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Tairāwhiti District Health Board
Trading as

2020/21 Annual Plan

Hauora Tairāwhiti Annual Plan 2020/21

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

This document presents our Annual Plan 2020/21 (referred to as the Plan). Central to understanding this Plan is our performance story, which sets out our key outcomes (what we are trying to achieve), our impacts (our shorter term contribution to an outcome), our outputs (goods and services supplied), and our inputs (resources).

This plan should be read in conjunction with the Te Manawa Taki Regional Equity Plan.

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

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

Mihi

Tēnā koutou, te hunga katoa e mahi ana mā te Hauora Tairāwhiti
Tena hoki koutou I roto I ngā ra o te tau kua pahure atu nei
Kā nui nga mihi ki a koutou
Me mihi tonu rā mo ta koutou kaha ki te tautoko
I nga kaupapa I whakatungia hei kaupare atu I te mate weriweri nei
E hurihuri nei I roto I te ao whānui tonu
Ara, te mate urutā, te mate korotā, te mate karauna me ētahi atu o ōna īngoa.

Ahakoa kaore tētahi o tātou o te Tairāwhiti nei, i ngaua e taua mate,
I a ia e hurihuri ana I roto i te ao whānui, ko etahi o tātou i riro atu i roto i ētahi atu o ngā mate o te wa.
No reira, haere koutou te hunga kua kapohia atu ē te ringa kaha o aitua.
Koutou o te tau kua taha nei, te tokomaha hoki o koutou.
Kua tangihia koutou, kua poroporoākitia koutou,
Haere koutou, haere koutou haere atu rā.
Apiti hono, tatai hono, koutou kia koutou
Apiti hono, tatai hono, tātou kia tātou.
Tenā koutou, tenā koutou, tenā tatou katoa.

Kua tau mai te wa o Matariki ki runga ki a tatou,
A, ko te timatatanga tenei o te tau hou mā te Māori, ā, ma tātou hoki
Mā Te Hauora Tairāwhiti
I roto hoki i te te tau e haere mai nei, ka anga atu tatou ki tenei kaupapa
Ki "TE ORITETANGA"
Kia orite te tohatoha i nga kaupapa katoa, ki te katoa.
Ka whakapau kaha hoki tātou ki te tiaki i te hunga pōhara, te hunga, o nga hāpori, kei te kaha te pēhia e nga taumahatanga o te ao.
Ā, kia ahua rawa ake hoki nga whiwhinga, ka riro mai i a ratou.

Ka torotoro atu hoki tātou, ki nga akoranga, i whiwhi tatou, i roto i nga ra
O te rāhuitanga a te mate karauna, i a tātou, kia kore ai e ngaro ēra momo whiwhinga, arā, pēra te whakamahi i te ipurangi mo te whakatipu oranga, kia mau tonu ai ēra momo mahi ki roto i a tātou.

Ka whakakaha hoki tātou, ki te whakahoki mai i ēra o nga mahinga hauora, i mahue atu, i mua tata iho nei.

Minister's Letter of Approval for Annual Plan 2020/21

Hon Chris Hipkins

MP for Remutaka
Minister of Education
Minister of Health
Minister of State Services

Leader of the House
Minister Responsible for Ministerial Services

25 September 2020

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

Dear Kim

Hauora Tairāwhiti 2020/21 Annual Plan

This letter is to advise you that I have approved and signed Hauora Tairāwhiti's 2020/21 Annual Plan (Plan) for one year.

I am pleased that your plan provides a strong platform to deliver on the priorities identified in the 2020/21 letter of expectation and focuses on equity, sustainability and addressing the population groups with the highest needs.

I encourage you to continue discussions with your fellow Chairs about how you can share skills and expertise in order to ensure that your financial performance is consistent with the agreed plan. I particularly encourage you to ensure that your senior executives maintain the tight fiscal controls that will be necessary to sustain improvements in the out years. Your focus on strengthening financial management and performance, including through collaboration with your fellow Chairs, remains critical to creating a sustainable financial path.

The Ministry will shortly engage with you on the $18.8 million of sustainability funding for DHB led improvement projects, that has been made available by the Government. I encourage you to accept offers from the Ministry to utilise this funding.

The 2020/21 letter of expectations emphasised the importance of continuing to strengthen user engagement. Please work with the Health Quality and Safety Commission to ensure you are appropriately capturing patient experience.

Please note that approval of your Plan does not constitute acceptance of proposals for service changes that have not undergone review and agreement by the Ministry of Health, including changes in FTE. I expect you to continue to engage with the Ministry of Health to ensure you have a strong rationale for any adjustment to planned FTE during the year. 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 does not constitute approval of any capital business cases or requests for equity support that have not been approved through the normal process.

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I am aware that an extension was provided to the requirements for finalising DHB planning documents required by the Crown Entities Act 2004 due to the impacts of COVID-19. If required, please update your published Statement of Performance expectations and Statement of Intent (if applicable) to align with your approved Plan.

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

Thank you for the work you and your team are doing to support equitable health outcomes for New Zealanders, during a time when our system has faced additional pressures from COVID-19.

I look forward to seeing further positive progress as you deliver your Plan.

Ngā mihi nui

Hon Chris Hipkins
Minister of Health

cc Jim Green
Chief Executive
Hauora Tairāwhiti

SECTION 1: Te Whakamahere Rautaki | Overview of Strategic Priorities

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

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

There are four key areas of focus for Hauora Tairāwhiti for 2020/21, as agreed with the Ministry of Health. Actions to support these priorities are highlighted through Section 2 of this Plan. The areas of focus are:

- **Achieving equity**
  - Achieving equity is the primary area of focus for Hauora Tairāwhiti.
  - Hauora Tairāwhiti has four key ingredients to achieving equity
    - Supporting iwi to take a leadership role.
    - Enhancing understanding of equity.
    - Questioning current disparities at every opportunity.
    - Recognising that many whanau living in Tairāwhiti do not have the opportunity which enables the full access to current health services.
  - Improvements in Māori Health remains the main driver for change within Tairāwhiti, to ensure this Hauora Tairāwhiti continues to strengthen system design mechanisms which put Māori at the centre of processes.
  - Te Tairāwhiti has a programme of work which is addressing institutional racism and the underlying causes of inequity within social services. Within the health sector, Hauora Tairāwhiti and its partners have started a number of initiatives looking to bring wellbeing and equity to the population. Our main focus for 2020/21 is in the area of mental health and addiction services. Having developed a new model of care in 2019/20 we will be rolling out services which deliver to this new model across the sector. A key component of this new model is the way in which mental health and addiction services are commissioned and we will be placing both the philosophies of lived experience and kaupapa Māori values at centre of all new commissioned services.

- **Sustainability**
  - Hauora Tairāwhiti has for a number of years operated in a deficit environment, which has impacted on service provision and future planning. The 2020/21 Vote Health funding advice has provided Hauora Tairāwhiti with opportunities to move towards a sustainable outlook. During 2020/21 Hauora Tairāwhiti will begin an evidence based process of investment planning. The first step in this process will be an equity needs analysis which will identify and provide a road map to how and where the local health sector invests over the medium term.
  - The health sector within Tairāwhiti is increasingly looking at service planning from a more system wide approach and looking to increase capacity as close to the population as practical. This can be demonstrated by health of older person service alliance recommendations which see stronger community capacity, a reduction of fragmentation within secondary care and strengthened links with community agencies and organisations.

- **Workforce**
  - Hauora Tairāwhiti is focused on increasing Māori representation within its workforce, and its approach is skills based to employ Māori first and locals second, thereby enhancing the skills available in the workforce to directly related to the Tairāwhiti population.
  - During 2020/21 Hauora Tairāwhiti will complete its workforce strategy which will provide a consistent approach to ensure that the right person is in the right place at the right time to address health and disease as early as possible to increase the wellbeing of the population.

- As a small District Health Board, Hauora Tairāwhiti often faces challenges in ensuring vulnerable workforces are supported to ensure their long term sustainability. Hauora Tairāwhiti will continue its joint programmes of "growing our own" and "growing on our own".

- **Collaboration**
  - Te Manawa Taki Governance group is the key DHB governance group for Te Manawa Taki region, and overseeing and taking accountability and responsibility for regional direction, strategy and key programmes of change. It is made up of five District Health Boards – Bay of Plenty, Lakes, Hauora Tairāwhiti, Taranaki and Waikato.
  - Hauora Tairāwhiti is part of the Iwi led cross sectoral group Manaaki Tairāwhiti, which looks at improving outcomes across Tairāwhiti through working across inter-sectoral boundaries, using a "health in all policies" approach.
  - Hauora Tairāwhiti supports the activities of the four local Māori health providers in their collaboration to optimise local arrangements and in reducing the fragmentation of health resources through Te Rōpū Matua. This rōpū is increasingly leading in the development and rollout of community based service to ensure that services are developed which support an approach to improve Māori wellbeing, thereby delivering benefits for the whole population.
  - Gisborne District Council and Hauora Tairāwhiti are working together to improve the quality of drinking water across Te Tairāwhiti.
  - Te Tairāwhiti health sector will continue to utilise an Mātauranga Māori approach to service monitoring and planning to enable the development of co-location, multi-disciplinary teams and other innovative designs to address those social factors which negatively influence health outcomes.

TREATY OF WAITANGI

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

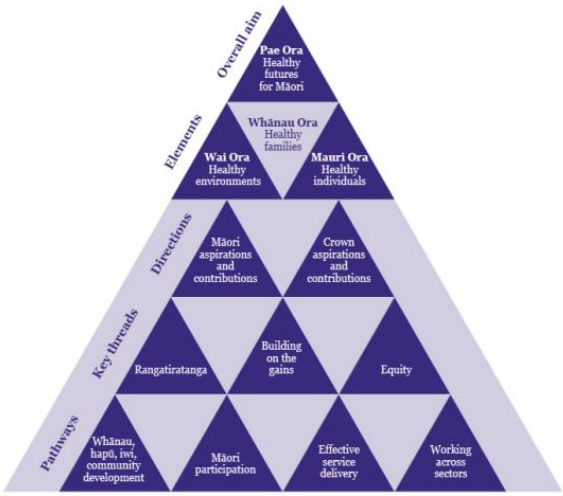
TREATY OF WAITANGI PRINCIPLES MENTIONED IN HEALTH.

Through the Report on Stage 1 of the Health Services and Outcomes Kaupapa Inquiry (WAI 2575) the Waitangi Tribunal re-examined and stated the principles of the Treaty in a health context. Accordingly Hauora Tairāwhiti is using these expanded principles in all work with Māori to improve health outcomes.

- **Partnership** involves working together with iwi, hapū, whānau and Māori communities to genuinely design and implement strategies for Māori health gain and appropriate health and disability services.
- **Active Protection** reinforces the right of Māori to decision making in their affairs and also the Crown working to ensure Māori have at least the same level of health as non-Māori through the provision of appropriate services
- **Equity** is a principle of fairness and justice. Māori have a right to equitable treatment and treatment outcomes with freedom from discrimination.
- **Options** protects the availability of appropriately resourced kaupapa Māori options alongside culturally and medically responsive mainstream services

NEW ZEALAND HEALTH STRATEGY

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



HE KOROWAI ORANGA

As New Zealand's Māori Health Strategy, He Korowai Oranga sets the overarching framework that guides the Government and the health and disability sector to achieve the best health outcomes for Māori.

The 4 pathways of the original He Korowai Oranga framework continue to tell us how to implement the strategy. These pathways are:

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

HEALTHY AGEING STRATEGY

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

UNITED NATIONS CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES

The Convention on the Rights of Persons with Disabilities is the first United Nations human rights treaty of the 21st century. The Convention makes it explicit that member countries must ensure the full realisation of all human rights and fundamental freedoms for all disabled people, on an equal basis with others, and without discrimination of any kind on the basis of disability. It will also help to ensure that mainstream services are inclusive of disabled people and are delivered in non-discriminatory ways.

Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025 has been developed with input from Pacific communities, the health sector, and relevant government agencies, to provide a new direction for Pacific health and improve Pacific health and wellbeing. This plan builds on the successes of 'Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014–2018' (Ministry of Health 2014).

CLINICAL LEADERSHIP

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

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

Decision Making

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

Population Health

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

Population Performance

The Ministry is exploring life course approaches as a way of understanding DHB population performance challenges. Therefore, DHBs are expected to identify within their Annual Plan (AP) the most significant actions they expect to deliver in the 2020/21 year to address local population challenges for the following life course groupings:

Life course group	Significant action to be delivered in 2020/21 through to 2022/23
Hapū Māmā	Hapū māmā are supported to engage and access maternal services within the first trimester and support throughout the course of their pregnancy.
Tamariki	Tairāwhiti Integrated Child Health Services framework supports tamariki from conception up to six-years of age, with children and their families at the centre and thriving within their community.
Rangatahi	The Rangatahi Strategy and Action Plan for Tairāwhiti provides a youth voice to future services delivered to them. This will also see Tairāwhiti invest in youth leadership across the ages and deliver a service by youth for youth. The services developed will address cultural realities, locations, social and sexual orientation.
Pakeke	Addressing institutional racism and achieving equity for those with chronic conditions through improving options to support self-management and reviewing pathways to ensure that they are supportive of the needs of our community
Mātāpuputu	Continuation of the implementation of Health of Older Persons Services review, which will integrate specialist services delivered to older people into a single service.

WHAKATAUAKI

"He rangi ta Matawhaiti

He rangi ta Matawhanui"

"The person with a narrow vision sees a narrow horizon

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

HE KORERO NĀ TE MANUKURA| MESSAGE FROM THE CHAIR

Tēnā koutou, te hunga katoa e mahi ana mā te Hauora Tairāwhiti
Tena hoki koutou i roto i ngā ra o te tau kua pahure atu nei
Kā nui nga mihi ki a koutou
Me mihi tonu rā mo ta koutou kaha ki te tautoko
I nga kaupapa I whakatungia hei kaupare atu i te mate weriweri nei
E hurihuri nei i roto i te ao whānui tonu
Ara, te mate urutā, te mate korotā, te mate karauna me ētahi atu o ōna ingoa.

Ahakoa kaore tētahi o tātou o te Tairāwhiti nei, i ngaua e taua mate,
I a ia e hurihuri ana i roto i te ao whānui, ko etahi o tātou i riro atu i roto i ētahi atu o ngā mate o te wa.
No reira, haere koutou te hunga kua kapohia atu ē te ringa kaha o aitua.
Koutou o te tau kua taha nei, te tokomaha hoki o koutou.
Kua tangihia koutou, kua poroporoākitia koutou,
Haere koutou, haere koutou haere atu rā.
Apiti hono, tatai hono, koutou kia koutou
Apiti hono, tatai hono, tātou kia tātou.
Tenā koutou, tenā koutou, tenā tātou katoa.

Kua tau mai te wa o Matariki ki runga ki a tatou,
A, ko te timatatanga tenei o te tau hou ma te Māori, ā, ma tātou hoki
Mā Te Hauora Tairāwhiti
I roto hoki i te te tau e haere mai nei, ka anga atu tatou ki tenei kaupapa
Ki "TE ORITETANGA"
Kia orite te tohatoha i nga kaupapa katoa, ki te katoa.
Ka whakapau kaha hoki tātou ki te tiaki i te hunga pōhara, te hunga, o nga hāpori, kei te kaha te pēhia e nga taumahatanga o te ao.
Ā, kia ahua rawa ake hoki nga whiwhinga, ka riro mai i a ratou.

Ka torotoro atu hoki tātou, ki ngā akoranga, i whiwhi tātou , i roto i ngā ra o te rahuitanga a te mate rewharewha, i a tātou, kia kore ai e ngaro ēra momo whiwhinga, arā, pēra te whakamahi i te ipurangi mo te whakatipu ōranga, kia mau tonu ai ēra momo mahi ki roto i a tātou.

Ka whakakaha hoki tātou, ki te whakahoki mai i ēra o ngā mahinga hauora,i mahue atu, i mua tata iho nei.

Kim Ngarimu
July 2020

TE WAKA O TE TAIRĀWHITI

Huri mai ki pae rāwhiti
Ki te urunga mai o Te Rā
Anei te Waka Hauora o Te Tairāwhiti
Ko te kaupapa he tangata
Ko te whāinga te hauora
O ngā iwi o Te Tairāwhiti

Whaia te hauora
I roto i te kotahitanga
Ko te hau karanga ko te Hauora Tairāwhiti
Ko te kaupapa he tangata
Ko te whāinga te hauora
O ngā iwi o Te Tairāwhiti

Whakarangatira me te Awhi
Ki te tangata
Kia Kotahi te mahi
I roto i te Aroha

Composed By: Dave Para for the launch of Hauora Tairāwhiti

TE PANUI MAI I TE POARI WHAKAHAERE IWI | MESSAGE FROM THE CHAIR IWI PARTNERSHIP BOARD

Tēnā ngā mihi mai i te Te Kuri a Paoa tae atu ki Hikurangi Maunga tēnā rawatu koutou e nohonoho mai nā i roto i o koutou kainga maha. Ki ngā mate katoa o te motu … haere ki te kāhui rangatira ki te whānau tūturu o te tangata e ngā mate haere haere oti atu rā! Ki ngā hunga ora he mihi maioha he mihi mahana he mihi aroha ki a koutou katoa.

