on activities in the Annual Plan	
SI18: Improving newborn enrolment in General Practice		55% of newborns enrolled in General Practice by 6 weeks of age 85% of newborns enrolled in General Practice by 3 months of age Report on activities in the Annual Plan	
OS3: Inpatient length of stay	Elective LOS suggested target is 1.45 days, which represents the 75th centile of national performance.	1.45	
	Acute LOS suggested target is 2.3 days, which represents the 75th centile of national performance.	2.3	
OS8: Reducing Acute Readmissions to Hospital		<= 10.4%	
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	New NHI registration in error (causing duplication)	Group A >2% and <= 4% Group B >1% and <=3%	

the NHI		Group C >1.5% and <= 6%
	Recording of non-specific ethnicity in new NHI registrations	>0.5% and <= 2%
	Update of specific ethnicity value in existing NHI record with non-specific value	>0.5% and <= 2%
	Validated addresses excluding overseas, unknown and dot (.) in line 1	>76% and <= 85%
	Invalid NHI data updates	TBA
Focus Area 2: Improving the quality of data submitted to National Collections	NBRS collection has accurate dates and links to National Non-admitted Patient Collection (NNPAC) and the National Minimum Data Set (NMDS)	>= 97% and <99.5%
	National Collections File load Success	>= 98% and <99.5%
	Assessment of data reported to NMDS	>= 75%
	Timeliness of NNPAC data	>= 95% and <98%
Focus Area 3: Improving the quality of the Programme for 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 Addiction services is within 5% variance (+/-) of planned volumes for services measured by FTE; 5% variance (+/-) of a clinically safe occupancy rate of 85% for inpatient services measured by available bed day; actual expenditure on the delivery of programmes or places is within 5% (+/-) of the year-to-date plan.	

Appendix A: Priorities Matrix

See overleaf


All people live well, get well, stay well
Nelson Marlborough Health Key Priorities to June 2019
Priority
Achieve health equity: Improve health status of those currently disadvantaged
Drive efficient, effective, safe & sustainable healthcare: Support clinical governance, innovation & invest to improve
One Team to achieve joined-up care within health and across local authority and social services
Workforce: Develop the right workforce capacity, capability & configuration
Technology – Digital Enablement: to allow better information sharing, more efficient healthcare delivery & better personal outcomes
ONGOING SERVICE DELIVERY: Continue to provide efficient, effective and safe health care every day
Maori Health
Implement:
•Whare Ora
•Hauora Direct
•Hapu Wananga
•Kaumatua day programme
Mental Health & Disability
•Deliver an integrated Maori Model of Care
•Develop models of integrated care across specialist, primary & community settings
•Deliver a high & complex needs pathway for people with a disability, addiction or mental health issue
•Strengthen focus on Equally Well outcomes
•Implement the 'one wellness plan' across all MH&A services
•Provide high quality alternatives to inpatient admissions
•Build primary & community capacity for mild to moderate Mental Health issues
•Implement Alcohol and Methamphetamine Harm Reduction strategies with community partners
Primary & Community
•Introduce funding options to improve access for Maori, youth & vulnerable populations
•Increase Primary Care with a focus on equitable access
•Implement nurse-led community clinics
•Advance Care Planning
•Palliative care reconfiguration
High Risk
•Acute demand pressure
•Productivity planning
•Matching elective demand to capacity
•Growing demand for chronic conditions
•Family harm
•Health status of new migrant community
•Increased communicable disease risk & outbreaks
•Business Continuity Planning & event management
Oral Health
•Improve enrolment & utilisation of child oral health services
•High need / low income adult dental care including former refugees and migrants
•Improve adult & youth access to oral health services in rural areas
Youth Health
•Improve the continuum of sexual health services (LARC provision)
•Improve youth resilience & access to youth mental health services
•Implement nurse-led community / school clinics
•Introduce supported transition from child to adult services
•Review service provision for vulnerable youth
Invest in Children
•Focus on the first 1000 days
•Increase good nutrition & physical activity options
•Develop a child and whanau centred response plan
Focus on experience of care and support
Models of Care
To manage increase in demand and expenditure, and continue to provide safe and high quality services, we need to reimagine health. We will design new models that support healthy lifestyles, deliver more care in the community and reduce the proportion of people coming to hospital for treatment, which will support the affordability and financial and clinical sustainability of the NMH system and in particular, the Nelson Hospital rebuild.
•Leadership & Management development
•Continue Maori workforce development
•Continue to deliver Interdisciplinary Education and Training for undergraduate students
•NMH MOC programme is cognisant of future workforce requirements, aligning the workforce to service need
•Align NMH workforce plans to the South Island Regional Workforce Hub priorities across medical, nursing, allied health, scientific and technical
•Agree clear areas of focus from the staff engagement 2017 workforce survey
•Implement the pharmacy model to deliver clinical services
•PaperLite initiatives for the coming year include implementing the Regional Service Provider Index across the South Island, and further SIPICS foundation functionality. Locally continue the roll out of eRecord, eTriage, and Clinical Workflow. Work will begin on Telehealth; eRadiology ordering and sign-off; ePharmacy; MedChart and speech to text for clinical letters.
•Further develop corporate Paperlite strategy to help improve non-clinical functions. The first initiatives planned are an online CAPEX form and workflow; travel and conference booking form; and leave form.
Deliver within our available resources
Planning to minimise our environmental impact
Kaiao te tini, ka ora te mano, ka noho ora te nuinga