Te Waiora o Nukutaimemeha is proud to be a driver of Equity change through better understanding and honest appreciation of Tairāwhiti Māori aspirations. This Annual Plan is year 1 of a 3 year process of Mana Motuhake (infrastructure) and Tino Rangatiratanga (whānau) development stemming from our Te Manawa Taki Regional Equity Plan. Equity is synonymous with a Māori led primary care strategy that is enabling and empowering. This alignment is intentional and supports a wellness whakaaro that translates as "Equity of outcomes is dependent on Equity of inputs"! Te Waiora o Nukutaimemeha believes earnestly that Hauora Tairāwhiti will achieve success especially with its strong community linkages, close knit population and large Māori population.

Nei rā te korero tautoko mō tēnei mahere tau tuatahi. Kia kaha rā ki ngā ringa raupa e mahi ana te mahi kia puta mai ana te whakaaro "kia ora ai Te Tairāwhiti maranga mai".

Naku te iti nei

Na Rongowhakaata RAIHANIA.
July 2020

HE KORERO NĀ TE TUMUAKI | MESSAGE FROM THE CHIEF EXECUTIVE

This plan represents our best opportunity yet to work with our staff, health community, iwi, strategic partners and the community at large to achieve greater hauora in Te Tairāwhiti.

With the largest funding increase in the history of the DHB, coupled with a redoubled focus on achieving equity of health outcomes for Māori and the wider population of our district, we have the determination and drive to make 20/21 a landmark year in the health of Tairāwhiti people.

Our plan details how we will go about this next step in the transformation of health outcomes across the whole life range. Our plans include aspects that address the fundamentals of health across the lifespan including a best start in our goal to have the happiest, healthiest children in the world, through to long healthy, independent lives, not encumbered by the effects of inequity in society, poor access to health care and reduced effectiveness of the health system.

We will address this through improved and expanded services both provided and funded by Hauora Tairāwhiti and taking a stronger role in the wider action on the determinants of health. Hauora Tairāwhiti will be more sustainable clinically and financially.

Our plan is broad, while at the same time honing in on detail informed by what we know works for Tairāwhiti people, especially that informed by iwi and their health providers. We plan to do more and do more differently.

We will achieve Hauora in Tairāwhiti through the strength of our people: in our organisation and across the whole community.

Jim Green
July 2020

Agreement for Hauora Tairāwhiti 2020/21 Annual Plan

for

SIGNATORIES

Kim Ngarimu
Chair
Hauora Tairāwhiti

Na Raihania
Chair
Te Waiora o Nukutaimemeha

Deputy Chair
Hauora Tairāwhiti

Jim Green
Chief Executive
Hauora Tairāwhiti

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

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

TE WHAKAMAHI KAUPAPA | GOVERNMENT PLANNING PRIORITIES

Give practical effect to He Korowai Oranga – the Māori Health Strategy

He Korowai Oranga, the Māori Health Strategy sets a vision of Pae Ora – healthy futures – comprising three key elements:

- mauri ora – healthy individuals
- whānau ora – healthy families
- wai ora – healthy environments.

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

These challenges are substantial and require a strong plan to implement actions and meet expectations. As such, the development of a new Māori Health Action Plan is underway.

The first part of this section, Engagement and obligations as a Treaty partner, is based on your current legislative responsibilities. The other sections are based on the Māori Health Action Plan discussions to date. The guidance will be updated when the interim plan is released, and the final plan is completed.

ENGAGEMENT AND OBLIGATIONS AS A TREATY PARTNER

The NZPHD Act specifies the DHBs Te Tiriti o Waitangi obligations; please specify in the annual plan how the DHB will meet these obligations. This includes, but is not limited to, information on:

- The DHBs obligation to maintain processes that enable Māori to participate in, and contribute to, strategies for Māori health improvement.
- Specific plans and strategies for Māori health improvement. Including how the DHB will be working in partnership with Māori to develop and implement these.
- This includes the training of Board members (as per the NZPHD Act 2000) in Te Tiriti o Waitangi and Māori health and disability outcomes.

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

National Reporting SS12

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have health equity for Māori and other groups	Te Manawa Taki brings together the region's five DHBs (Bay of Plenty, Lakes, Hauora Tairāwhiti, Taranaki and Waikato) to work together to develop more innovative and efficient health services. The group is partnered with the Midland Iwi relationship Board to share decision making and ensure that Te Tiriti o Waitangi (the Treaty of Waitangi) is acknowledged as the foundation of decision making and that Māori cultural concepts, values and practices are safeguarded.		

		The current Governance Board of Hauora Tairāwhiti reflects the demographic population of Te Tairāwhiti, with more than fifty percent of the Board identifying as Māori. Accordingly, Hauora Tairāwhiti has been culturally proactive in implementing its organisational Values of Whakarangatira, Awhi, Kotahitanga, and Aroha. These collectively form the acronym of WAKA. These values espouse underlying Māori Tikanga concepts. The WAKA acronym also has inspired a symbolic Waka Hourua design which gives meaning to Hauora Tairāwhiti actions in an ever changing turbulent environment to provide and fund health services for all Tairāwhiti population. (EOA) During 2020/21 Hauora Tairāwhiti Board will be • appointing a Pou Tikanga to guide the Board where required on Tikanga, Mātauranga Māori and Iwi relationships.(EOA) • Receiving Te Tiriti o Waitangi and Institutional Racism training to the Board to achieve understanding. (EOA) • Producing a Tairāwhiti Equity Assessment (EHNA) which identifies equity indicators will be planned for and commenced. This assessment will assist the Board in understanding the current Tairāwhiti healthcare landscape, equity issues (including unmet need) and future investment and service planning decision. (EOA)	Production of specific collated equity actions for Māori as an adjunct to the overall Annual Plan Q1 Q2 Q3	Equity Actions collated and progress reported quarterly to Te Waiora O Nukutaimemeha and Board Pou Tikanga appointed Training sessions held. Assessment completed.
		Te Waiora o Nukutaimemeha is Hauora Tairāwhiti Iwi Relationship Committee. This non-statutory Committee is selected every three years to analyse, discuss, assess, promote and monitor Hauora Tairāwhiti services and performance for Tairāwhiti Māori. Te Waiora o Nukutaimemeha encourages an outlook that recognises that inequities in power, money and resources are driving inequities in the conditions of daily life, which in turn are responsible for health inequities. The empowerment of Māori through attention to early Māori child development, Māori education, Māori employment, Māori income levels and sustainable communities are salient social justice themes for debate. Māori health and Māori health inequity are good measures of how Māori are doing in society. Avoidable Māori health inequities are the deepest injustice in our society. Disparities in health for Māori are a focal point of service development across Hauora Tairāwhiti. Consequently, an equity dashboard has been developed which shows how Hauora Tairāwhiti is performing in ensuring equitable outcomes for Māori. (EOA)	Every Quarter	Quarterly reporting and action plan to Te Waiora O Nukutaimemeha and Board
		Te Waiora o Nukutaimemeha looks to create "Te Maramatanga" ("Understanding") of how the working of current New Zealand society impacts on health and creates an unjust distribution of health. Accordingly, through its collective "te whatu o te kanohi" (equity lens) approach it embraces a framework of a) requesting better ethnicity data to spotlight where health inequities lie for Tairāwhiti Māori b) emphasising the need for Hauora Tairāwhiti new programmes and services to meet the Health Equity Assessment Tool (HEAT) test c) where opportunity presents, to improve Patient and Whānau health literacy d) fostering Māori Workforce Development Te Waiora o Nukutaimemeha has also illuminated the equity pathway in developing "Pae Ora Principles" as a Tikanga foundation for Hauora Tairāwhiti. These principles have been adopted by the Hauora Tairāwhiti Board and provide Kaupapa Māori guidance for Hauora Tairāwhiti health service delivery.	Ethnicity action profile and HEAT Tool for all funding decisions Māori Workforce Development Plan Completed refresh of the Te Waiora o Nukutaimemeha Terms of Reference	Documented inclusion of inequity reduction in all decisions Proportion of staff who identify as Māori reaches 40% Te Waiora o Nukutaimemha ToR updated

		Te Waiora o Nukutaimemeha is currently undertaking a review with the new Board to strengthen the DHBs relationship with Iwi and Māori Communities in accordance with the principles of the Treaty of Waitangi. Currently Te Waiora o Nukutaimemeha meets monthly, either at the DHB or an alternative community venue. The committee comprises of two representatives from each of the two Tairāwhiti Iwi Runanga, one rotational representative for the three Māori health service providers, two Māori community representatives and two representatives from the Hauora Tairāwhiti Board. The Chairperson of the Committee has ex officio status on the DHB Board where they present the Committee's monthly report. Annually, Te Waiora o Nukutaimemeha focuses on a hauora Māori priority, and accentuates public exposure on that kaupapa. Te Waiora o Nukutaimemeha will review the 2018 "Inaianei Tonu" Wānanga findings and "Pae Ora Principles" and hold Wānanga with Iwi, , Māori community health organisations and Te Puna Waiora (Planning & Funding) to discuss and develop a Tairāwhiti Māori Health Equity strategy.(EOA) At a regional level, Te Waiora o Nukutaimemehas sends two representatives to the Te Manawa Taki Governance Group monthly/quarterly meetings. The Te Manawa Taki Governance Group comprises of Te Manawa Taki Te Manawa Taki Iwi Māori representatives and the Chairs of the Te Manawa Taki DHBs Chairs to in a partnership to strategically advocate around Māori health priorities, resourcing and DHB accountability. A key aspect in 20/21 is the production and consequent overview of the implementation of the first ever Regional Equity Plan(EOA) Hauora Tairāwhiti engages in consultation at a tribal level with Iwi Rūnanga and Māori health providers, either directly or through a number of collective forums. If significant changes are to occur in the way programmes, services and funding are to be delivered to Tairāwhiti Māori, there is a Treaty Partnership expectation that Hauora Tairāwhiti, as a Crown agent, will consult on these developments or changes. Hauora Tairāwhiti as a crown agent further undertakes a secondary relationship to the Crown where Iwi seek to have direct relationships with the Crown. (EOA) (EOA) In Te Puna Waiora (Planning and Funding), co-design has been a common method to create and develop Hauora Tairāwhiti services. In this process Te Puna Waiora has been proactive in ensuring Māori tribal and community representation in hui and to ensure their views are known and incorporated. This co-design engagement will be expanded on through the continuation of the Mahi Tahi groups, which will provide a forum for engagement in the strategic directions of services areas. These areas include (EOA) • Strategic Māori health organisation capacity building, which will involve regular hui between Māori health organisation leadership, Te Puna Waiora (Planning and Funding) and other relevant DHB teams. • 23% of funds that Hauora Tairāwhiti DHB allocates to community providers go to Māori health providers. Te Puna Waiora supports local Māori health providers through the Māori provider development scheme to maximise local investment of these funds.	Review in conjunction with iwi of the Hauora Tairāwhiti/ iwi relationship. Q2 & Q4 Regional Equity Plan approved. Plan actioned and monitored. Each forum has an agreed actions plan signed off by iwi.	Hauora Tairāwhiti Iwi Accords updated and approved. Updated Strategy Develop Equity Plan reporting quarterly Action plan agreed. Funding allocated. Time lined actions and progress reported to iwi and Hauora Tairāwhiti governance. Action plans reported monthly.

		• Examples of Hauora Tairāwhiti engagement with Iwi and Māori within Tairāwhiti includes Mental Health and Addiction Services (MHAS) review and implementation of new MHAS services such as Te Waharoa (previously Te Kūwatawata) and Te Hiringa Matua, HOPS HCSS model and new service provider implementation, Rangatahi Strategic review, Kohungahunga Ora (first 1000 days) including Mokopuna ora plan, Tamariki ora, E Tipu e Rea. Implementation of the local National Bowel Screening programme (Tirotiro Ki Te Waahi Tikotiko). • Participating in the decision making and distribution of MoH organisation capacity and capability funding to Māori PHO and Māori Health Providers. • Managing the Kia Ora Hauora and HWNZ Māori Training Fund, which helps create a pipeline of qualified Māori for healthcare work from both external and internal sources. • Flexibility in DHB funding arrangements not only to reducing contractual bureaucracy, but also to trial new initiatives which aim to reduce inequities in health and barriers to health, such as Waharoa and Te Hiringa Matua.		

MĀORI HEALTH ACTION PLAN – ACCELERATE THE SPREAD AND DELIVERY OF KAUPAPA MĀORI SERVICES

- Accelerating the spread and delivery of Kaupapa Māori services is an important element in enabling Māori to exercise their authority under Article Two. It enables Māori to have options when choosing care providers and pathways. DHBs will have plans to ensure that Māori capability and capacity is supported, enabling Māori to participate in the health and disability sector and provide for the needs of Māori.

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

National Reporting SS12

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have health equity for Māori and other groups	During 2020/21 Te Waiora o Nukutaimemeha Iwi Relationship Committee will design and implement a Māori health and disability research agenda/register that contributes to achieving Pae Ora (EOA) Hauora Tairāwhiti priorities the innovation and development of Kaupapa Māori services through engagement with Iwi and Māori across the district. We actively encourage iwi and Māori providers through Te Rōpū Matua (partnership group) to express the provision given under article two of the Treaty of Waitangi. Te Rōpū Matua consists of the following Māori Health providers: Ngāti Porou Hauora, Tūranga Health, Hauiti Hauora, Te Kupenga Net Trust and the DHB. Each Māori health provider takes the role of lead agency in the role out of local initiatives. During 2020/21, Te Rōpū Matua will focus on a local commission approach and investment plan for a range of initiatives for Mental Health and Addictions, this will also include the development of an addiction pathway which will support those in acute distress through to post rehabilitation support. Under each of the four lead providers, Te Rōpū Matua currently provides leadership across the following programmes	Q2 Local commissioning approach to MHAS services by Q1 Agreed investment plan by Q1 development addiction support pathway by Q2	Pae Ora Research Agenda/Register designed and implemented Local Commission agency established Kaupapa Māori approaches become the predominant approach in Tairāwhiti

		Tūranga Health **E Tipu E Rea** - This programme connects children identified as having higher support needs, together with their families, to services and resources needed with a 'whatever it takes' approach. It has a first 1000 days focus. The programme has been running just over three years with the Rōpū continuing to provide high level guidance to the work but now only needs involvement in adjusting any protocols bought to their collective attention by the operational team **Pregnancy and parenting education** – provision of antenatal services previously provided by the DHB in urban and Western Rural areas. Mātauranga Māori concepts are now being integrated into the traditional antenatal programme with services delivered within the community/whānau through wānanga. **Pukenga Kaiawhina** - this programme seeks to grow Kaiawhina capability by recognising, enhancing and promoting the role they play within Māori Hauora services in Tairāwhiti. By respecting the mahi of current Kaiawhina, this programme looks to understand their experience, skillsets, knowledge and manner current they are renowned for. Ngāti Porou Hauora **Te Hiringa Matua** - Parenting and pēpī service focused on engaging with pregnant mothers and their whānau, where drugs and or alcohol will make it difficult for baby to be born into safe drug free environments. Access to services for population that is considered fringe. **Pregnancy and parenting education** – provision of antenatal services previously provided by the DHB in East Coast Rural areas. Mātauranga Māori concepts are now being integrated into the traditional antenatal programme with services delivered within the community/whānau through wānanga. Te Kupenga Net Trust **Waharoa** - a mental health services partnership with DHB services to deliver partnership, lived experience / Māori provider leadership/ clinical services approach. Hauiti Hauora **Mokopuna Ora** - A SUDI prevention programme, first 1000 days programme recently established including the development of both a supply and education programme for wahakura.	Common training programme roll outed Q1	Those with addiction issues are supported

MĀORI HEALTH ACTION PLAN – SHIFTING CULTURAL AND SOCIAL NORMS

Shifting cultural norms within the health and disability system is critical to ensuring that Māori can live and thrive as Māori and that we address racism and discrimination in all its forms. DHBs will have plans to further these aims through actions like:

- Building the knowledge of all DHB staff in Te Tiriti o Waitangi.
- Addressing bias in decision making (e.g. build on https://www.hqsc.govt.nz/our-programmes/patient-safety-week/publications-and-resources/publication/3866/)
- Enabling staff to participate in cultural competence and cultural safety training and development (e.g. support the implementation of: https://www.mcnz.org.nz/assets/standards/8a24a64029/Statement-on-cultural-safety.pdf)

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

National Reporting SS12

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have health equity for Māori and other groups	Shifting cultural norms within the health and disability system is critical to ensuring that Māori can live and thrive as Māori and that we address racism and discrimination in all its forms. Hauora Tairāwhiti seeks to address cultural competencies, institutional racism and bias across the healthcare sector. A number of existing practices will be refreshed and new initiatives initiated. These include:		
		a) Te Kāhui Pakeke (DHB Pakeke forum) "Terms of Reference" will be developed and ratified to ensure an internal organisational arrangement will exist between Hauora Tairāwhiti Leadership and Hauora Tairāwhiti Pakeke to ensure Tairāwhiti Tikanga is properly adhered to in all Hauora Tairāwhiti operational activities. (EOA)		
		b) Te Kāhui Pakeke and Te Poho o Maui Wānanga in Tikanga, Te Reo and Mātauranga Māori will be held each year to assist Māori staff develop and/or strengthen their identity, cultural competencies and incorporate Te Wairuatanga, Te Maramatanga and Te Whakawhānanungatanga as cultural pillars. (EOA)	Q1	Te Kāhui Pakeke TOR ratified
		c) Cultural orientation training for all new Hauora Tairāwhiti staff involves a monthly Powhiri, Whakawhānaungatanga, Hauora Māori Equity overview and a three hour session on Tikanga Best Practice and Te Tiriti o Waitangi. Hauora Māori staff also provide cultural competency sessions to senior clinicians and Te Reo classes for all staff. Māori language week is annually celebrated in which a number of resources are promoted to staff including online Te Reo learning. The DHB also has a weekly Waiata session open to all staff. Te Kāhui Pakeke is currently an informal group of Māori pakeke employees who provide Tikanga and cultural advice to management. Hauora Māori also provides staff to assist Otago IPE student with cultural training in Tairāwhiti. These sessions are held on Tairāwhiti Marae. Te Poho o Maui is an internal informal Māori employee group which meets to discuss Hauora Tairāwhiti Māori Workforce issues. With the implementation of the Māori Workforce Development Plan it is anticipated Te Poho o Maui will monitor this.	Q4	
		d) Through the local implementation of the Cognitive Institute's Speaking up Safety programme which is aimed at addressing entrenched behaviours that can lead to poor patient outcomes an opportunity also presents to shift bias in decision making. Following internationally recognised anti-racism advocate Camara Jones visit to Hauora Tairāwhiti planning is occurring to implement institutional racism education sessions for all staff. Kāhui	New tool developed by Q3	Providers feel fully engaged in Audit process

MĀORI HEALTH ACTION PLAN – REDUCING HEALTH INEQUITIES- THE BURDEN OF DISEASE FOR MĀORI

Achieving equity in health and wellness for Māori is an overall goal of the health and disability system. It is mandated by article three of Te Tiriti o Waitangi and is an enduring principle of Te Tiriti. Achieving equity for Māori will be a key element of many of the DHBs plans throughout the rest of the document. DHBs should use this section to:

- Outline any equity focused initiatives that don't fit elsewhere.
- Provide a summary and cross refence for those major initiatives elsewhere in their plan.

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

National Reporting SS12

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have health equity for Māori and other groups	Te Kāhui Pakeke (DHB Pakeke forum) "Terms of Reference" will be developed and ratified to ensure an internal organisational arrangement will exist between Hauora Tairāwhiti Leadership and Hauora Tairāwhiti Pakeke to ensure Tairāwhiti Tikanga is properly adhered to in all Hauora Tairāwhiti operational activities. (EOA)	Q1	Te Kāhui Pakeke "Terms of Reference" ratified.
		Te Kāhui Pakeke and Te Poho o Maui Wānanga in Tikanga, Te Reo and Mātauranga Māori will be held each year to assist Māori staff develop and/or strengthen their identity, cultural competencies and incorporate Te Wairuatanga, Te Maramatanga and Te Whakawhānaungatanga as cultural pillars. (EOA)	Q4	3 Tikanga, Te Reo and Mātauranga Māori Wānanga held. Wānanga held.
		People and Development to provide six monthly Māori Workforce Development Strategy performance measure reporting to Te Waiora o Nukutaimemeha and the Board. (EOA)		Kaiawhina programme implemented
		People and Development to set a Workforce KPI to measure the percentage of Hauora Tairāwhiti staff attending "Te Tiriti o Waitangi, Tikanga Best Practice and Te Reo" cultural training per annum. Six monthly reporting to Te Waiora o Nukutaimemeha and the Board. (EOA)	Q2 Q4	MWFD performance report
		Annual Hauora Tairāwhiti staff performance review "You Time" to include KPI measure regarding "what cultural training (Te Reo, Tikanga, Mātauranga Māori) have you undertaken over the past year?" This reported to the Board and Te Waiora o Nukutaimemeha six monthly. (EOA)	Q2 Q4	Workforce KPI "You Time" KPI

MĀORI HEALTH ACTION PLAN – STRENGTHENING SYSTEM SETTINGS

DHBs have a role to play in ensuring that the system settings across their parts of the health and disability system support the overall goal of pae ora (healthy futures). Included in this area are matters to do with how services are commissioned and provided and joint ventures with other local agencies. Please document the plans you have in this area.

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

National Repotting SS12

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have health equity for Māori and other groups	Manaaki Tairāwhiti is an iwi led cross sectoral forum which provides locally-focused leadership that enables whānau perspectives to shape how services connect. The key direction in the next period is the co-investment of funding by Manaaki Tairāwhiti partners to address social determinants. Whānau Ora approach is inclusive within this. Hauora Tairāwhiti continues to look at how services can be delivered closer to the hāpori community. This includes delivery of specialist services within Tairāwhiti when sustainable and the support of rural and isolated communities from hospital services. For example the development of a local community cardiology service which sees the clinicians support primary and community providers. This includes community based providers who when delivering workshops at Marae, create the opportunity where needed to provide a full range of health services to the kainga. During 2020/21 an equity analysis will be undertaken to assist partners to apply or develop cost-effective interventions which address health inequities. As part of this initiative an equity outcomes framework for the district.	Initial report by Q1	

Improving sustainability

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

DHBs are expected to clearly demonstrate how strategic and service planning, both immediate and medium term supports improvements in system sustainability including significant consideration of models of care and the scope of practice of the workforce.

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

INVESTMENT

Vote Health 2020 and subsequent out years have presented Tairāwhiti with a new opportunity to move from a deficit reduction perspective to a longer term view which enables the Hauora to focus on its key objectives of ensuring equity of outcomes and sustainability service delivery.
Hauora Tairāwhiti has been working with local partners over a number of years on approaches which will see services move from the perspective of treating illness to hauora. With limited resources and the consistent push to reduce costs have focused Hauora Tairāwhiti to address small changes in key areas. These changes have shown positive impacts on whanau wellbeing in the areas implemented across the rohe. The opportunity presented in Vote Health 2020 to work with Iwi, Māori and other key local stakeholders in bring real change to services within Tairāwhiti enable the district to envision making significant impact to the wellbeing of its population.

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

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

Priority	Outcome	DHB activity	Milestone	Measure
We live longer in good health	We have health equity for Māori and other groups	To understand the extent of inequity and institutional racism within current service delivery, Tairāwhiti will undertake a system wider equity health needs assessment to identify the conditions which most impact the lives of tangata whenua within the rohe.	Q2	EHNA complete
		Utilising the EHNA, Tairāwhiti (DHB, Iwi and other partners) will agree prioritises and start the process of redesign current services to address inequities within the current system	Q2	Investment framework developed
		Redesign and planning will prioritise services which improve equity and built on a sustainable preventative model of care. Approach will ensure that rurality, ethnicity or deprivation is not a barrier to care.	Q3	New service approach implemented across Tairāwhiti hauora services

IMPROVED OUT YEAR PLANNING PROCESSES

Financial

Identify the three or four most significant actions the DHB will take to improve its out-year planning processes.
At least two of the actions should identify milestones for delivery to be completed by December 2020 to support 2021/22 planning.

Workforce

Identify the three or four most significant actions the DHB will take to improve its out-year planning processes.
At least two of the actions should identify milestones for delivery to be completed by December 2020 to support 2021/22 planning.

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

National Reporting SS18, SS19

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

Priority	Outcome	DHB activity	Milestone	Measure
We live longer in good health	We have health equity for Māori and other groups	The 2020/21 Vote Health funding advice has provided Hauora Tairāwhiti with opportunities to move towards a sustainable outlook. Over the next three years the DHB will move towards a breakeven position while at the same time beginning an evidence based process of investment planning.		
		The first step in this process will be a health equity needs analysis which will identify and provide a road map to how and where the local health sector invests over the medium term.	Q2	Health equity needs analysis complete
		The health equity needs analysis will enable the DHB to utilise the opportunities provided in 2020/21 Vote Health and subsequent out years to develop a strategy for investment to address institutional racism and reduce those inequities which have the largest impact on the health of our population. This work will complement the activities already underway within Te Tairāwhiti in building a wellbeing approach to the social and health sector.	Q3	Investment approach agreed
		To ensure that a sustainable approach is built into the hospital based services we will develop a 12 month rolling forecast model based on known inputs to production and cost pressures. This approach will support our approach to planned care and will see budgeting based on a production plan linked to workforce capacity	Q1	Forecast model developed
		Clinical services within Gisborne Hospital will be supported to understand service delivery pressures, cost pressures and collaborating to find value added solutions in delivering patient centred care; new models of care improving access, reducing inequities and financially viable.	Q1	Approach agreed with Clinical Governance
		We will also look to maximise the utilisation of our information support services to improve out-year planning, this information will support the investment approach and enable local health sector to review outcomes to ensure that services address equity issues	Q2	21/20 production plan complete A agreed equity report format developed for services
		Hauora Tairāwhiti will continue the work on its workforce strategy which was impacted by COVID-19	Q2	Draft strategy

SAVINGS PLANS – IN-YEAR GAINS

DHBs are expected to undertake appropriate cost analysis and develop realistic savings plans that do not risk compromising the quality and safety of services or improved equity for their populations.
The DHBs annual plan should highlight a subset of five initiatives from its saving plan that are expected to have most significant impact in the 2020/21 year and include a brief rationale explaining why the action was selected.
Please identify key actions and milestones that support delivery of the initiative each quarter and include quantification of the expected in-year impact.

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

National Reporting SS18

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

Priority	Outcome	DHB activity
We live longer in good health	We have health equity for Māori and other groups	While Hauora Tairāwhiti has received a significantly higher funding increase in the 20/21 year than in any prior year, the rate of funding increase is not sufficient to eliminate the underlying deficit for the DHB, nor allow for funding to be prioritised to investment in actions that will improve equity outcomes for Māori, or medium to longer term clinical and financial sustainability. Accordingly, in coming to a substantially lower budgeted operating deficit for the 20/21 year which allowed for limited investment, Hauora Tairāwhiti has formulated a wide ranging savings plan based around the following focus areas. • **Acute Flow** – Length of Stay/Readmissions – enhance service delivery changes and improvements which allow for current or higher projected service levels to meet demand but at the same time deliver lower operating costs. • **Inter District Flows** – transfer clinical and financial accountability to the provider arm to accentuate understanding and control of flows for secondary to tertiary flows. Provides direct counterbalance between local options for service delivery (care closer to home), the costs of those services and the benefits to the people receiving the care, and Hauora Tairāwhiti. • **Outsourced staff costs** – over recruit in the current enhanced recruiting environment which relates to an effect of COVID-19 to negate the need for expensive locums (reduce cost and gain improved business continuity). • **Variable nursing and Care Capacity Demand Management** – use existing allocated nursing resources including overtime to better match rosters to demand including variance response management. • **Integrated care** – shared resources among Iwi providers, the Primary Health Organisations and Hauora Tairāwhiti. • **Ambulatory care** – review follow-up rates, increase the use of tele-enabled options and virtual responses to manage care-up. • **Procurement** – continued leveraging off national procurement and local initiatives. From these a comprehensive savings plan has been developed, each action has an executive owner and an action plan to deliver on value based actions for clinical, service and financial improvement. Intrinsic to this is the clinical support necessary to drive the benefits to people receiving care, by leading service improvements and overseeing the resultant financial benefits. The total monetary benefits have been built into budgets as added impetus for delivery on the targets set for clinical and financial benefits. **VALUE ENHANCEMNET ACTIONS 20/21**

Focus area	Description	Inputs	Savings	Net	Timeframe	Responsibility
Acute Flow	*ASH Reduction with PHOs	Reduction plan	$50k	$50k	From Jan 21	GMPFPH
	ACC Revenue – improvement action	Systems review	$50k	$50k	From June 20	CFO

			*LoS Reduction – Health Round Table target services – 10 bed days per week at $100/day	Joined up action	$30k	$30k	From Jan 21	CCM Surgical CD Surgical CCM Medicine CD Medicine
		Inter District Flows	*Registrar Recruitment – reduction of 1 IDF outflow acute case per week	$250k (budgeted)	$380k	$130k	Six months from Jan 21	CCM Medicine CD Medicine
			*Local service delivery – cardiology, general surgery, paediatrics, O&G	$150k – Fifth O&G – improved outcomes $100k – surgical registrar Cardiology local service provisions Paediatrics enhanced local services	$200k $300k $100k $50k	$50k $200k $100k $50k	From June 20 From Dec 20 From June 20 From Oct 20	CCM WCY HoD O&G CCM Surgical CD Surgical CCM Medicine CD Medicine CCM WCY HoD Paeds
		Outsourced Costs	Conversion of outsourced to employed medical staff (ED, Anaesthetics, Psychiatry, Medicine, CMO)	Recruitment	$400k	$400k	From June 20	CCM Surgical CD Surgical CCM Medicine CD Medicine CCM MH HoD MH
			Conversion of outsourced to employed clinical staff (pharmacists, anaesthetic techs)	Recruitment	$50k	$50k	From June 20	CCM Shared CCM Surgical
			*Pain Management Service	$300k Develop insourced service.	$700k	$400k	Six months from Jan 21	CCM Surgical CD Surgical
		CCDM	Improved matching resulting in reduced use of casual labour, overtime and reduced sick leave	CCDM already in place	$100k	$100k	From June 20	DoN ADON
		Integrated Care	*Healthy ageing Tairāwhiti – business case development and implementation	$100k Project Manager 6 months	$200k	$100k	From Jan 21	CCM Medicine CD Medicine DoAHT
		Ambulatory Care	*Telehealth - reduced clinics	MoH Investment $100k	$200k	$100k	From June 20	CIO
		Procurement	National Procurement savings through All of Government		$100k	$100k	From June 20	CFO
			National Procurement Savings through Health Partnerships		$100k	$100k	From June 20	CFO
			Local savings		$50k	$50k	From June 20	CFO
		Total				**$2,060k**		
		• Denotes specific equity improvement action **(EOA)**						

SAVINGS PLANS – OUT YEAR GAINS

DHBs are expected to undertake appropriate cost analysis and develop realistic savings plans that do not risk compromising the quality and safety of services or improved equity for their populations.

The DHBs annual plan should highlight a subset of five initiatives from its saving plan that are expected to have most significant impact in the next two out years and include a brief rationale explaining why the action was selected. Please also include quantification of the expected impact in each of the out years.

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

National Reporting SS18, SS19

Consideration of innovative models of care and the scope of practice of the workforce to support system sustainability

Ensuring workforce planning supports innovative models of care is a key factor supporting improved system sustainability in the medium term.

Please specify five key workforce development actions and initiatives the DHB will undertake during 2020/21 to support innovative models of care to be delivered in out years. At least one action should be focused on strengthening Māori workforce.