Appendix B

System Level Measures Improvement Plan

Nelson Marlborough Health System
Improvement Plan for System Level Outcomes 2018-19

The Top of the South Health Alliance (ToSHA) is committed to improving the health of everyone in the Nelson Marlborough region. 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: General Manager Clinical Services; and Director of Nursing & Midwifery</td></tr>
<tr><th>Milestones</th><th>Activities</th><th>Contributory Measures</th></tr>
<tr><td rowspan="4">Maintain acute hospital bed days rate at 200.5 per 1,000 population

<table>
<tr><td colspan="3">NMH Standardised Acute Hospital Bed Days per 1,000 population</td></tr>
<tr><td>Year to March 2016</td><td>Year to March 2017</td><td>Year to March 2018</td></tr>
<tr><td>277.9</td><td>239.3</td><td>200.5</td></tr>
</table>

CONTEXT: Rehabilitation is the top ‘diagnosis related group’ cluster for acute hospital bed days in Nelson Marlborough. Most acute Assessment Treatment & Rehabilitation (AT&R) bed days are for people 65+ with an average age of 81 and an average LOS of 13.6 days.</td><td>• Continue to improve patient flow and increase efficiency of end to end hospital processes</td><td>• Length of Stay (LOS) acute patients
• Number/ % of acute patients readmitted within 30 days of discharge</td></tr>
<tr><td>• Work with ACC, the Health Quality and Safety Commission and the MoH to promote and increase enrolment in our integrated falls and fracture prevention services as reflected in the associated “Live Stronger for Longer” Outcome Framework and Healthy Ageing Strategy</td><td>• Number of falls fracture and bone health assessments completed in primary care
• Number of falls (ACC)
• Number of serious harm falls (ACC)</td></tr>
<tr><td>• Development and implementation of a Medical Admissions Unit (MAU) to improve efficiency in the admission process for unplanned patients by providing assessment, care and treatment for a designated period of up to 36 hours prior to transfer to the medical unit, or home where appropriate</td><td>• MAU in operation
• Number/% of patients discharged within 36 hours
• Reduction in medical outliers
• Achievement of the ED 6 hour target</td></tr>
<tr><td>• Complete a targeted communications campaign for flu season
• Increase the number of kaumatua vaccinated</td><td>• Flu vaccination rate for over 65 year olds
• Flu vaccinations rates reported by ethnicity</td></tr>
</table>

<table>
<tr><td></td><td>• Strengthen primary care through implementation of the Health Care Home (HCH) model
• Addition of services located in the Marlborough Health Hub including a general practice, district nursing, pharmacy and Te Piki Oranga</td><td>• Five general practices to participate in the HCH pilot
• Reduced ambulatory sensitive hospitalisations (ASH) rate for the 45-64 age group (both overall and by ethnicity)
• New services operating from Marlborough Health Hub</td></tr>
<tr><td colspan="3">Ambulatory Sensitive Hospitalisations (ASH) Rates for 0-4 year olds</td></tr>
<tr><td colspan="3">Champion: Chief Medical Officer & Paediatrician; and General Manager Maori Health & Vulnerable Populations</td></tr>
<tr><td>Milestone</td><td>Activities</td><td>Contributory Measures</td></tr>
<tr><td rowspan="5">Reduce ASH rates for Maori age 0-4 years to <4000 by 30 June 2019

ASH rates 0-4yrs per 100,000 (12 months to December) non-standardised
<table><tr><td></td><td>2015</td><td>2016</td><td>2017</td></tr><tr><td>NM Māori 0-4yrs</td><td>5030</td><td>4540</td><td>4277</td></tr><tr><td>NM Total 0-4yrs</td><td>3990</td><td>4047</td><td>3573</td></tr></table>
CONTEXT: The ASH rate for Maori children is significantly higher than other children in the Nelson Marlborough region. The top conditions for Maori children are asthma, respiratory infections, gastroenteritis and dental conditions.</td><td>• Implement the Hauora Direct Programme, a comprehensive 360 degree health assessment targeting Maori and vulnerable populations, in two new community settings</td><td>• Two Hauora Direct programmes completed in community settings</td></tr>
<tr><td>• Continue to deliver the Pēpi First smokefree pregnancy initiative</td><td>• % of pregnant women who smoke at booking by ethnicity
• Smoking cessation rate for Pēpi First initiative by ethnicity</td></tr>
<tr><td>• Establish kaupapa Maori Oral Health service with Te Piki Oranga</td><td>• Kaupapa Maori Oral Health service established
• Increase children caries free at 5 years of age (by ethnicity and deprivation level)
• Reduced Did Not Attend (DNA) rate for Maori children with the Oral Health service</td></tr>
<tr><td>• Fund a Hapu Wananga parenting education programme</td><td>• Number of people who have completed Hapu Wananga by ethnicity
• 95% positive evaluations by participants</td></tr>
<tr><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; Begin by targeting tamariki with respiratory problems who are frequently admitted to hospital</td><td>• Increase number of homes insulated through the Warmer Healthier Homes scheme
• Number of Whare Ora recipients reported by ethnicity</td></tr>
</table>