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

Priority	Outcome	DHB activity	Milestone	Measure
We live longer in good health	We have health equity for Māori and other groups	Vote Health 2020 indicated that Hauora Tairāwhiti will receive a significantly higher funding increase from the 20/21 year. Based on this increase Hauora Tairāwhiti will move to a break even budget in the next few years. This funding will also allow for investment to prioritisation actions that will improve equity outcomes for Māori, and medium to longer term clinical and financial sustainability. Building on the 20/21 year plan, Hauora Tairāwhiti will continue with the following enhanced value actions		

VALUE ENHANCEMNET ACTIONS 21/22

Focus area	Description	Inputs	Savings	Net	Timeframe	Responsibility
1. Acute Flow	*ASH Reduction with PHOs	Reduction plan	$50k	$50k	From July 21	GMPFPH
	ACC Revenue – improvement action	Systems review	$50k	$50k	From June 21	CFO
	*LoS Reduction – Health Round Table target services – 10 bed days per week at $100/day	Joined up action	$60k	$60k	From July 21	CCM Surgical CD Surgical CCM Medicine CD Medicine
2. Inter District Flows	*Registrars in medicine - reduction of 1 IDF outflow acute case per week	Already recruited	$380k	$380k	From July 21	CCM Medicine CD Medicine
3. Outsourced Costs	Conversion of outsourced to employed medical staff (Psychiatry)	Recruitment	$200k	$200k	From July 21	CCM MH HoD MH
	Conversion of outsourced to employed clinical staff (anaesthetic techs)	Recruitment	$50k	$50k	From July 21	CCM Shared DoAHT

		*Pain Management Service	Already recruited	$175k	$175k	From July 21	CCM Surgical CD Surgical
4. Integrated Care	*Healthy ageing Tairāwhiti – business case development and implementation		$200k	$100k	From July 21	CCM Medicine CD Medicine DoAHT
5. Ambulatory Care	*Telehealth - reduced clinics		$200k	$100k	From July 21	CIO
6. Procurement	National Procurement savings through All of Government		$100k	$100k	From July 21	CFO
	National Procurement Savings through Health Partnerships		$100k	$100k	From July 21	CFO
	Local savings		$50k	$50k	From July 21	CFO
Total				**$1,415k**		

- Denotes specific equity improvement action **(EOA)**

In addition to these Hauora Tairāwhiti will in 2020/21 complete a Health Equity Needs Assessment which will identify areas where inequity and disparities lead to the largest gaps in health and wellbeing outcomes. Based on this evidence Hauora Tairāwhiti will build an investment and change management approach to ensure that equitable health outcomes are delivered**. (EOA)**

The five key workforce areas Hauora Tairāwhiti will continue to develop are

- **Registrars** – across selected specialities to enhance service delivery, reduce Inter District Flows, manage Senior Medical Staff Fatigue as per MECA requirements, improve the safety of the hospital at night, train more practitioners orientated to return as consultants to fill workforce vacancies. Focus on Māori in recruitment and service delivery – **(EOA)**
- **Midwives** – working with local polytechnic and Wintech to increase local training of Māori as midwives to ensure local capacity for Lead Maternity Carers and secondary services. Improve responsiveness and acceptability of services for Māori. **(EOA)**
- **Specialist Nurses and Nurse Practitioners** – expansion of roles to bolster services and reduce the need for medical input, with improved continuity of care. Plan for these roles across the DHB by March 2021 – led by DoN. Pathway for Māori through local training to careers in these roles. **(EOA)**
- **Kaiawhina** – Pukenga Kaiawhina, plus staircasing of these roles to health professionals in local training. Career pathways in place for all staff in these and support roles by March 2021. **(EOA)**
- **Senior Medical Staff** - fatigue management plans in place as per MECA which will include increased FTEs in some specialties, supported by RMOs.

WORKING WITH SECTOR PARTNERS TO SUPPORT SUSTAINABLE SYSTEM IMPROVEMENTS

Identify the three or four most significant actions the DHB will undertake during 2021 collaboratively with sector partners to support sustainable system improvements that also support improved Māori health outcomes and Pacific health outcomes.

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

National Reporting SS18

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

Priority	Outcome	DHB activity	Milestone	Measure
We live longer in good health	We have health equity for Māori and other groups	Manaaki Tairāwhiti is the lead social development collective in Tairāwhiti. Key focus is currently placed on four interrelated areas of activity **Improving Child wellbeing** – The 50 Families initiative supports whānau through their social care journey through navigators who overcome barriers to support across the agencies. The learnings of the navigators are used for system change across the Tairāwhiti social care sector to ensure the populations' needs are met in the most effective way by a cohesive supportive social care network. Hauora Tairāwhiti supports this initiative through the Health Broker role.	Q4 joint agency support for 100 whānau	100 Whānau supported
		Improving Housing – Although Hauora Tairāwhiti is not undertaking specific actions within this area the local housing strategy has 17 short, medium and long term actions with the five below having been prioritised for immediate focus. They are • Identification of current housing projects • Work with Kainga Ora to increase social housing supply • Work with MSD and NGOs to rapidly increase emergency housing options • Review papakainga rules to ensure additional supply outside Gisborne city • Gisborne District Council to review its rules to specifically examine their impact on housing supply.	Q2 increase emergency housing choice	Reduction in conditions linked to housing
		Reducing family violence – Whangaia Ngā Pā Harakeke is a Police sponsored initiative where Police and local iwi are working in partnership to reduce family harm. The Hauora Tairāwhiti health broker supports the Whangaia Ngā Pā Harakeke team.		
		Reducing Addictions - Together with the Eastern Police District and Hawkes Bay DHB, Hauora Tairāwhiti will implement the approved proposal under the Proceeds of Crime initiative to reduce the social harm caused by addiction and mental distress. This initiative will see the development of a mental health and addictions team working with the local Police to facilitate a more whānau centric, collaborative and agile approach to delivering services to priority populations that interact with the criminal justice and health systems. (EOA)	Service Established Q2	Reduction in Acute Addiction issues through Emergency Department, especially for Māori

Improving Child Wellbeing

The Child and Youth Wellbeing Strategy (the Strategy) provides a framework to align the work of government and others to achieve the vision of 'Making New Zealand the best place in the world for children and young people'.

The nine principles promoting wellbeing and equity for all children and young people, operationalised for the Health and Disability system, are:

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

There is an expectation that DHBs will actively work to improve the health and wellbeing of infants, children, young people and their whānau and carers with a particular focus on improving equity of outcomes.

DHB annual plans will consider the above principles in all their activities, as part of their contribution to delivering the Strategy, and preparing the health and disability sector for system transformation over time.

MATERNITY AND MIDWIFERY WORKFORCE	**Equitable outcomes action are identified with an EOA in the Milestone column**
• Ensure population needs for pregnant women, babies, children and their whānau are well understood; and identify key actions that demonstrate how the DHB will meet these needs, including realising a measurable improvement in equity for your DHB. Actions should include a comprehensive approach to prevention and early intervention across maternity, Well Child Tamariki Ora and primary care services. All DHBs will continue to implement and evaluate a midwifery workforce plan to support: • Undergraduate midwifery training, including clinical placements • Recruitment and retention of midwives, including looking at the full range of the midwifery workforce within the DHB region especially rural areas • Service delivery mechanisms including strategies to address predicted seasonal changes in service demand and showing initiatives that make best use of other health work forces to support both midwives in their roles and pregnant people. • Please refer to the Care Capacity Demand Management (CCDM) section regarding reporting requirements for implementing CCDM for the midwifery workforce. Examples of equity actions that could be included in your plan are found in the in the Supporting Information and FAQ page, see section 2.6 for the link.	**National Reporting SS19**
Government theme: Improving the well-being of New Zealanders and their families	

Priority	Outcome	DHB activity	Milestone	Measure
Ensure everyone who is able to, is earning, learning, caring or volunteering	We have improved quality of life	**Care Capacity Demand Management (CCDM)** Continue implementation of CCDM for maternity services • Review benchmark to align with CCDM maternity recommendations • Complete FTE calculations • Support the roll out of TrendCare Version 3.6 **Midwifery (Equity focus)** • Review and strengthen workforce plan to include a broader approach from pipelines to include succession planning/future proofing • Increase percentage of Māori midwives in workforce • Continue alliance with WINTEC and build alliance with other midwifery tertiary programmes • Offer two new graduate (midwifery 1st year) fixed term positions, with preference placed on local Māori graduates • Create opportunities for career pipelines locally through the promotion of the NZ Midwifery courses which have reduced the financial burden placed on Midwifery students by enabling them to work while undertaking their studies.	Q2 Q4 Q1 Q2 Q1-4	Once 3.6 version of CCDM is in place aim for 100% IRR and 100% actualisation Plan outlines complete pathway and includes evidence of alliances and actions

MATERNITY AND EARLY YEARS

Identify actions that contribute to the Strategy's Plan of Action to redesign maternity and early years interventions that support the needs of pregnant women, infants, babies, children and their whānau. Demonstrate how the DHB will meet these needs, including commitments to health equity for Māori, Pacific and other vulnerable groups and how outcomes will be addressed.

Actions should include comprehensive approaches to prevention and early intervention across pregnancy, parenting and Well Child Tamariki Ora services including integrated approaches with primary care and mental health and addiction services, as well as SUDI prevention initiatives.

Identify the health promotion and health protection activities the DHB can undertake to advance progress on your SUDI work. Activities that DHBs could carry out can be found in the Supporting Information and FAQ page, see section 2.6 for the link.

Outline the specific actions the DHB is taking intended to reduce inequity of access to community-based midwifery services, ultrasound scanning, pregnancy and parenting education and Well Child Tamariki Ora services.

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

National Reporting
CW01, CW02, CW03, CW04, CW06, CW07, CW09, CW10

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

Priority	Outcome	DHB activity	Milestone	Measure
Ensure everyone who is able to, is earning, learning, caring or volunteering	We have improved quality of life	**Hāpu Wānanga - Pregnancy and Parenting Programmes** Provide a maximum of ten (six urban settings and four rural) Hāpu Wānanga programmes to hāpu wāhine and their support whānau. The Wānanga will be delivered in community settings (marae, provider and community sites), the programme content will be information and resource specific to pregnancy, birth and at home information as well as access to the range of health services and support services available to whānau in Tairāwhiti i.e. General Practice, WCTO, Breastfeeding, Immunisation etc. Content will build in local hāpu/iwi and Māori paradigms traditional and contemporary and will take into	Q1 – Q4 a minimum of one programme quarter	Increased numbers of participants of priority Full-term pregnancies

		account new learners as well as Pasifika needs. Participants will be prioritised as first-time and teen parents, Māori, Pasifika, those rurally based as well as those living in situations of deprivation, and other social constraints. **Breastfeeding – Tairāwhiti Ūkaipō Plan** Hauora Tairāwhiti within the Mokopuna Ora programme of work has developed the first phase of a Tairāwhiti Ūkaipō Group (TUG) and Action Plan. The plan requires expanding to a 3-year programme building on the developments to date • Provide Workforce Development and Training for Maternal and Child Health services, through a series of virtual ZOOM Wānanga • Support the BIG-Latch promotional event in August 2020 led by the TUG team of representatives of services • Provide support for four Community based 'Peer Support – Māmā' initiatives with Coastal, Western Rural, Pasifika and High deprivation communities within Gisborne. • Breastfeeding leadership and champions confirmed across services, communities, Māori and Pasifika and young adult parenting groups • Support professional development with Community Lactation services to expand on professional development opportunities • Sustainable resourcing for breastfeeding secured to support 3-year programme **Mokopuna Ora (SUDI Prevention and Safe-Sleeping)** The development of wahakura in Māori health services is well established and has become an integral part of the Pregnancy and Parenting programmes for Hāpu Wānanga. Coordination through the Mokopuna Ora Coordinator and services such as E Tipu E Rea (Māmā and Pēpī), Tamariki Ora, Ūkaipō activities, WCTO Quality Improvement Framework and the new Pilot Enhanced Support Services continue to build on these developments. Safe-sleep training and health literacy with whānau are included within the programmes. Evaluating programmes to be initiated in 2021. In 2020/21 we plan to take a more integrated approach across community based maternal and child health services. Scoping this work out will require a review of these services, consultation and co-designing a new model for Maternal and Child Health and Wellbeing services in the community. Te Hiringa Matua (3-year Pregnancy & Parenting, Mental Health and Addictions) evaluation will inform this work. Proposed approaches and activities include; • Hāpu wāhine to embrace 'Tapu while Hāpu' working to reduce and eliminate tobacco, vaping, alcohol and other drugs during pregnancy and following birth • Strengthen wāhine Māori and young wāhine leadership to live a smokefree, alcohol and drug free lifestyle over a year campaign project • Review the distribution and utilisation of SUDI Safe-Sleep devices by māmā and whānau receiving and utilising them • Incorporate a Healthy Kai and Active Days – nutrition and active lifestyles project with teen mum's and a Pacific 'healthy lifestyles' project • Increased health literacy actions planned to enable whānau to understand and confidently access health and social services	Q3: Three year plan completed Q1 – Q4: Ongoing and Maintenance. Q3 – Q4: Evaluate and review work programmes. Q1 – Q2: Scoping and development of project plans.	• reduced complex births •Increased Breastfeeding rates •Exclusive & Partial at 6wk, 3m, 6m checks •Reductions in SUDI rates. •Wahakura supply secured for whānau in Tairāwhiti, and is the preferred Safe-sleep device.

		WellChild Tamariki Ora ENHANCED SUPPORT SERVICES PILOT Implementation of the first year of a three-year pilot programme that is an intensively prioritised model of enhanced support of Tamariki Ora (WCTO schedule of services) for a cohort age group of māmā and their pēpī. The cohort is for teen to 25-year old hāpu māmā from 20weeks pregnancy to first 2-years of life for pēpī. Building equity across the pilot ensures an emphasis on first-time māmā, teen-mums, Māori, and Pasifika whānau as well as those who experience high deprivation circumstances and/or are challenged by rural isolation. The pilot engages the two current Tamariki Ora providers Te Hauora o Tūranganui (Tūranga Health) and Ngāti Porou Hauora. The focus of the model is to provide wrap-around support from pregnancy and is led by a combined dedicated team of Registered Nurse and Kaiawhina. A key learning and outcome for our Tairāwhiti pilot is to support, guide and enable māmā and whānau to understand the health and wellbeing for their pēpī / mokopuna and be supported to access and complete all scheduled WCTO checks and entitlements in a timely way, as well as any other additional health requirements(i.e. secondary-care / specialist services etc.) Within the pilot programme several key areas of maternal and child health will be focussed on. • Healthy pregnancy and supported care (LMC) throughout term – Hāpu Wānanga (Antenatal), healthy kai and active days, Smokefree preparedness for birth and home readiness (Safe-sleeping Device, Car seat, Smokefree waka, whare, and whānau etc.), identified social needs – housing, whānau support, supportive, caring and safe relationship with father, • Birth – LMC supported birth plan, New-born Enrolment into General Practise, Scheduled for 6-week check (māmā and pēpī), Breastfeeding, Contraception, • 6-weeks to 2-years – Māmā and pēpī checks at 6-weeks, Immunisations for pēpī, maintain breastfeeding for first 6-months, healthy kai and active days, planned enrolments and checks, sustain Smokefree, future planning – work, study, Early Learning options for pēpī, Oral health	Q1: Establishment of services Q2: Commence recruitment of hāpu māmā onto programme (age, ethnicity and circumstantial needs prioritised) Q3: Evaluation underway Q4: Six-months of service delivery reviewed focus on equity improvement	• Recruitment of Tamariki Ora ESS team (Reg. Nurse and Kaiawhina). • Systems and processes for pilot established • Evaluation outcomes approved; Equity improvement prioritised • Early learnings identified and adjustments incorporated

IMMUNISATION All DHBs are to contribute to child wellbeing and healthier populations by establishing innovative solutions to improve and maintain high immunisation rates at all childhood milestones from infancy to age 5 years. • Specify actions to improve delivery and uptake of immunisation from infancy to age 5 years that will meet the needs of your overall and, in particular, Māori populations and identify how each action will address equity and what outcomes will be achieved.	**Equitable outcomes action are identified with an EOA in the Milestone column** **National Reporting** **CW05, CW07, CW08**
Government theme: Improving the well-being of New Zealanders and their families	

Priority	Outcome	DHB activity	Milestone	Measure
Make New Zealand the best place in the world to be a child	We live longer in good health	Development and implementation of a whole of life Immunisation Programme which prioritises reducing inequity through targeted strategies, health literacy, communications and delivery for Māori, Pasifika families, those living in rurally challenging locations and / or experience significant social inequities i.e. housing, income, incomplete education opportunities etc. Increase number of vaccinators across Tairāwhiti district Identify areas of high decline rate – work and analyse collaboratively with iwi and providers to identify and resolve barriers around specific communities **New born enrolment** Follow up with all pregnant women (with no GP) to start immunisation journey Ensure babies are accepted into GP practices in a timely way so they can be immunised by 6 weeks Work with the Primary Care system to ensure appointments match with immunisation event and follow up appointment with Mums **OIS** Identify reason for accessing OIS/talk to whānau Share system learnings across the sector **Communications** Strengthen communication plan to ensure targeted for all population groups Identify 3 more providers for opportunistic vaccinations Offer more opportunistic vaccinations in primary care Provide workforce training and education **Tairāwhiti Measles Campaign 2020/2021 – 15 to 29-year olds** A two pronged approach to providing a communications – awareness raising campaign to vaccinate for Measles, in conjunction with the rollout of the actual vaccination programme. Engaging key stakeholders from DHB, Public Health, PHO-General Practise and	Q4 Q1 Q2 – Q3 Q4:	5% Increase number of vaccinators Reduce decline rate Increase immunisation rate to target. Communication Campaign Rollout of vaccinations. Evaluate campaign Campaign lead by the Cohort population leads and key stakeholders.