Patient Experience of Care

Champion: Clinical Director Community & Chair of Clinical Governance

Milestone	Activities	Contributory Measures
Improved patient experience of care across the five domains of safe, timely, efficient, effective and patient centred Increase the patient response rate for primary care surveys by increasing the percentage of email addresses collected by 5% for each PHO by 30 June 2019 CONTEXT: The primary care survey has successfully been implemented and 100% of general practices are participating. To increase the volume of patient responses the focus will be on collecting email addresses.	• Resolve technical issues with Primary Care experience survey to improve the low response rate in primary care	• Increased patient participation rate in the Primary Care Patient Experience Survey
	• Review and strengthen processes to collect email addresses for the primary care survey	• Increased number of patient email addresses collected
	• Identify three areas within the in-patient experience survey and the primary care experience survey where performance is low and work to address these issues	• Work has commenced to address three low performing areas

Q2 2018	Practice participation rate	Total % email addresses
Marlborough PHO	100%	15.22%
Nelson Bays PHO	100%	43.91%

Amenable Mortality Rates

Champion: General Manager Primary, Strategy & Community

Milestone	Activities	Contributory Measures
Reduce inequity for Maori within amenable mortality rates by 2021 CONTEXT: Nelson Marlborough has an overall lower amenable mortality rate than the national average. However, amenable mortality for Maori is higher than for non-Maori. An actual amenable mortality rate for Maori is not available due to the size of local population, and number of deaths is monitored instead.	• Implement the Hauora Direct Programme, a comprehensive 360 degree health assessment targeting Maori and vulnerable populations, in two new community settings	• Two Hauora Direct programmes completed in community settings
	• Implement Poutama, a model of care and action plan to improve Maori mental health	• Poutama action plan implemented
	• Implement Equally Well to improve the physical health of people with a Mental Health and / or Addictions issue	• Improved physical health of people with a Mental Health and / or Addictions issue
	• Achieve Faster Cancer Treatment Target for Maori	• Implement Kia Ora e Te Iwi to increase cancer health literacy for Maori • Deliver a minimum of 2 Kia Ora e Te Iwi programmes • % PHO enrolled women aged 25-69 who have had a cervical screen in last 3 years (disaggregated by ethnicity) • % PHO enrolled women

Amenable mortality, ages 0-74, 2015		
	Number of deaths	Rate
NM Māori	10	-
NZ Māori	1177	188.8
NM Non Maori, Non Pacific	153	67.7
NZ Non Maori, Non Pacific	3910	74.7

<table>
<tr><td></td><td></td><td>aged 50-69 who have had a breast cancer screen in last 2 years (disaggregated by ethnicity)
• % of PHO enrolled Māori women aged 25 to 69 years who have had a cervical sample taken in the past three years
• % of PHO enrolled eligible Māori women (50-69) who have had a breast screen in the last two years
• Rollout of national bowel screening programme</td></tr>
<tr><td></td><td>• Increase uptake of Green Prescriptions to support adults to make healthy lifestyle choices</td><td>• Update of Green Prescriptions by ethnicity</td></tr>
<tr><td colspan="3">Youth Access to and Utilisation of Youth Appropriate Health Services</td></tr>
<tr><td colspan="3">Champion: Clinical Director Women, Child & Youth</td></tr>
<tr><td>Milestone</td><td>Activities</td><td>Contributory Measures</td></tr>
<tr><td rowspan="3">Youth have increased access to, and increased utilisation of, youth appropriate services: Mental Health and Wellbeing

Reduced self-harm hospitalisations and short stay ED presentations for <24 year olds to 48.5 by 30 June 2019

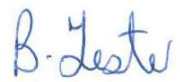
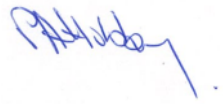
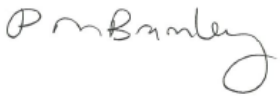
<table><tr><td colspan="4">Youth Self Harm Hospitalisations (Aged Standardised)</td></tr><tr><td></td><td>2015</td><td>2016</td><td>2017</td></tr><tr><td>NMH total</td><td>53.8</td><td>53.1</td><td>49.7</td></tr><tr><td>National total</td><td>40.4</td><td>46.2</td><td>49.1</td></tr><tr><td>NMH Maori</td><td>25.9</td><td>33.5</td><td>14.4</td></tr><tr><td>National Maori</td><td>28.5</td><td>27.7</td><td>32.2</td></tr></table>
CONTEXT: Youth (15-24 year olds) in Nelson Marlborough are at higher risk than their national counterparts for injury and ED attendance, including self-harm hospitalisations.</td><td>• Youth advocacy input to decision making in Child & Adolescent Mental Health Service (CAMHS), addictions and early intervention service
• Continued engagement with the Youth Advisory Panels</td><td>• Youth advocacy pathways developed</td></tr>
<tr><td>• Establish process for a MDT team referral review and allocation for CAMHS, addictions and Te Piki Oranga
• Increased coordination of care and shared care arrangements to ensure youth receive appropriate support from the right service(s)</td><td>• Reduced waiting list for services
• Process developed</td></tr>
<tr><td>• Increased mental health support provided to schools and stronger relationships between school guidance counsellors and CAMHS</td><td>• Volume of youths accessing primary health brief intervention services
• CAMHS participation in school guidance counsellor meetings: ongoing
• CAMHS participation in Community of Learning forums: ongoing</td></tr>
<tr><td colspan="3">Proportion of Babies Who Live In A Smoke Free Household at 6 Weeks</td></tr>
<tr><td colspan="3">Champion: Operations Manager & Associate Director of Midwifery; and Ditre Tamatea, General Manager Maori Health & Vulnerable Populations</td></tr>
<tr><td>Milestone</td><td>Activities</td><td>Contributory Measures</td></tr>
<tr><td>Increase the proportion of babies who live in a smoke-free household at 6 weeks post-birth</td><td>• Continue to deliver the Pēpi First smokefree pregnancy initiative</td><td>• % of pregnant women who smoke at booking by ethnicity
• Smoking cessation rate for</td></tr>
</table>