SCHOOL-BASED HEALTH SERVICES

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

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

National Reporting CW04, CW12

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

Priority	Outcome	DHB activity	Milestone	Measure
Make New Zealand the best place in the world to be a child	We live longer in good health	The primary aim of the Hauora Tairāwhiti school based health service is supporting young people to managing their health and intervening when assistance is required. While linking students with their GP is the preferred pathway, when that is not an option for a student, Youth Health Nurses support youth through being • trained in Contraception and Sexual Health • Work under Standing orders to administer antibiotics for sore throats and skin infections • Work under standing orders to deliver penicillin prophylaxis to young people who have had rheumatic fever. • Two nurses are also Vision and Hearing Technicians Community Support Worker support youth through • Engagement with the students • Liaison between nurses/school and whānau (home visits if required) • Helping young people to enrol with health services if they are not already e.g. dentist/GP • With consent - supporting and transporting young people to appointments • Opportunistic and planned health education and promotion The Youth Health Nurse team will continue working to deliver the HEEADDSS Assessment programme across all decile 1- 4 schools/kura in Tairāwhiti. This programme is for students in year 9 and also for students of all ages in Alternative Education Centres. Hauora Tairāwhiti Youth Health Nurse team are currently in discussion with schools, principals, whānau groups and Ngāti Porou Hauora (Iwi health provider) to look at collaborative ways of providing more services more frequently to East Coast Kura. One of the first projects to be undertaken will be immunisation catch up for students who may have missed out for some reason for HPV/MMR and Boostrix. Hauora Tairāwhiti is also in discussion with the principal at Te Karaka Area School around health services at school The MoH have also indicated that MMR catch-ups are required in high schools. At this stage no time frame for the programme roll out but the team will support the programmes rollout in rural schools.		

	Community Nurse Prescribing – Youth Health Nurses will undergo further training and be able to prescribe common medications used by patients in the nurse's specific area of work. In our case this will include schools. This training is expected to start in June/July this year.	Q1	
	Hauora Tairāwhiti will continue the work initiated in 2019/20 to develop a Child and Youth Community Hub.	Q2	Plan developed
	Nurse led – youth from 10 years Build capacity for nurse led secondary services in schools, starting with east coast area (clinics for overdue immunisations, sexual health, skin infections, mental health), particularly with rangatahi who have more prevalent needs with an equity focus.	Consultation with schools, work with NPH	Rangatahi feedback/Nurse reporting
	Continue to implement youth health care in schools (a framework for continuous quality improvement)	Q1 & Q2 – work with school community	Quality reporting
	Work with school community in co-design	Q3 & Q4 implement any initiatives	Evidence of co design
	Rangatahi Programme of work in Schools and kura over and above BAU checks and assessments: • Healthy Active Learning support healthy kai information and support to schools for Food and Drink policies and lunch programmes • Information and Vaccination of the Measles Campaign for 15 – 18year olds, within the cohort group • Psychosocial support for young people in schools post-COVID restrictive levels • Working with Population Health to reduce as well as prevent uptake of tobacco and vape smoking behaviours	Q1 Q2 – Q3 Q3 – Q4	

FAMILY VIOLENCE AND SEXUAL VIOLENCE (FVSV)

Reducing family violence and sexual violence is an important priority for the Government, and something we want all DHBs to be working on, in partnership with other agencies and contributions

- Please provide the actions for the upcoming year that your DHB considers is the most important contribution to this, including: the reasons why the action(s) are important and the expected impact.

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

National Reporting

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have health equity for Māori and other groups	• Ongoing CORE VIP training as part of our MOH VIP Contract: 5 x Full day trainings per year - these trainings are a critical part of our VIP programme and commitment to MOH VIP Contractual requirements **(EOA)**	Q4	5 Training session delivered
		• Continue to offer service specific tailored VIP Core Training to identified services: ED/Outpatients/Surgical Theatre/Maternity – This is a tailored approach to training so this resonates with clinicians experiences and practice and focus on integrating actual practice situations with process **(EOA)**	Q4	# of training sessions delivered
		• Increase resources in all women's toilets in relation to supports available and information on responding to Family Violence – Intention is to reduce barriers and increase access to services for women experiencing violence **(EOA)**	Q4	% change contacts
		• Increase cross sector training on Family Violence Topics i.e.: Full Day Strangulation Prevention Workshop (Sept/Oct 2020) – Supporting cross sector practice in responses to Family Violence from a collaborative community approach **(EOA)**	Q2	#/% non DHB staff participation
		• Developing Policy, Risk Assessment and Training process on the topic of Vulnerable Adults Abuse and/or Neglect - Important as no current DHB documentation in regards to assisting clinicians in how to identify and respond to abuse and neglect in vulnerable adults **(EOA)**	Q4	Policy developed Risk assessment and training process in place
		• Exploring further training delivery mediums i.e.: zoom/ recording of role plays for IPV Routine Enquiry in relation to Family Violence – Sound bite options for VIP Training that clinicians can link into via Intranet and/or can be shown during VIP Training Days supporting clinical practice in how to confidently and routinely ask Women the 4 x IPV Routine Enquiry Questions in relation to Family Violence	Q4	# of training mediums available with Hauora Tairāwhiti and wider sector
		All of the above actions are focused on increasing awareness, improving clinical practice on how to identify and respond confidently to Family Violence and Abuse and/or Neglect in Vulnerable Adults		

Improving Mental Wellbeing

Together we must continue to build a whole-of-system, integrated approach to mental health, addiction and wellbeing that provides holistic options for New Zealanders across the full continuum of need.
People with lived experience of accessing mental health or addiction services and their families must be central to this.
There is an expectation that annual plans reflect how DHBs will embed a focus on wellbeing and equity at all points of the system, while continuing to increase focus on mental health promotion, prevention, identification and early intervention.
Alongside building missing components of our continuum, annual plans should demonstrate how existing services can be strengthened to ensure that mental health and addiction services are cost effective, results focused and have regard to the service impacts on people who experience mental illness.
DHBs will provide a range of services that are of high quality, safe, evidence based and provided in the least restrictive environment.

MENTAL HEALTH AND ADDICTION SYSTEM TRANSFORMATION The Government's response to *He Ara Oranga* (the report of the Mental Health and Addiction Inquiry) confirmed a transformational direction for New Zealand's approach to mental health and addiction (https://www.health.govt.nz/our-work/mental-health-and-addictions/government-inquiry-mental-health-and-addiction). This approach is grounded in wellbeing and recovery. It is underpinned by a deliberate focus on achieving equity of outcomes, in particular for Māori, as well as for other population groups who experience disproportionately poorer outcomes including Pacific peoples and youth. DHBs must demonstrate collaborative engagement with Māori, Pacific peoples, people with lived experience, NGOs, primary and community organisations, Rainbow communities and other stakeholders to build a whole-of-system, integrated approach to mental health, addiction and wellbeing that provides options for New Zealanders across the full continuum of need. The mental health and addiction system must be responsive to people at different life stages, and at different levels of need. In particular all mental health and addiction services must be responsive to people with coexisting needs. We must continue to work together to embed a focus on mental health promotion, prevention, identification and early intervention at the primary and community level. At the specialist end of the continuum, we must ensure sustainable, quality services for those with most need. Collective action across multiple years will be required to achieve transformation of our approach. It is expected that DHBs will work along with the Ministry of Health and other leadership bodies to implement the Government's agreed actions following the Mental Health and Addiction Inquiry and implement relevant Budget 2020/21 initiatives. This transformation will lead to increased access and choice of supports for people, whatever their needs and wherever they are, and improved and equitable health and wellbeing outcomes for all. **DHB Activity** DHBs should identify opportunities to build on existing foundations and include actions in the annual plan in relation to improving and / or addressing **all** these focus areas and sub points:	**Equitable outcomes action are identified with an EOA in the Milestone column**

Placing people at the centre of all service planning, implementation and monitoring programmes

- Demonstrate a commitment to lived experience and whānau roles being supported and employed across policy, strategy and quality programmes.
- Improve mechanisms that will enable real time feedback from service users and their families into quality programmes.
- Demonstrate how consideration will be given to addressing equity for Māori, Pacific, young people and other population groups who experience disproportionately poorer outcomes, into recruitment and feedback mechanisms.
- Demonstrate leadership in promoting respect for and observance of the Code of Health and Disability Services Consumers' Rights.
- Demonstrate measures to minimise compulsory or coercive treatment.

Embedding a wellbeing and equity focus

- Demonstrate a focus on wellbeing and equity at all points of the system including working with your partners on, for example, implementing Healthy Active Learning and promoting sleep and physical activity.
- Improve the physical health outcomes for people with mental health and addiction conditions.
- Improve responses to co-existing problems via stronger integration and collaboration between other health and social services.
- Improve employment, education and training options for people with low prevalence conditions including, for example, Individual Placement Support.
- Improve engagement strategies with Māori, people with lived experience, and population groups who experience disproportionately poorer outcomes including Pacific peoples, youth and Rainbow communities.
- Continue to implement Supporting Parents, Healthy Children (COPMIA) to support early intervention in the life course.
- Collaborate and work with the Ministry, the Mental Health and Wellbeing Commission, the Suicide Prevention Office and other leadership bodies and key partners in your region to help drive transformation in line with *He Ara Oranga.*

Increasing access and choice of sustainable, quality, integrated services across the continuum

- Outline how you will support the sustainability of acute services.
- Improve options for acute responses, including improving crisis team responses, respite options, and community support and work with the Ministry to plan future responses that will contribute to decreasing acute demand.
- Commit to expand access to services for people with mild to moderate and moderate to severe mental health and addiction needs.
- Commit to increased choice by broadening the types of mental health and addiction services across the full continuum of care and available in a range of settings.
- Work in partnership with the Ministry and in collaboration with Māori, Pacific peoples, young people, people with lived experience, NGOs, primary and community organisations, and other stakeholders to plan an integrated approach to mental health, addiction and wellbeing and roll out new primary-level responses from Budget investment.
- Strengthen and increase the focus on mental health promotion, prevention, identification and early intervention.
- Continue existing initiatives and services that contribute to primary mental health and addiction outcomes and align with the future direction set by *He Ara Oranga,* including strengthening delivery of psychological therapies.

• Identify how you will use cost pressure funding to ensure NGOs in your district are sustainable. **Suicide prevention** • Undertake to reduce suicide by implementing and monitoring key DHB-led actions from *Every Life Matters* - He Tapu te Oranga o ia Tangata: Suicide Prevention Strategy 2019–2029 and Suicide Prevention Action Plan 2019–2024. • Work with the Ministry in developing DHB suicide prevention and postvention plans to enable and monitor the outcomes of *Every Life Matters* – to promote wellbeing, respond to suicide distress, respond to suicidal behaviour and support people after a suicide. • Continue existing suicide prevention and postvention efforts to provide a range of activities such as mental health literacy and suicide prevention training, community-led prevention and postvention initiatives and integration of suicide prevention within mental health and addiction services. • Continue to gather data, information and evaluative reports around the monitoring and evaluation of mental health literacy and suicide prevention training, community-led prevention and postvention initiatives and integration of suicide prevention within mental health and addiction services. • Support the implementation of *Every Life Matters* and the national suicide prevention research plan, through the contribution of agreed data capture. **Workforce** Central to achieving better outcomes for New Zealanders is a sustainable, skilled workforce. This requires investment to diversify, upskill and expand existing and new workforces, and to ensure worker wellbeing. • Work in partnership with workforce centres to strengthen current workforces, including a focus on retention, recruitment and training, and wellbeing. • Support workforce development of the appropriate knowledge and skills to support people with mental health and addiction needs, including those with co-existing needs, for example through use of the Let's Get Real framework. • Demonstrate how lived experience, peer and whānau roles can be strengthened, supported and employed across all services. **Forensics** • Work with the Ministry to improve and expand the capacity of forensic responses from Budget investment. • Contribute, where appropriate, to the Ministry's Forensic Framework project to improve the consistency and quality of services and to guide development of future services. **Commitment to demonstrating quality services and positive outcomes** Demonstrating quality, safe services, and positive health outcomes, requires a commitment to collecting meaningful information and data, and continuous monitoring and evaluation. This includes performance, quality, and outcome measures. As such, you will commit to the development of any new measures alongside providing reporting on priority measures, including: • Access (MH01) and reducing waiting times (MH03), completion of transition/discharge plans and care plans for people using mental health and addiction services (MH02), mental health and addiction service development (MH04) • Reducing inequities including reducing the rate of Māori under community treatment orders (MH05). • Ongoing commitment on reporting to PRIMHD.	**National Reporting** **MH01, MH02, MH02, MH04, MH05, MH06, MH07**

Government theme: Improving the well-being of New Zealanders and their families				
Priority	**Outcome**	**DHB activity**	**Milestone**	**Measure**
Ensure everyone who is able to, is earning, learning, caring or volunteering	We have health equity for Māori and other groups	During 2019/20 Hauora Tairāwhiti undertook a review and co-design of mental health and addiction services, this review and co-design process involved a comprehensive engagement process across the district with service users and their whānau, local communities, service providers, staff and other sectorial stakeholders, including Iwi. This process of engagement with te Tairāwhiti community has underpinned the process of change and will remain the key driving force in the development of how Mental Health and Addiction services are delivered in te Tairāwhiti. The resultant model of care will influence the delivery of all local mental health and addiction services. The following are the key areas of focus for 2020/21. **Future Model of care** Te Tairāwhiti model of care places lived experience at the centre of the system. The new model will include ensure adherence to all ethical and legal requirements, this includes the Code of Health and Disability Services Consumers' Rights. The final draft of the Model of Care will be consulted on through lead agencies and the wider community. This engagement will see the new model of care being finalised and agreed during 2020/21. This model is based on kaupapa Māori led approaches and focus on conceptualising and organising services and a high level model of allocating service resources at a population level. The principles of the local model of care incorporates an approach which is whānau led and whānau driven, Kaupapa Māori led, Tikanga, ora, whānau ora, Mātauranga Māori, community development, whānau designed, coordinated, communicated, defragmented close to or in community, being approachable and welcoming, skilled (Pukenga), Matatau (knowledgeable), shared purpose (kotahitanga). The model will • Equip communities and whānau with information and tools that will assist them navigate support (including people) when emerging distress occurs with whānau and friends • Develop/Increase the range of services available to whānau whose whānau may be distressed and needing support • Enable better access to information using technology • Use the strengths that currently exist in communities and build on these to develop response to those who are in distress. • Identify and work with structures that exist in communities that provide the safety in communities and strengthen these structures to support communities (e.g. Kaumatua kohihera). • Build the workforce from the communities where possible It is our intention in the next stage to work with services on a patient pathway. This patient pathway will map who service users navigate to and through services and identify the patient treatment roles offered and who will provide these services. In preparation for the 2021/22 Agreements will be aligned to the new services model	Model of Care approve Q1	Agreed Tairāwhiti approach to Mental Health services

	Commissioning approach for MHA services across Tairāwhiti Te Rōpū Matua (Partnership group) will develop a Commissioning approach for the procurement all mental health and addiction services across Tairāwhiti, this approach will adopt a whole of service view. Commissioning will bring consistence to the sector and increase the accountabilities on providers. **(EOA)**	Q3 Q4	Service development - 25% agreements prepared
	New specialist Mental Health and Addictions facility Work continues with the building of a new mental health and addictions facility which is fit for purpose. During 2020/21, with the approval of the business case, work being the process to build the new facility. This facility will incorporate design consideration to support the new model of care for the inpatient service.	Q3	Full business submission
	Improve the support for people with Addiction issues Lead by Te Rōpū Matua, Tairāwhiti will see the establishment of a support network for whānau with addiction issues. This network will support a pathway from those with acute addiction issues which have normally resulted in interaction with emergency services (Police and Emergency Department), through to supporting individuals and their whānau who have received rehabilitation support. The pathway will be key to developing the local service model of care for addiction and will be commissioned through the Te Rōpū Matua group. Hauora Tairāwhiti will also lead an across sector and iwi process to significantly increase the provision of addictions care and support services to Whaiora and whānau building on the increases in funding announced through Proceeds of Crime, Provincial Growth Fund and Health initiatives through Hauora Tairāwhiti. Over $2m per annum of new services will be implemented from 20/21.	Q2 Q4	Plan Implementation approach Implemented
	Suicide Hauora Tairāwhiti will re-establish the Pre and Post vention suicide coordination role. Recruitment to this role has proven problematic during the Covid-19 period. The role has been reviewed and is being strengthened to provide increased leadership in the sector. Expanding on the work established over last two years, this new phase will seek to increase the profile of our pre and post prevention Suicide coordination, this will also align with the wider community psychosocial support response.	Q1	Position filled
	Rangatahi Hauora Tairāwhiti will commission a community lead service which will respond to rangatahi across Te Tairāwhiti to increase support**.** The commission will include support for our diversity communities of rangatahi **(EOA)** **Primary Care** Primary Options for Mental Health and Addiction Services (POMHA – Early Intervention in primary care) Given the challenges and barriers that continue to be evident in achieving high quality service delivery in this programme, Te Ara Maioha leadership team with work with stakeholders to review and revisit this programme. Hauora Tairāwhiti commits to ongoing reporting to PRIMHD	Q1 Co-design Q2 Contracting Q3 Service Delivery	Doubled access to services by end of 20/21 20% reduction in presentations at ED for Addictions services.

MENTAL HEALTH AND ADDICTIONS IMPROVEMENT ACTIVITIES

- In order to support an independent/high quality of life please outline your commitment to mental health and addictions improvement activities with a continued focus on minimising restrictive care and improving transitions.

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

National Reporting MH02, MH04, MH05

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

Priority	Outcome	DHB activity	Milestone	Measure
Ensure everyone who is able to, is earning, learning, caring or volunteering	We have health equity for Māori and other groups	Continued emphasis and investment in embedding the capability and competence of the acute workforce to ensure the last year's substantive improvements in zero seclusion volumes is sustained. Similarly and aligned embedding practices that support and sustain the lowering rate of Compulsory & Community Treatment Orders through integrated collaborative whānau focussed care practices.	Q4	0% use of seclusion Implementation of triage response
		Appropriately resourced base for mental health in the Emergency Department of Gisborne Hospital for triage and assessments of people presenting with mental health and addiction issues	Q2	Rehabilitation Programmes in place
		Evidence based community based rehabilitation programmes for people who have serious mental illness and addictions Access to step down and a range of respite care options to support whānau who are delivering care	Q3	
		Development of capacity around data collection, analysis and reporting with a focus on outcomes and quality improvement targets	Q2	quality improvement targets met
		Investment in equally well particularly in dental care, cardiovascular and cancer screening for people in Tairāwhiti with serious mental illness	Q3	Investment plan developed
		Investment in vocational rehabilitation and meaningful activities for whānau who have serious mental illness with the aim of improvement in well-being	Q3	Investment plan developed
		Promotion of a Children's Hub for Tairāwhiti that is a co-location of well-being focussed services for children and their whānau	Q2	Plan developed
		Develop a Healthy Landlord type programme that supports housing options for people with serious mental illness and addictions	Q4	Programme Developed
		Support the changed delivery of health services (i.e. the 'new normal') including greater use of telehealth, an updated fleet of vehicles and stronger use of community based care. Investment in quality AVL that supports the Court processes and facilitates whānau participation and access.	Q2	Plan developed
		Development of an older persons continuum of care from in home care to the local provision of secure dementia care services	Q3	Plan Developed

ADDICTION

- For those DHBs that are not currently meeting the *MH03 (formally PP8)* addiction related waiting times targets (for total population or all population groups), please identify actions to improve performance to support an independent/high quality of life for people with addiction issues.
- Please provide information on how your DHB is reconfiguring or expanding services in line with the AOD national model of care
- Demonstrate local level, cross-agency coordination for alcohol and other drug issues, including with local AOD service providers.
- Noting that mental health and addictions services are a priority for Government please describe how your DHB is giving appropriate priority to meeting service demands within baseline funding.

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

National Reporting MH03, MH04

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

Priority	Outcome	DHB activity	Milestone	Measure
Ensure everyone who is able to, is earning, learning, caring or volunteering	We have health equity for Māori and other groups	**Improve the support for people with Addiction issues** Lead by Te Rōpū Matua, Tairāwhiti will see the establishment of a support network for whānau with addiction issues. This network will support a pathway from those with acute addiction issues which have normally resulted in interaction with emergency services (Police and Emergency Department), through to supporting individuals and their whānau who have received rehabilitation support. The pathway will be key to developing the local service model of care for addiction and will be commissioned through the Te Rōpū Matua group.	Q1 Q3	Plan Implantation of the plan
		Hauora Tairāwhiti will also • look at options for community based residential AOD assessment and treatment in Tairāwhiti, working through Manaaki Tairāwhiti and with Ngāti Porou on a feasibility study of an in-centre service in Te Puia. • focus on the development of health promotion for children and whānau with a focus on addictions • focus on Youth Addictions and current service delivery, with emphasis on developing, adopting and delivering evidence based approaches. Commitment to create linkage with youth and their whānau to inform practices and service improvements. • Investment in evidence based programmes for treatment of young people presenting with FASD (foetal alcohol spectrum disorder)	Q2 Q1	implementation
		Gambling Hauora Tairāwhiti will work with MoH and PGF (formally the Problem Gambling Foundation) to provide counselling support to those whānau in the district requiring support. The DHB will also work with communities to work towards reducing the harm caused by gambling across Tairāwhiti and continue to liaise with the Gisborne District Council to review the Districts Gaming Policy and enforce the Sinking Lid policy.	Q1	Position filled and training completed

MATERNAL MENTAL HEALTH SERVICES

- Please advise the actions you plan to take in 2020/2021 to ensure a continuum of care is evident for maternal mental health to increase responsiveness to women and their whānau during and post pregnancy. This includes services in primary, secondary and tertiary level. Please document the links to infant mental health services and early parenting support. Your plans should indicate how equity of access and outcomes for Māori and Pacific women are addressed and measured.

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

National Reporting MH04

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

Priority	Outcome	DHB activity	Milestone	Measure
Ensure everyone who is able to, is earning, learning, caring or volunteering	We have health equity for Māori and other groups	Provider services will priories the development of a clear health pathway that supports pregnant women, mother with pēpī and their whānau by modelling off the current Te Hiringa Matua services and engagement with E Tipu e Rea, both of which focus on Māori and Pacific whānau.	Q2	Engagement complete
		Based on this engagement provider service will implement a process of change that will see improved outcomes for Māori and Pacific.	Q3	Plan Developed
		Commitment to active collaboration with iwi partners and their entities to bring knowledge and support capability building both within those workforces and with whānau and families.		
		Expansion of evidence based programmes in early childhood, Kōhanga reo and other settings in collaboration with sector providers. Delivery of whānau lead, agency and group programmes that are delivered in community with the resourcing to support that delivery.	Q1	Programmes implemented

Improving wellbeing through prevention

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

PHUs have an important role to play to address key determinants of health, improve Māori health and achieve health equity and wellbeing by supporting greater integration of public health action and effort. DHBs and their PHUs both have a role in contributing to improving the health and wellbeing of the population through prevention.

ENVIRONMENTAL SUSTAINABILITY

- Undertake actions that mitigate and adapt to the impacts of climate change, and that enhance the co-benefits to health from these actions. Where possible, actions should have a pro-equity focus. See the Supporting Information and FAQ page for further information, see section 2.6 for the link.
- As appropriate, develop and implement a sustainability action plan.
- As appropriate, identify actions that improve the use of environmental sustainability criteria in procurement processes, in line with the updated Government Procurement Rules, 4th Edition.[1]
- If already measuring emissions (or other measures of environmental sustainability, such as energy, water or waste data), please work with the Ministry of Health to report baseline measurements of emissions (or other data) to support potential future emissions targets.

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

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have improved quality of life	1. Develop and implement a sustainability action plan 2. Environmental sustainability criteria to be included in the DHB's procurement processes in line with the updated Government Procurement Rules, 4th Edition 3. Request supplier's to provide environmental impact statements for all Request for Proposals/Quotes 4. Board approved policy on vehicle procurement – general purpose vehicle fleet upgrades are to be: a. electric vehicles for in-town use, and b. hybrid vehicles for out-town use 5. Monitor average energy consumption by sq. m	Q4 Ongoing procurement Vehicle upgrade plan Quarterly reporting	Board approved 2% reduction in total energy consumption from 2019/20 base for each quarter
		We will work in collaboration with the DWA and local council, Manaaki Tairāwhiti and Trust Tairāwhiti to facilitate ongoing drinking water safety initiatives for Whānau, marae, and kōhanga reo living in rural communities	Whānau, Marae and Kōhanga reo	# and % of Whānau , marae,

[1] (https://www.procurement.govt.nz/procurement/principles-and-rules/government-procurement-rules/)

		Hauora Tairāwhiti and will develop a Heat plan for communities within Tairāwhiti vulnerable to extreme heat and work collaboratively with Gisborne District Council and other Stakeholders to implement. This plan focuses on the vulnerable population within Tairāwhiti and mitigation strategies to reduction the impact of extreme heat patterns. Strategies within this plan will specifically focus on Māori, older persons and other disadvantaged communities. **(EOA)**	living in rural communities in Te Tairāwhiti have access to safe drinking water. Q4	kōhanga reo implement safe drinking water initiatives # and % of rangatahi who attend drinking water safety and monitoring Wānanga District Heat plan

ANTIMICROBIAL RESISTANCE (AMR)

- Identify activities that advance progress towards managing the threat of antimicrobial resistance, including alignment with the New Zealand Antimicrobial Resistance (AMR) Action Plan (2017 – 2022).
  - These activities should align with the NZ AMR Action Plan's five objectives of: Awareness and understanding, Surveillance and research, Infection prevention and control, Antimicrobial stewardship, Governance, collaboration and investment.
  - DHBs should work to undertake and advance AMR management across primary care, community (in particular age-related residential care services) and hospital services.

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

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have improved quality of life	Use CIMS response desktop exercise to engage key players in AMR to adapt national plan for district Hauora Tairāwhiti will • establish champions to promote consumer, community-based and hospital setting messages on antimicrobial resistance and mechanisms to prevent it (https://www.health.govt.nz/our-work/diseases-and-conditions/antimicrobial-resistance/together-we-can-keep-antibiotics-working) through multiple channels, including during World Hand Hygiene Day (5 May) and World Antibiotic Awareness Week (November).	Q1 Q1 Q2 Q4	DHB plan for AMR Champions Appointed

		• Build upon multidisciplinary professional development activities on AMR, antimicrobial stewardship and infection prevention and control for primary care, hospital settings and age-related residential care settings –x 2 per annum. • Initiate surveillance of Healthcare Associated Infections (HAIs) with disaggregated data by ethnicity and other demographic factors; and establish mechanisms for regular review of data as part of quality improvement initiatives.	Q3	Professional development opportunities Regular reporting of results

DRINKING WATER

Core function – Health Protection.

- The DHB must work to ensure high quality drinking water as outlined in the drinking water section of the environmental and border health exemplar. Commit to delivering and reporting on the drinking water activities and measures in the exemplar (in Q2 and Q4).
- Please note that the drinking water section of the current Environmental and Border Health exemplar will be reviewed prior to 31 March 2020 and is likely to be changed.

A reporting template for this is available on the NSFL and the DHB quarterly reporting websites or directly from the Ministry.

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

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have improved quality of life	Hauora Tairāwhiti and Gisborne District Council commit to undertaking a whole of district drinking water strategy Hauora Tairāwhiti will report in quarter 2 and 4 on drinking water activities undertaken on the following activities • support its Population Health team, which delivers the Health Protection function, with sufficient and appropriate deliver the mandatory drinking-water functions • Actively support Population Health team's statutory officers in their undertaking of compliance and enforcement activities • Support Population Health team to ensure a suitable quality system is implemented and maintained to support this work now that the requirement to hold IANZ accreditation has been removed'. • Support the Population Health team's efforts to manage and mitigate the public health risks. This includes facilitating meetings around drinking water issues with Iwi, Gisborne District Council, Manaaki Tairāwhiti, local business, district offices of government agencies, and other key stakeholders • Support the local Drinking water Assistance Programme Facilitator to carry out their work, with an emphasis on networked water supplies that have high numbers of Māori and/or Pacific peoples and/or are located in highly deprived communities. We will identify and investigate incidents, complaints and notifications of adverse drinking water quality (or adequacy) of networked and temporary drinking water supplies.	Q4 Q2 & Q4 Number of complaints and notifications of adverse drinking water quality and temporary water supplies is reduced in Te Tairāwhiti	Strategy complete Reporting compliance # investigations and actions taken related to incidents complaints and notifications

ENVIRONMENTAL AND BORDER HEALTH (NOTE THAT THE DRINKING WATER SECTION IS SEPARATE)

Core function – Health Protection.

- Commit to undertake compliance and enforcement activities relating to the Health Act 1956 and other environmental and border health legislation by delivering on the activities and reporting on the performance measures contained in the Environmental and Border Health exemplar.
- Please note that the current Environmental and Border Health exemplar will be reviewed prior to 31 March 2020 and is likely to be changed.
- Report in Q2 and Q4.

Reporting templates are available on the NSFL and the DHB quarterly reporting websites or directly from the Ministry.

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

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have improved quality of life	Hauora Tairāwhiti commits to regulatory reporting Environmental and Border Health activities and measures in the Environmental and Border Health reporting template	Q2 & Q4	Reporting compliance
		Border Health We will work with the Port of Gisborne and other stakeholders to reduce the mosquito breeding habitat around the port. We undertake mosquito surveillance activities at Port of Gisborne this is completed weekly during the summer months, and fortnightly during the winter months. We will respond to interceptions of suspected mosquitoes and respond to reports of illness aboard international ships, respond to pratiques and ship sanitations in the required timeframes Carry out an annual Point of Entry audit at Port of Gisborne and complete the annual Border Health report	Audit and report completed by 31st January 2021	# of pratiques, ship sanitations carried out
		Emergency management Hikurangi Trench project – three-year project, the initial response plan will be developed in the project's first year	Development of plan by East Coast Lab	# of workshops attended
		Review of the Hauora Tairāwhiti Public Health plan, after the COVID-19 experience	Planning meetings with Hauora Tairāwhiti EM planner	Plan endorsed by the Medical Officer of health
		We will exercise the Public health plans two monthly with desktop exercises	Exercises that are followed by a debrief (required 100%)	# of exercises
		Resource Management Act District and regional plans manage environmental health risks effectively and adverse effects are minimised. We will make timely and professional submissions on national and regional plans and policy statements, district long term and annual plans and where appropriate, resource consent applications	# of applications that were received and reviewed	% of recommendations

HEALTHY FOOD AND DRINK

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

- Continue to implement your DHB Healthy Food and Drink Policy, and ensure that it aligns with the National Healthy Food and Drink Policy
- Continue to include a clause in your contracts with health provider organisations stipulating an expectation that they develop a Healthy Food and Drink Policy covering all food and drinks sold on site/s and provided by their organisation to clients/service users/patients[2], staff and visitors under their jurisdiction. Any policy must align with the Healthy Food and Drink Policy for Organisations (https://www.health.govt.nz/publication/healthy-food-and-drink-policy-organisations)
- Commit to reporting in Q2 and Q4 on the number of contracts with a Healthy Food and Drink Policy, and as a proportion of total contracts.

In line with the implementation of the Healthy Active Learning initiative, continue to report in Q2 and Q4 on the number of Early Learning Services, primary, intermediate and secondary schools that have current:

- water-only (including plain milk) policies
- healthy food policies. Healthy food policies should be consistent with the Ministry of Health's Eating and Activity Guidelines.

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

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have improved quality of life	**Healthy Active Learning** Leadership of the programme is provided within a joint programme between Sport Gisborne-Tairāwhiti (SGT), Ministry of Education and Hauora Tairāwhiti. The combined strategic leadership group will continue to prioritise the approaches into the next Phase of the 3-year programme. Reducing the inequities for those school and kura sites within the urban Gisborne and rural schools will continue. Supporting the school lunches rollout with MoE, along with guidance and support from the SGT dietitian and School Based Health Services (SBHS) nursing team. Priorities for the year include; • Maintaining dietetic advice into SGT • SBHS teams working with Early Learning Services, Schools and Kura to inform the baseline information for current Healthy Food & Drink policies, and / or support the development of policy and process for those without • Work with Ministry of Education and local schools to install more drinking fountains in schools • Work with Gisborne District Council and sporting groups to increase the number of free drinking water points across the district • To increase support to Pacific children and young people within the district a position has been created within the Health Promotion team. This role will assist in increasing Pacific community uptake and engagement with a Healthy Kai and Active Days lifestyle approach through a schools based and sports, cultural and church pathways.	Ongoing Q1 – Q3 Q1 – Q4	Min of two rural communities have developed healthy kai and physical activity pathways

[2] Excluding inpatient meals and meals on wheels

		We will work collaboratively with other stakeholders to facilitate healthy kai and physical activity pathways for Whānau, Hapū, marae and Iwi living in rural communities. We will facilitate holistic approaches with schools/kura i.e. marae kai, ae to wai, and other kaupapa Māori based learning activities.		Working relationships established with other stakeholders who also support healthier, safer and more connected rural communities in Te Tairāwhiti. # of schools/kura delivering holistic approaches

SMOKEFREE 2025

Core functions – Health Promotion, Health Protection, Health Assessment & Surveillance and Public Health Capacity Development.