<table>
<tr>
<td rowspan="4">80% of Households are smoke-free at six weeks postnatal by 30 June 2019

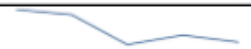
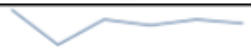
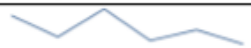
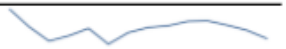
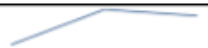
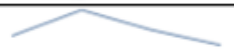
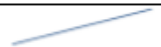
<table>
<tr><td colspan="3">Babies living in smokefree homes at 6 weeks post-natal</td></tr>
<tr><td></td><td>Jan 17 - Jun 17</td><td>Jul 17 - Dec 17</td></tr>
<tr><td>Nelson Marlborough</td><td>77.5%</td><td>79.4%</td></tr>
<tr><td>National</td><td>77.1%</td><td>76.8%</td></tr>
</table>

CONTEXT: Smoking remains the leading modifiable risk to health in New Zealand. According to the Nelson Marlborough Health Needs Assessment 2015, 34% of Nelson Marlborough Maori women (10% non-Maori) smoke in their pregnancy.</td>
<td></td>
<td>Pēpi First initiative by ethnicity</td>
</tr>
<tr>
<td>• Strengthen smoking cessation awareness and support for Well Child Tamariki Ora providers</td>
<td>• Volume of referrals from Well Child Tamariki Ora providers to Pēpi First</td>
</tr>
<tr>
<td>• Continue to implement the Hauora Direct Programme, a comprehensive 360 degree health assessment targeting Maori and vulnerable populations</td>
<td>• Two Hauora Direct programmes completed in community settings</td>
</tr>
<tr>
<td>• Fund a Hapu Wananga parenting education programme</td>
<td>• Number of people who have completed Hapu Wananga by ethnicity
• 95% positive evaluations by participants</td>
</tr>
</table>

Progress against this plan will be overseen, and advice provided as needed on strategic direction, by the ToSHA committee. 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*	*Signature*
			
Beth Tester	Angela Francis	Anne Hobby	Peter Bramley
Chief Executive	Chief Executive	Tumuaki / General Manager	Chief Executive
Marlborough Primary Health	Nelson Bays Primary Health	Te Piki Oranga	Nelson Marlborough Health

Appendix C: Māori Health Indicator Dashboard

NMH Maori Health Indicators	Target	Period	NZ European\Other	Maori	Gap	Trend
PHO Enrolment	90%	Q3 2017-18	98.0%	87.0%	3%	
Ambulatory Sensitive Hospitalisations - Age 0 to 4	Reduce	Year to Sep 2017	3638	4171		
Ambulatory Sensitive Hospitalisations - Age 45 to 64	Reduce	Year to Sep 2017	2356	4626		
Full or Exclusive Breastfeeding - 6 Weeks	90%	6m to Sep 2017	73.0%	67.0%	23%	
Full or Exclusive Breastfeeding - 3 Months	60%	6m to Sep 2017	63.0%	45.0%	15%	
Breast Screening - BSA	70.00%	2 Years to Mar 2018	79.8%	73.9%		
Cervical Screening - NCSP	80.00%	3 Years to Mar 2018	83.1%	70.4%	10%	
Immunisation - Coverage at 8 Months	95%	Q3 2017-18	87.0%	88.0%	7%	
Immunisation - Influenza Immunisation Coverage	Increase	2017 Season	61.0%	51.0%		
Mental Health - Seclusion Events	Reduce	Q2 2017-18	36	9		
Oral Health - Preschool Oral Health Enrolment	Increase	Q4 2017	84.0%	62.4%		
Pregnant Smokers Enrolled in Stop Smoking Service	Increase	Q2 2017-18	82.0%			
% HbA1c less than or equal to 64mmols	Reduce	1/07/2017	40.0%	30.0%		
Cardiovascular Screening - Men 35-44	Increase	Q3 2017-18	90.2%	63.4%		
Fast Cancer - Lower GI Tumour Stream Treatment within 14 Days	90%	Q2 2017-18	85.90%	No Cases		