- Commit to undertake compliance and enforcement activities relating to the Smoke-free Environments Act 1990. This must include delivering on the activities and reporting on the five regulatory performance measures contained in the previous Vital Few Report. Reporting templates for this are available on the NSFL and the DHB quarterly reporting websites or directly from the Ministry.
- In addition to the above, outline the activities the DHB will undertake to advance progress towards the Smokefree 2025 goal, including supporting Ministry funded wrap-around stop smoking services for people who want to stop smoking, and which address the needs of hāpu wāhine and Māori.

Report in Q2 and Q4.

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

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have improved quality of life	Taki Tahi Toa Mano (Tairāwhiti Smokefree Coalition) membership includes cessation support services funded through direct MoH funding as well as other stakeholders. The priority area of focus for this group is Hapū Māmā and draws across the spectrum from community providers to secondary care services. The pathway of referrals at stage of contact for hapū Māmā across system has been worked and linkages with providers such as radiology services, primary care practices and midwifery have been strengthened. We will work in collaboration with Taki Tahi Toa Mano to make submissions and proactively advocate to local Territorial Authority and central government to develop and implement policies that will increase smokefree and /or vape-free outdoor public spaces to reduce tobacco-related harm.	Q2 & Q4 Robust relationships created that contribute to smokefree /vape free policies and	# Babies living in smokefree homes at 6 weeks post-natal # of smokefree/vape free outdoor public spaces made through submissions from

			procedures in the Te Tairāwhiti region	Taki Tahi Toa Mano
		Support staff and members of Taki Tahi Toa Mano to participate and attend training, collaborative local and regional networks, and workforce development opportunities appropriate to their roles i.e. SF Enforcement Officer / Health Promotion Advisor and community advocates and stop smoking services.	Increased number of DHB, and other stakeholder staff are Professionally developed in Tobacco Control	# of staff and members of Taki Tahi Toa Mano participate and attend training, collaborative local and regional networks, and workforce development opportunities
		Carry out and report on the Public Health Regulatory activities and associated performance measures	Completion of on Public Health Regulatory Controlled Purchase Operation report.	# of Retail Education visits and Controlled Purchase Operations (CPO) carried out # of complaints visited

BREAST SCREENING The Ministry of Health, DHBs and Breast Screening Lead Providers all have an important role in ensuring that participation targets are achieved and in eliminating equity gaps between Māori and non-Māori, Pacific and non-Pacific/non-Māori. DHBs will describe and implement initiatives that contribute to the achievement of national targets for BreastScreen Aotearoa (BSA). All initiatives will demonstrate clear strategies for increasing health gains for priority groups and improving equitable participation and timely access to breast screening services. ALL DHBs will describe actions to: • Eliminate equity gaps in participation between Māori and non-Māori/Non-Pacific women and between Pacific and non-Māori/Non-Pacific women. • Achieve a participation rate of at least 70% for Māori and Pacific women aged 50-69 years in the most recent 24 month period. Improvement activities must be supported by visible leadership, effective community engagement and engagement with BSA Lead Providers, and clear accountability for equity. *Please refer to the Supporting Information and FAQ page for further guidance, see section 2.6 for the link.*	**Equitable outcomes action are identified with an EOA in the Milestone column**
Government theme: Improving the well-being of New Zealanders and their families	

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have health equity for Māori and other groups	Advance relationship of working together with BSA services within Tairāwhiti to agree on strategies and actions to reduce the inequalities and improve access for service to eligible women, with prioritisation for Māori, Pacific and those living rurally as well and / or in areas of high deprivation.	Q1	2020/21 work plan developed
		Continue to liaise with services and support stakeholders in the community who support those women scheduled for mammograms through either mobile services in rural & coastal settings, as well as within Gisborne City	Ongoing	
		Whānau Ora messages to be cited on the website and enable the collective to actively promote in their communities. It is anticipated that messages about breastfeeding, breast, cervical and bowel screening, CVD/Diabetes and immunisation checks will be priority. (EOA)	Ongoing	
		Te Tukutahi (local Primary Care - DHB alliance team) will review the latest BSA coverage and breast cancer data, and along with BSA Coast-to-Coast, identify actions for the 2020/21 work programme the team can utilise to improve breast screening coverage across the District. (EOA)	Ongoing	

CERVICAL SCREENING

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

- Eliminate equity gaps in participation between Māori and non-Māori/non-Pacific/non-Asian women and between Pacific and non-Māori/non-Pacific/non-Asian women and between Asian and non-Māori/non-Pacific/non-Asian women.
- Achieve a participation rate of at least 80% for Māori, Pacific and Asian woman aged 25-69 years in the most recent 36 month period.

Improvement activities must be supported by visible leadership, effective community engagement, resources and clear accountability for equity.

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

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have health equity for Māori and other groups	**Activities within this section reflect the Hauora Tairāwhiti NCSP Strategic/Action plan and the COVID19 Recovery Plan submitted in July 2020.** **Maximise screening opportunities to eliminate Equity gap:** By working with providers to: • Re-establish outreach smear clinics taking the service to the women with a focus on Pacific Island as planned in 2019/20 and deferred due to COVID19 **(EOA)** • The Cervical Screening team will support PHO's in any way they can to help with the backlog of recalls. Examples could be by promoting any extra clinics they may be holding, helping with recalls (phone or mail). As detailed in COVID19 Recovery Plan (EOA) Offer Training on use of Data match tool and NCS Register to practices and Support to Services providers	Meeting with Pacific Island Community Trust late July. Monthly Clinics to commence in Sept through to December Claims return to normal volumes and above from July 2020	Improved cervical screening coverage to reach 80% and beyond Improvement in equity of screening rates Better co-ordination of efforts to reduce

		Continue to foster supportive partnerships with Primary care, iwi providers, Pacific groups, support to service partners and specialist services by a three pronged approach: as per Strategic and COVUD19 Recovery Plans
		• Communicating , Co-ordinating promoting early recall (32 months on 3 yrly)
		• Work together with PHO and Iwi partners to inform next annual plan and strategic service plans and using the Equity matrix for Tairāwhiti to inform activities **(EOA)**
		
		• Provide ongoing coordination and surveillance to PHOs and Iwi providers across women's Colposcopy journey - making sure no woman is left behind **(EOA)**
		
		• Cervical screening promotion targeted at Māori and Pacific women for the month of September as a component of the wider CS awareness month. **(EOA) As per Strategic plan**
		• Work with Population Health team to promote screening awareness and HPV vaccination at Huringa Pai – Community Health Expo, Tertiary campus promotions (E.I.T., Te Wananga o Aotearoa) attendance at orientation days Semester One and Two
		  • Update promotional posters using Priority women advising options for screening
		  • Community "Whanau Days" Waikirikiri Park and Atkinson Street Reserve.
		Other opportunities e.g. working with Cancer society promotions (A&P show, Ruatoria: Health Wananga at marae planned for November) and as requested by local organisations.
		,
		Promoting Time to Screen and #SYM in local clinics in conjunction with Turanga Health & DHB Sexual health clinic – providing small giveaways for women and loaning banner for both campaigns.
		
		Providing "Personal Care" packs to East Coast women enrolled with NPH to be given to women who have an "opportunistic" smear – NPH screening rates of women over five years since last screen have risen (evidenced
		
		Workforce (e.g. Women's health workers, Support for Services workers, Primary Care including smear takers, Iwi providers and Kaiawhina) development is supported by:
		• Facilitating a series of smear taker updates (deferred due to COVID19) using specialist guest presenters and including all stakeholders. Topics to include:
		  1. NCSP Best Practice in Primary Care- Iwi Provider
		  2. Working towards Primary Screening in 2021
		  3. Clinical module – Primary Care nurse (PHO)
		  4. New Guidelines around HPV testing and pathways to and from Colposcopy
			Monthly claims reflect more underserved women are being screened in a timely manner.
			Future planning reflects increased multi agency input.
			
			Quarterly meetings with Support service providers (Turanga Health and Ngati Porou Hauora) minuted/ filed
			
			Comms/media plan is logged
			
			Ongoing throughout 20/21 E
			
			Spring / Summer 20/21 Evaluations are completed post each event
			
			August and September Priority claims increase
			
			Ongoing - Undersrcreened claims increase
			
			Attendance records are kept Participant Evaluation post event/s are reported in 6/12 reports to NSU
				inequity across the sector
				
				Decrease in inequity of cervical cancer burden.
				Reduction in missed appointments to Colposcopy
				
				Improved uptake of HPV vaccination
				
				More undersrcreened women are captured
				
				A prepared and confident workforce who understand the changes to the screening programme and pathways for referral and who have access to the tools to support their professional development.

REDUCING ALCOHOL RELATED HARM

Core function – Health Promotion, Health Protection, Health Assessment & Surveillance and Public Health Capacity Development.

- Commit to undertake compliance activities relating to the Sale and Supply of Alcohol Act 2012. This must include delivering and reporting on the activities relating to the nine public health regulatory performance measures contained in the previous Vital Few report. Reporting templates for this are available on the NSFL and the DHB quarterly reporting websites or directly from the Ministry;
- In addition to the above, outline the activities the DHB will undertake to advance activities relating to reducing alcohol related harm. Report in Q2 and Q4.

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

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We live longer in good health	We will continue to work in collaboration with Sport Gisborne and E Tu Whānau and other stakeholders to promote Ease Up (Alcohol free, Smokefree and Abuse free Sidelines) to: • Strengthen youth participation in Māori sport i.e. kapa haka, waka ama, ki o rahi etc. • Work in partnership with Poverty Bay Rugby to promote Ease Up among its clubs. • Participation and Planning the 2021 Tairāwhiti Māori Sports Awards. Participation on the Tairāwhiti Road Safety Action Planning Group to reduce road traffic injuries in Tairāwhiti. Tairāwhiti Fetal Alcohol Spectrum Disorder (FASD) Action Group will undertake to • Raise awareness and prevention of FASD amongst Rangatahi in our Community through a poster competition • Submitted a letter to the Alcohol Watch group to advise what we would like to see on alcohol beverages regarding not drinking whilst pregnant labels. • Advocate on the damage FASD causes and how it is not recognised under ACC and fails to financially support children of FASD, their Whānau and do not have robust pathways for FASD diagnosis or treatment, including utilizing American educational techniques that do not relate well to tamariki of NZ and not using Te Ara Whakamana which focuses on Mana Enhancement learning strategies. We work collaboratively with other regulatory agencies to identify and proactively manage 'at risk' premises and applications and will carry out the function of the Medical Officer of Health required by the Sale and Supply of Alcohol Act 2012. This includes reporting on all Specials, On-off and club licenses within required timeframes as required in the Sale and Supply of Alcohol Act 2012. Hauora Tairāwhiti will continue to report through the Vital Few template which include the nine public health regulatory performance measures, We will work with partner agencies to hold forums/training sessions for licences.	Q3 Ongoing Ongoing Q2 & Q4 Ongoing Six monthly Forums/training	# of local rugby club committees dedicated to making positive change for their club and club culture by eradicating alcohol and drug abuse. % of licence applications reviewed within 15 days # training sessions held across Tairāwhiti District Vital Few reporting % of respondents who report they were satisfied or very satisfied with the training provided.

SEXUAL HEALTH

Core function – Health Promotion.

- Outline the activities the DHB will undertake to advance sexual health services and sexual health promotion work. Report in Q2 and Q4.

Activities that could be carried out to support sexual health services and health promotion can be found in the Supporting Information and FAQ page, see section 2.6 for the link.

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

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have improved quality of life	We will work in collaboration with the Tairāwhiti Sexual Health Advisory Group (TSHAG) to advocate for a comprehensive sexuality programme to a range of settings and young people that will promote the development of healthy sexuality and acknowledges differences in sexual orientation to include Te Ao Māori approaches on healthy whakapapa Work with community health clinic and primary care to follow up those who have been diagnosed with an STI to identify causes; ways to prevent spread (defining contacts); and whether treatment completed and successful Review of project –in terms of update (# referrals) and outcomes (root causes identified) by end of FY	Quarterly Q1	# of sexuality programmes developed and implemented to a range of settings and young people living in Tairāwhiti STI prevention Strategy developed based on review

COMMUNICABLE DISEASES

Core function – Health Promotion, Health Protection, Health Assessment & Surveillance, Public Health Capacity Development and Preventive Interventions.

- Outline the activities the DHB will undertake to advance communicable diseases control work. Report in Q2 and Q4.

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

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have improved quality of life	In line with the Communicable Disease Manual, Hauora Tairāwhiti will • respond promptly to single cases and small clusters of communicable disease • administer the receipt and collation of direct laboratory notifications and clinical notifications for local and national disease surveillance • review notifications diseases weekly • Maintain ongoing capacity and capability to detect, investigate, assess and respond to cases and outbreaks of infectious disease, pandemics, emergencies or other significant events with Public health implications. • Act on any deficiencies in the ESR data quality reports within 2 weeks of receipt of the reports. • work collaboratively with Early Childhood centres to meet Ministry of Education that support early childhood education facilities to improve health policies • work with Rhythm and Vines (R&V) for planning of Infection control for 2019 festival • deliver advice and information for aged care and Early Child care centres during outbreaks • continue to facilitate TRAC to promote messages and activities to reduce rheumatic fever outbreaks in Tairāwhiti	Ongoing	All notified cases are investigated & audits completed. Reports will be made to the ECE and the Ministry of Education Quality information is available for local and national surveillance. Infection control processes are in place knowledge is increased.

Cross Sectoral Collaboration including Health in All Policies

Core function – Health Promotion.

The wider determinants of health[3] play a major role in the health and wellbeing of the community. Many of the opportunities to control or influence the determinants of health sit beyond individuals and outside the health system.

Inequitable health outcomes are evident amongst populations with different levels of underlying social advantage/ disadvantage. This may be on the basis of socioeconomic status, ethnicity, gender, stage of the life course (children/older people), locality, or due to discrimination or marginalisation (including on the basis of disability, religious affiliation, and sexual orientation or refugee status). These inequities result in cumulative effects throughout life and across generations.

DHBs have an important role in supporting cross sectoral approaches to address the wider determinants of health and a critical role in ensuring health services themselves do not exacerbate inequities in health outcomes between population groups. Services must ensure they are accessible and relevant to all people and groups.

Health in All Policies (HiAP) is an approach to working on public policies across sectors (both health and non-health) and with communities. It systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and achieve health equity. HiAP is an evolving and ongoing process that works at both strategic and operational levels to ensure health, wellbeing, sustainability and equity issues are explicitly addressed in all policy, planning and decision-making processes.

- Outline the activities the DHB will undertake to advance work relating to implementing a cross sectoral collaboration approach, including using the HiAP model, to influence healthy public policy and thereby achieve equity.
  Report in Q2 and Q4.