Target Attained
Within 10% of Target
10-20% from Target
+20% from Target

Appendix D

Statement of Performance Expectations

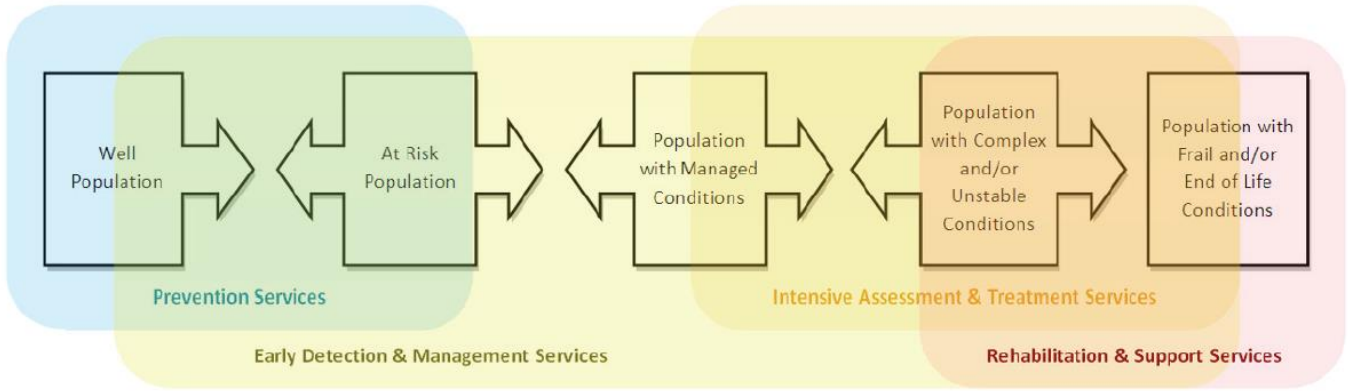
We aim to provide the best healthcare and achieve the best health outcomes for our community, and we need to monitor our performance to evaluate the effectiveness of the decisions we make on behalf of our population, and ensure we are achieving the outcomes required for our community.

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).

Achieving Health Equity

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

Prevention Services

Output Class Description

- Preventative services are publicly funded services that protect and promote health in the whole population or identifiable sub-populations comprising of services designed to enhance the health status of the population as distinct from treatment services which repair/support health and disability dysfunction.
- Preventative services address individual behaviours by targeting population wide physical and social environments to influence health and wellbeing.
- Preventative services include health promotion to ensure that illness is prevented and unequal outcomes are reduced; statutorily mandated health protection services to protect the public from toxic environmental risk and communicable diseases; and, population health protection services such as immunisation and screening services.
- On a continuum of care these services are public wide preventative services.

Significance for the DHB

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

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

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

Outputs: Short Term Performance Measures 2018-19

Measures Quality (Q) – Quantity (V) – Coverage (C) – Timeliness (T)	Notes	Actual 2016/17	Target 2017/18	Target 2018/19
Percentage of enrolled women (20-69) who had a cervical smear in the last 3 years	V	81	85	>85
Percentage of enrolled high-needs women	V	68	85	>85

(20-69) who had a cervical smear in the last 3 years				
Percentage of women (45-65) having mammography within 2 years	V	80	80	>80
Percentage of newborn hearing screening completed within 1/12 birth	V	93	95	>95
Percentage of two year old children fully vaccinated	C	91	95	>95
Percentage of over 65 year olds vaccinated for seasonal influenza	V	61	75	>75
Percentage of eligible children receiving Before (B4) School Checks	V	104	90	100%
Shorter waits for non-urgent mental health services for 0-19 year olds: 80% of people seen within 3 weeks (PP8)	T	59.5%	80	>80%
Shorter waits for non-urgent addiction services for 0-19 year olds: 80% of people seen within 3 weeks (PP8)	T	77.1%	80	>80%

Early Detection and Management Services

Output Class Description

- Early detection and management services are delivered by a range of health and allied health professionals in various private, not-for-profit and government service settings. Include general practice, community and Māori health services, Pharmacist services, Community Pharmaceuticals (the Schedule) and child and adolescent oral health and dental services.
- These services are by their nature more generalist, usually accessible from multiple health providers and from a number of different locations within the DHB.
- On a continuum of care these services are preventative and treatment services focused on individuals and smaller groups of individuals.

Significance for the DHB

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

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

Outputs: Short Term Performance Measures 2018-19

Measures Quality (Q) – Quantity (V) – Coverage (C) – Timeliness (T)	Notes	Actual 2016/17	Target 2017/18	Target 2018/19
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	97	99	>99
Utilisation of DHB-funded dental services by adolescents (School Year 9 up to and including age 17 years) (PP12)	C, V	81%	85%	>85%
Percentage of secondary care patients whose medicines are reconciled on admission	C,Q	30	>22	>25
Percentage of people provided with a CT scan within 42 days of referral	T	98	100	100%
Percentage of people provided with an MRI scan within 42 days of referral	T	59	100	100%
Supporting Parents; Healthy Children: Information about parenting and children's needs is included in the initial assessment and wellbeing plan for adults with a mental health and / or addiction issue as applicable	C	NEW	NEW	100%
Post-discharge community care for mental health inpatients: Follow-up within 7 days	Q T	62.7%	100%	100%

Intensive Assessment & Treatment Services

Output Class Description

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

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 2018-19

Measures Quality (Q) – Quantity (V) – Coverage (C) – Timeliness (T)	Notes	Actual 2016/17	Target 2017/18	Target 2018/19
Acute inpatient average length of stay (days)	Q	2.30	2.35	<2.30
Percentage of elective and arranged surgery undertaken on a day case basis	Q	65	68	>68
Percentage of people receiving their elective & arranged surgery on day of admission	Q	98	97	>98
Percentage of total deliveries in primary birthing units	Q V	5.0	7.0	>7.0
Women registering with an LMC by week 12 of their pregnancy	T	80	80	>80
Standardised Intervention Rate for major joint replacement	V	23 per 10,000	21 per 10,000	>21 per 10,000
Standardised Intervention Rate for cataract procedures	V	31 per 10,000	27 per 10,000	>27 per 10,000
Reduce seclusion events per month	Q V	4	<4	<4

Rehabilitation and Support Services

Output Class Description

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

Significance for the DHB

Services that support people to manage their needs and live well, safely and independently in their own homes are considered to provide a much higher quality of life. As a result, people stay active and positively connected to their communities. People whose needs are adequately met will also be less dependent on

hospital and residential services and less likely to experience acute illness, crisis or deterioration of their conditions. Even when returning to full health is not possible, timely access to responsive support services enables people to maximise function and independence.

In preventing deterioration and acute illness or crisis, these services have a major impact on the sustainability of hospital and specialist services and on the wider health system in general by reducing acute demand, unnecessary ED presentation, and the need for more complex intervention. These services also support the flow of patients and improved recovery after an acute illness or hospital admission – helping to reduce readmission rates and supporting people to recover from complex illness 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 2018-19

Measures **Quality (Q) – Quantity (V) – Coverage (C) – Timeliness (T)**	**Notes**	**Actual 2016/17**	**Target 2017/18**	**Target 2018/19**
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	81	80	>80
Percentage of older people living in ARRC	C	5	4	<4
Improving Mental Health services using transition (discharge) planning and employment: Child and Youth with a transition (discharge) plan	Q	91	95	>95

Appendix E

2018/19 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 means whilst delivering its operational commitments, the Government's expectations and the Board's priorities.

The past few years have seen NMH absorb a number of significant cost increases that were well in excess of increases in revenue. In this context, delivery of a surplus position has been a significant achievement that 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 2018/19 and the following years, we remain in good shape to face these challenges.

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

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

At the time of writing the fiscal budgets have not been discussed or agreed with the Ministry of Health and Minister of Health and are subject to change. Critically the impact of a settlement in the multi-employer collective agreement (MECA) negotiations with the NZNO is not known at the time of writing and the financial projections within this Plan assume that additional costs will be met by additional funding from the Government.

Financial Performance Summary

The NMH is committed to not only living within its means by delivering a minimum of a breakeven financial result whilst maintaining a tight level of fiscal control over cost pressures, but also maintain a modest surplus over the period of this Annual Plan that will assist 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. We achieved a small operating surplus (before the recognition of asset impairments) for the 2017/18 financial year which builds on the surpluses of $3.2M and $1.5M in the two previous financial years. This affords us the space to project a surplus of $0.5M for 2018/19 with the same level of surplus 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 unwarranted variation, duplication and waste from the system;
b) Doing the basics well and understanding our core business;
c) Investing in clinical leadership and clinical input into operational processes and decision-making;
d) Developing workforce capacity and supporting less traditional and integrated workforce models;
e) Realigning service expenditure to better manage the pressure of demand growth; and
f) Supporting unified systems to shared resources and systems.

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

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

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

Assumptions

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

(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 2018/19 in line with MOH requirements.
(ii) Revenue and expenditure have been budgeted on current Government policy settings and known health service initiatives.
(iii) MECA settlements have been budgeted at the funding increase levels including the NZNO MECA that is under negotiation at the time of writing. Settlements in excess of the amount budgeted are assumed to be cost neutral with the additional costs covered by additional Government funding.

(iv) 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.

(v) 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.

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

(vii) IDF volumes and prices are at the levels identified by the Ministry of Health and advised within the Funding Envelope adjusted for expected reductions in volumes.

(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) is due to be completed during the 2018/19 year. 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 investment is 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 the Indicative Business Case for the Nelson Hospital Development

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 and at the time of writing is completing a further revaluation effective 30 June 2018. The results of the current revaluation are not known at the time of writing and are not included in the fiscal results presented.

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 complete the disposal in line with the requirements 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 2017/18 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 FINANCIAL PERFORMANCE

	2016/17 Actual $000	2017/18 Actual $000	2018/19 Projection $000	2019/20 Projection $000	2020/21 Projection $000
Revenue	**468,237**	**498,254**	**515,167**	**527,276**	**539,707**
Operating Expenditure					
Workforce costs	171,261	184,567	195,964	202,375	208,996
Outsourced services	14,621	20,482	18,483	18,668	18,854
Clinical Supplies	35,623	38,606	36,569	36,972	37,378
Infrastructure and Non-clinical supplies	27,934	28,488	31,422	31,809	32,202
External providers	156,586	160,237	162,656	166,249	169,927
Inter-district flows	40,236	45,330	46,800	47,832	48,882
Interest	1,914	346	252	255	257
Depreciation & amortisation	10,415	10,598	13,056	13,056	13,056
Capital charge	6,418	9,376	9,465	9,560	9,655
Total expenditure	**465,008**	**498,030**	**514,667**	526,776	539,207
Operating surplus/(deficit)	**3,229**	**224**	**500**	500	500
Impairment of intangible assets		**-2,255**			
Net surplus/(deficit)	**3,229**	**-2,031**	**500**	500	500
Other comprehensive revenue or expenses					
Item that will be reclassified to surplus/(deficit):					
Financial assets at fair value through other comprehensive revenue and expense					
Items that will not be reclassified to surplus/(deficit):					
Gain/(Loss) on property revaluation		33,262			
(Impairment)/revaluation of property, plant & equipment					
Total other comprehensive revenue or expenses	0	33,262	0	0	0
Total comprehensive income	**3,229**	**31,231**	**500**	**500**	**500**

STATEMENT OF PROSPECTIVE MOVEMENTS IN EQUITY

	2016/17 Actual $000	2017/18 Actual $000	2018/19 Projection $000	2019/20 Projection $000	2020/21 Projection $000
Equity at beginning of the year	**98,658**	**156,840**	**187,524**	**187,477**	**187,430**
Comprehensive income					
Net surplus/(deficit)	3,229	31,231	500	500	500
Other comprehensive income	0	0	0	0	0
Total comprehensive income	**3,229**	**31,231**	**500**	**500**	**500**
Owner transactions					
Equity injections	55,500				
Equity repayments	-547	-547	-547	-547	-547
Total owner transactions	**54,953**	**-547**	**-547**	**-547**	**-547**
Equity at end of the year	**156,840**	**187,524**	**187,477**	**187,430**	**187,384**

STATEMENT OF PROSPECTIVE FINANCIAL POSITION

	2016/17 Actual $000	2017/18 Actual $000	2018/19 Projection $000	2019/20 Projection $000	2020/21 Projection $000
Non current assets					
Property, plant & equipment	163,600	196,453	200,834	192,775	182,447
Intangible assets	10,245	11,810	7,278	15,253	23,425
Prepayments	-260	55	55	55	55
Other financial assets	8,576	1,707	1,707	1,707	1,707
Total non current assets	**182,161**	**210,025**	**209,874**	**209,790**	**207,634**
Current assets					
Cash & cash equivalents	21,561	18,468	20,841	25,993	33,099
Debtors & other receivables	16,001	18,018	18,020	17,985	17,984
Inventories	2,700	2,715	2,715	2,715	2,715
Prepayments	2,139	414	615	615	615
Assets held for sale	464	465	0	0	0
Other financial assets	12,351	19,950	19,950	19,950	19,950
Total current assets	**55,216**	**60,030**	**62,141**	**67,258**	**74,363**
Total assets	**237,377**	**270,055**	**272,015**	**277,048**	**281,997**
Equity					
Crown equity	82,446	81,899	81,352	80,805	80,258
Revaluation reserve	53,213	86,475	86,475	86,475	86,475
Retained earnings	21,181	19,150	19,650	20,150	20,651
Total equity	**156,840**	**187,524**	**187,477**	**187,430**	**187,384**
Non current liabilities					
Interest bearing loans & borrowings	8,663	8,172	7,692	7,212	6,732
Employee entitlements	9,923	9,406	9,406	9,406	9,406
Total non current liabilities	**18,586**	**17,578**	**17,098**	**16,618**	**16,138**
Current liabilities					
Creditors & other payables	30,831	30,138	39,142	44,685	50,159
Employee benefits	30,188	33,851	27,317	27,317	27,317
Interest bearing loans & borrowings	477	490	507	524	525
Provisions	455	474	474	474	474
Total current liabilities	**61,951**	**64,953**	**67,440**	**73,000**	**78,475**
Total liabilities	**80,537**	**82,531**	**84,538**	**89,618**	**94,613**
Total equity & liabilities	**237,377**	**270,055**	**272,015**	**277,048**	**281,997**

STATEMENT OF PROSPECTIVE CASH FLOWS

	2016/17 Actual $000	2017/18 Actual $000	2018/19 Projection $000	2019/20 Projection $000	2020/21 Projection $000
Cash flows from operating activities					
Receipts from Ministry of Health & patients	466,600	492,924	515,161	527,306	539,701
Interest received	1,849	1,745	2,000	2,024	2,048
Payments to employees	-169,886	-179,243	-195,964	-202,375	-208,996
Payments to suppliers	-282,579	-293,187	-298,597	-301,478	-307,209
Capital charge paid	-6,418	-9,376	-9,465	-9,560	-9,655
Interest paid	-2,246	-435	0	0	0
Net GST paid	-245	584	0	0	0
Net cash inflow from operating activities	**7,075**	**13,012**	**13,135**	**15,917**	**15,889**
Cash flows from investing activities					
Sale of property, plant & equipment	273	107	0	0	0
Cash inflow on maturity of investments	351	351	0	0	0
Acquisition of property, plant & equipment	-6,976	-13,114	-8,500	-8,500	-6,500
Acquisition of intangible assets	-2,012	-2,012	-1,000	-1,000	-1,000
Acquisition of investments	-351	585	0	0	0
Net cash inflow / (outflow) from investing activities	**-8,715**	**-14,083**	**-9,500**	**-9,500**	**-7,500**
Cash flows from financing activities					
Loans raised	0	0	0	0	0
Finance leases raised	1,713	-1,475	-715	-718	-736
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	-2,739	0	0	0	0
Net cash outflow from financing activities	**-1,573**	**-2,022**	**-1,262**	**-1,265**	**-1,283**
Net increase/(decrease) in cash & cash equivalents	**-3,213**	**-3,093**	**2,373**	**5,152**	**7,106**
Cash & cash equivalents at 1 July	24,774	21,561	18,468	20,841	25,993
Cash & cash equivalents at 30 June	**21,561**	**18,468**	**20,841**	**25,993**	**33,099**

SUMMARY OF REVENUE & EXPENSES BY OUTPUT CLASS

	2016/17 Actual $000		2017/18 Actual $000	2018/19 Projection $000	2019/20 Projection $000	2020/21 Projection $000
Revenue						
Prevention services	7,758	0	8,226	8,505	8,705	8,910
Early detection & management services	123,372		123,542	127,735	130,738	133,820
Intensive assessment & treatment services	245,297		261,179	270,043	276,391	282,907
Support services	91,810		105,309	108,884	111,443	114,071
Total revenue	**468,237**		**498,256**	**515,167**	**527,276**	**539,707**
Expenses						
Prevention services	7,031	0	7,752	8,005	8,173	8,349
Early detection & management services	119,501		119,544	121,748	124,168	126,672
Intensive assessment & treatment services	246,328		264,714	276,982	284,540	292,251
Support services	92,148		106,021	107,933	109,895	111,936
Total expenses	**465,008**		**498,031**	**514,667**	**526,776**	**539,207**
Net contribution						
Prevention services	727		474	500	532	561
Early detection & management services	3,871		3,998	5,988	6,569	7,148
Intensive assessment & treatment services	-1,031		-3,535	-6,939	-8,149	-9,344
Support services	-338		-712	951	1,549	2,135
Net surplus / (deficit)	**3,229**		**224**	**500**	**500**	**500**

STATEMENT OF PROSPECTIVE FINANCIAL PERFORMANCE - PREVENTION SERVICES

	2016/17 Actual $000	2017/18 Actual $000	2018/19 Projection $000	2019/20 Projection $000	2020/21 Projection $000
Income	**7,758**	**8,226**	**8,505**	**8,705**	**8,910**
Operating Expenditure					
Workforce costs	4,193	**4,438**	**4,712**	**4,866**	**5,025**
Other operating costs	849	**971**	**915**	**876**	**838**
External providers & inter district flows	1,989	**2,343**	**2,379**	**2,431**	**2,485**
Total expenditure	**7,031**	**7,752**	**8,005**	**8,173**	**8,349**
Net surplus / (deficit)	**727**	**474**	**500**	**532**	**561**

STATEMENT OF PROSPECTIVE FINANCIAL PERFORMANCE - EARLY DETECTION AND MANAGEMENT SERVICES

	2016/17 Actual $000	2017/18 Actual $000	2018/19 Projection $000	2019/20 Projection $000	2020/21 Projection $000
Income	**123,372**	**123,542**	**127,735**	**130,738**	**133,820**
Operating Expenditure					
Workforce costs	20,600	21,823	23,171	23,929	24,711
Other operating costs	7,876	8,477	7,986	7,647	7,320
External providers & inter district flows	91,025	89,244	90,591	92,592	94,641
Total expenditure	**119,501**	**119,544**	**121,748**	**124,168**	**126,672**
Net surplus / (deficit)	**3,871**	**3,998**	**5,988**	**6,569**	**7,148**

STATEMENT OF PROSPECTIVE FINANCIAL PERFORMANCE - INTENSIVE ASSESSMENT AND TREATMENT SERVICES

	2016/17 Actual $000	2017/18 Actual $000	2018/19 Projection $000	2019/20 Projection $000	2020/21 Projection $000
Income	**245,297**	**261,177**	**270,043**	**276,391**	**282,907**
Operating Expenditure					
Workforce costs	129,129	137,678	141,794	146,433	151,224
Other operating costs	74,533	82,766	89,462	91,373	93,267
External providers & inter district flows	42,666	44,270	45,726	46,734	47,760
Total expenditure	**246,328**	**264,714**	**276,982**	**284,540**	**292,251**
Net surplus / (deficit)	**-1,031**	**-3,537**	**-6,939**	**-8,149**	**-9,344**

STATEMENT OF PROSPECTIVE FINANCIAL PERFORMANCE - SUPPORT SERVICES

	2016/17 Actual $000	2017/18 Actual $000	2018/19 Projection $000	2019/20 Projection $000	2020/21 Projection $000
Income	**91,810**	**105,309**	**108,884**	**111,443**	**114,071**
Operating Expenditure					
Workforce costs	21,398	24,759	26,288	27,148	28,036
Other operating costs	9,607	11,554	10,885	10,424	9,977
External providers & inter district flows	61,143	69,708	70,760	72,323	73,923
Total expenditure	**92,148**	**106,021**	**107,933**	**109,895**	**111,936**
Net surplus / (deficit)	**-338**	**-712**	**951**	**1,549**	**2,135**