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

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

[3] The causes of inequities in health outcomes are complex and largely arise from the inequitable distribution of and access to, the wider determinants of health such as income, education, employment, housing and quality health care amongst populations

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have improved quality of life	Within Tairāwhiti, a number of areas have been advanced over the last few years to increase the level of cross sectoral collaboration, which range from the strategic leadership provided through Manaaki Tairāwhiti to operational undertakings such as Te Pā Harakeke (Tairāwhiti Children's Team). Manaaki Tairāwhiti provides a united leadership that enables all whānau to flourish in Tairāwhiti through providing the sector with locally-focused united leadership through connected governance and stewardship of programme and service delivery. This strategic leadership is provided by the district's two Rūnanga (Te Rūnanganui o Ngāti Porou and Te Rūnanga o Tūranganui-ā-Kiwa) who provide joint chair, the Gisborne District Council, Ministry of Social Development, Hauora Tairāwhiti, Te Puni Kokiri, Ministry of Education, New Zealand Police, Te Whare Maire o Tapuwae, Department of Corrections, Ministry for Vulnerable Children, Oranga Tamariki and Partnering for Outcomes. Under Manaaki Tairāwhiti leadership a number of community action plans are in place which deal with issues from social housing through to social integration of prisoners and gang whānau. The Manaaki Tairāwhiti model has enabled the district to work with Housing New Zealand to agree a strategy for future investment across Tairāwhiti into both corporation housing and as a partner for additional initiatives such as housing for vulnerable populations and potential rehabilitation accommodation for people requiring mental health and addiction services. The group also oversees a number of cross agency interventions such as E Tipu E Rea (referral hub for māmā and pēpī services) and Te Pā Harakeke (Tairāwhiti Children's Team). The DHB's involvement in Te Pā Harakeke through the health broker role has broken down service barriers across all the districts various health services. This work has also provided a pathway to ensure all the district's tamariki are provided with a more coordinated approach.		
		Tairāwhiti Rau Tipu Rau Ora (Tairāwhiti sector wide recovery plan) will assess and create actions to address the immediate, short- and long- term needs of communities, iwi and businesses within Tairāwhiti. It is based on four focus areas supporting our whānau and community; our environment; getting our economy moving; and central to the approach our workforce. The Group will support the work already undertaken by Manaaki Tairāwhiti and support the vision of all Tairāwhiti whānau are flourishing. The recovery plan outlines short and long term goals to ensure that Tairāwhiti has a future proof approach to the wellbeing of Tairāwhiti. Hauora Tairāwhiti has specific lead areas which are linked to the health sector wise actions in this plan **(EOA)**	Q1	Lessons learned review of District response to COVID-19
		Activities		
		• Improved access to community MH services (POC, AoD, Left over from TK, New PGF money which is $1m per annum) (Not to mention youth and primary care) Called Maui initiative	Begin Q1 to Q4	
		• Active community teams in rural communities – based on COVID-19 community response model Kaiawhina to support, agreed local priorities	Initiated Q2	
		• Portal increase in primary care to target of 100% in 3 years	Q1 Q4	≥50% ≥ 80%
		• Influenza vaccination for Māori 65+ and people with LTCs –	Q4	≥50%
		• Access to internet – at least one device per household		
		• Local health professional training – engage with EIT to establish local cohorts of a wider range of professional disciplines to enable local participation. E.g. Physiotherapy, Occupational Therapy	Q3 Q2 2020	Development Plan for 2022 academic year

		• Cross resourcing education and health. Leverage off the device roll out to whānau and communities through education COVID-19 response to enable devices to be used for telehealth in homes. Mokopuna facilitate pakeke to access health on line. We will increase our participation in Health in All Policies (HiAP) submission writing that will improve Māori Wellness and health equity in Tairāwhiti by working in collaboration with the following community groups (not necessarily altogether) • Whānau , Hapū and Iwi • Other DHB Services • Primary Healthcare organisations • Gisborne District Council – such as the Ae to Wai project which seeks to increase understand of Māori perspective on the importance of water through Kura Kaupapa. • Taki Tahi Toa Mano (Tairāwhiti Smokefree Coalition) • TSHAG (Tairāwhiti Sexual Health Advisory group) • Manaaki Tairāwhiti • Trust Tairāwhiti • Iwi Rūnanga • Māori Women's Welfare League • Other Government agencies And other stakeholder groups	Ongoing	Agreed approach with education for 2021 academic year

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

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

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

DELIVERY OF WHĀNAU ORA

DHBs are best placed to demonstrate, and action, system-level changes by delivering Whānau-centred approaches to contribute to Māori health advancement and to achieve health equity.
Please identify the significant actions that the DHB will undertake in this planning year to:

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

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

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have health equity for Māori and other groups	Hauora Tairāwhiti and other local health providers are already working closely with the local Whānau Ora Initiative and continue to seek opportunities to support the initiative where they have been identified as the lead agency or main funder of an initiative. Hauora Tairāwhiti will continue to support and collaborate with the Whānau Ora Initiative and partners to align wherever the opportunity presents. (**EOA**)	Ongoing	
		Hauora Tairāwhiti will support a Whānau Ora Navigator to work with the local Tairāwhiti Voyaging Trust. The Trust's Vision is to provide life changing experiences to enhance the educational, cultural, environmental, economic and social wellbeing of Tairāwhiti. The Values of Whakawhānaugatanga, Rangatiratanga, Akoranga and Kaitiakitanga apply, The Whānau Ora Navigator will help facilitate Tamariki/Rangatahi and their Whānau to the Waka Hourua "floating classroom" where they will be involved with the culture (te ahuarea) and identity (te tuakiritanga) curriculum that has been developed. It is projected that in 2019-20 over 300 Tamariki/Rangatahi in the Gisborne area will be involved with this "hauora" experience. The focus will be on building the Rangatahi cultural identity and cultural knowledge so that they may stand tall with self-confidence of who they are (te Ahuarea me te Tuakiritanga) and be strong in facing societal challenges (Whakapakaritanga). (**EOA)**	Ongoing	
		Hauora Tairāwhiti will support the Tairāwhiti Māori Women's Welfare League (MWWL) with Whānau Ora promotional messages through the Hapū Hauora website. Tairāwhiti Māori Women's Welfare League has over 400 members in Te Tairāwhiti spread from Potaka in the north to the Wharerata in the south. The DHB has been working with the local MWWL branch to	Ongoing	# of messages agreed that MWWL with deliver

		provide better health information tools. This has created an opportunity to leverage off the Toi Te Ora website "Hapū Hauora." This will allow Whānau Ora messages to be sited on the website and enable MWWL members to actively promote in their communities. It is anticipated that messages about breastfeeding, breast, cervical and bowel screening, CVD/Diabetes and immunisation checks will be priority. **(EOA)** Hauora Tairāwhiti Hauora Māori is based in the Provider Arm and consists of 3.5 FTE - a Manager, Kaiatawhai (Health Social Worker), Pakeke Whānau Ora and Admin Support. The DHB team will support **(EOA)** :- • Six Turoro/Whānau decision making plans will be informed by timely access to their personal information and data held about them by the DHB. • Six Whānau to set and achieving personal health goals for their physical, emotional, spiritual and mental wellbeing. • Forty Whānau to manage chronic health conditions including cardiac, diabetes, cancer, asthma and eczema. Ensuing they know when and how to access support. • Pakeke Whānau Ora will continue to bring organisational cultural change amongst DHB clinical and healthcare practice by providing ten Te Reo/Tikanga Best Practice/Treaty of Waitangi training and implementation to enable DHB to be Whānau Ora compliant. • Pakeke Whānau Ora will encourage and reinforce Te Reo and Te Ahuarea Māori with fifty Whānau/Kohungahunga/Tamariki at Kōhanga Reo and Kura Kaupapa to foster confidence in their self-identity. • Pakeke Whānau Ora will guide WellChild and Children Dental teams to six Kōhanga Reo/Kura Kaupapa to promote Hauora Tairāwhiti Kohungahunga/Tamariki programmes and check wellness • Pakeke Whānau Ora will encourage ten schools and fifty new Whānau/Kohungahunga/Tamariki to participate in Kapa Haka, Te Reo and Waka Ama/Waka Hourua events. • Hauora Tairāwhiti (Hauora Māori and HR) to encourage twenty Māori school-leavers and their whānau to investigate health as a career option	Ongoing	# of decision making plans # whānau supported # whānau supported # of training courses delivered # of whānau supported # Kōhanga Reo/Kura Kaupapa where messages delivered # of new schools participating in events

Pacific Health Action Plan

Commit to supporting delivery of the Pacific Health Action plan once it is agreed.

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

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have health equity for Māori and other groups	Hauora Tairāwhiti commits to supporting the delivery of the Pacific Health Action plan once it is agreed Hauora Tairāwhiti will create a Pacific Health advisory role to support and develop linkages and relationships with the District Pacific communities. Main priorities of the position will be pacific youth, and healthy nutrition and actions for Pacific families with young children.	Q1	Role in place

Care Capacity Demand Management (CCDM)

- Detail the actions that you will take towards to ensure fully implementing Care Capacity Demand Management (CCDM) for nursing and midwifery in all units/wards by June 2021 in your annual plans.
- Outline the most significant actions the DHB will undertake in 2020/21 to progress implementation of CCDM in each component of the programme; governance, patient acuity data, core data set, variance response management and FTE calculations.

Ensure the equitable outcomes actions (EOA) are clearly identified.

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

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have improved quality of life	Hauora Tairāwhiti has a CCDM governance group, activities for this group during 2020/21 includes: • The CCDM Annual Work plan, with the most significant activities under each of the standards outlined below (EOA) **Standard 1:** Governance –FTE Calculations Working Group will be fully established. • Establish Terms of Reference • Communications plan • Complete Stocktake • Data integrity check • Report to CCDM Council • Implement FTE roster **Standard 2:** Validated Patient Acuity Tool (TrendCare) –upgrade TrendCare Version 3.6 and roll out of the revised TrendCare Operational Guidelines - which are our guiding documents on the best use of the TrendCare system. **Standard 3**: Core Data Set – Core Data Set Stocktake to be completed, ensuring the required definitions are being met. We are currently investigating software options, following this a layout will be establish and a new dashboard built.	2020/21 Q1 Q1 Q1 Q1 Q1 Q2 Q3 2020/21 Q1 2020/21 Q4	**National Measure** Annual Plan Action **Local Measure** CCDM Milestones Implementation quarterly report for DHB

		Standard 4: Staffing Methodology – improving the data quality from TrendCare to allow FTE Calculations to proceed. The following activities will be undertake to ensure this component is on track for implementation in June 2021 • Establish Terms of Reference – Q1 • Complete stocktake – Q1 • Full data integrity checks – Q1 • Work plan approved – Q1 • Report to CCDM council for endorsement – Q3 • Business rules endorsed – Q4 **Standard 5:** Variance Response Management –complete the development and installation of the Hospital at a Glance Screens and the supporting documentation that underpins the VRM process. HaaG screen are currently in the process of being installed. Standard Operating Procedures have been produced and are currently awaiting endorsement. This will be followed up with the rollout of an education and communication plan, before going "Live". We will continue to report/monitor Shifts Below Target. We will be working towards the achievement of the CCDM Standards by June 2021. **(EOA)**	2020/21 Q4 2020/21 Q1 2020/21 Q1 2020/21 Q1 2020/21 Q1 2020/21 Q3 2020/21 Q4 2020/21 Q2	

Disability Action Plan

Commit to working with the Ministry of Health to develop your own or a regional Disability Action Plan to be published by July 2021. The purpose of the Plan is to improve access to quality health services and improve the health outcomes of disabled people. The Plan will focus on data, access and workforce.

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

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

Priority	Outcome	DHB activity	Milestone	Measure
Ensure everyone who is able to, is earning, learning, caring or volunteering	We have improved quality of life	Hauora Tairāwhiti commits to working with the MoH and regional partner's to develop a Disability Action Plan. All opportunities to support and enable people with disabilities to return to earn, learn, work, or care will be supported and explored by Hauora Tairāwhiti when they arise. Including working with other agencies. An example of this is where the DHB in conjunction with ACC provided a work opportunity for a non-staff member return to work utilising. This has proved successful with one person joining the DHB casual work.	Q4	Regional Disability Action Plan

DISABILITY

Statistics NZ surveys consistently show that disabled people experience poorer outcomes across multiple domains, including income, employment and health compared with non-disabled people.

Disabled people are generally at higher risk of illness than non-disabled people. People with intellectual disabilities and Māori with disability have some of the poorest health outcomes of any group in the country, and are at higher risk of illness, disease, disability and early death. This is an important ongoing challenge for the health and disability system.

Inequity of access to health care and health outcomes for disabled people both within the health and disability support system and nationally is not comprehensively assessed or measured.

In New Zealand, health data collection on disabled people is limited. Health data on the general disability population is needed to assess disabled peoples' health and wellbeing and examine inequalities in health and wellbeing outcomes within the group and with non-disabled people.

- Commit to ongoing training for front line staff and clinicians that provides advice and information on what needs to be considered when interacting with a person with a disability. Report on what percentage of staff have completed the training by the end of quarter 4 2020/21.
- Outline in your plan how the DHB knows if a patient has a disability and communicates this to staff. (This is to ensure that staff can respond to the person's disability needs, especially communication).
- Outline in your plan how the DHB will work with the Ministry of Health ensure that key health information for the public and public health alerts and warnings are accessible by people with a disability.
- Report on the number of key public health information messages, public health alerts and warnings your DHB issues each year and the number of these translated into New Zealand Sign Language by the end of quarter 4 2020/21. (See the Supporting Information and FAQ page for further information, see section 2.6 for the link.

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

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

Priority	Outcome	DHB activity	Milestone	Measure
Ensure everyone who is able to, is earning, learning, caring or volunteering	We have improved quality of life	• Deliver at least 4 key public health information messages, public health alerts and warnings for disabled people each year. • All new projects/services require disability consideration using the HEAT tool • Develop a disability Responsiveness e-learning module • Monitor the number of complaints from people with disabilities each quarter	Quarter 4 Quarter 2 Quarter 4	# of public Health messages/alerts/ warning issued % translated into sign language % of staff trained # of complaints from people with disability

PLANNED CARE

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

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

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

Planned Care is centred around five key principles, (Equity, Access, Quality, Timeliness and Experience) which build on the Electives policy principles of clarity, timeliness and fairness. (Planned Care Engagement support pack and FAQs is available on QUICKR)

In 2020/21 DHBs will be in the first year of implementing their Three-Year Plans to improve Planned Care delivery. The Three-Year Plans will be addressing the five Planned Care Strategic Priorities of:

- Improve understanding of local health needs, with a specific focus on addressing unmet need, consumer's health preferences, and inequities that can be changed.
- Balance national consistency and the local context
- Support consumers to navigate their health journeys
- Optimise sector capacity and capability and
- Ensure the Planned Care Systems and supports are sustainable and designed to be fit for the future.

DHB Annual Plans will identify five key actions (one for each Strategic Priority) that will be undertaken in 2020/21 as part of the Three-Year Plan.
DHBs are expected to engage with DHB Consumer Councils and other key stakeholders in the ongoing implementation of their plan.
DHB plans need to be explicit about **HOW** their planned actions will address the Strategic Priorities for Planned Care and the five underling principles, and will:

- enable delivery of the agreed level of Planned Care interventions
- prioritise patients using nationally recognised prioritisation tools
- ensure patients wait no longer than the clinically appropriate time for a specialist assessment or treatment
- identify and address inequities in access to Planned Care services.

Delivery and improvements will be measured against the agreed Planned Care Measures, and quarterly qualitative reports.

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

Priority	Outcome	DHB activity	Milestone	Measure
Ensure everyone who is able to, is earning, learning, caring or volunteering	We have improved quality of life	Providing the most efficient care and making the best use of our existing capacity is vital if we are to increase the responsiveness of our services and improve access to them. This will also reduce the numbers of people who have to wait longer than they should to receive planned treatment. Too often people are travelling for hours to a hospital appointment that lasts a few minutes when they could be saved time, cost and stress by the DHB doing things in a different way. Sometimes people are waiting months to be treated at their local hospital when they could be seen faster elsewhere if they knew where to look. Hauora Tairāwhiti Planned Care Programme is going to lead transformative change on these and other areas to make sure patients needing planned care see the right person, in the right place, first and every time, and get the best possible outcomes, delivered in the most efficient way. Our planned care programme will support local health and care systems to work together to: • Better manage the rising demand for planned care • Improve the patient experience and access to care • Provide more integrated , person-centred We have worked with GPs consultants, nurses, and other health professionals and consumers to design our approach and will work closely with our partners as we implement these plans.		
		• Improving referral processes and removing unwarranted variation ○ Patients receive assessment and treatment and care in the most appropriate setting, first time. ○ Development and implementation of standardised referral pathways for “hotlist” conditions. ○ Enabling patient choice of provider at point of referral e.g. primary options skin lesion. ○ Streamlining diagnostics.	Q4	Consistent application of prioritisation criteria
		• Addressing lack of capacity in secondary care ○ Optimising the use of staff skills and expertise, encouraging multidisciplinary working across primary and secondary care e.g. nurses working at top of scope, nurse practitioners. ○ Recruitment to key specialities where skill deficits exist. ○ Increasing use of specialist advice and guidance service – virtual clinics. ○ Patient-initiated follow-up – SOS appointments. ○ Transfer of high volume / low complexity care away from secondary care services. ○ Increase utilisation of primary care/community facilities working with GP networks	Q4	Staffing models and FTE in place to meet demand
		• Improving processes in both outpatient and inpatient booking settings ○ Development and maintenance of policies and guidelines to support administrative processes ○ Administrative review of waiting lists	Q3	

		○ Clinical review of waiting lists		Data reflects improved results
		• Information technology as an enabler ○ Utilising IT systems to support patient flow e.g. BPAC referral proforma's, reverse BPAC. ○ Telehealth/Virtual Health service established and resourced. ○ Secondary/Tertiary Video Conference enabled for service delivery. ○ Ensuring data repositories are accurate	Q4	Sector capacity and capability fully optimised
		• Supporting patients with co-morbidities ○ Implementation of nurse led pre-admission clinics. ○ Supporting patients in managing their condition in the community, using patient education and information resources e.g. complex disease state nurses.	Q3	Nurse led preadmission clinics established
		Post discharge care Hauora Tairāwhiti will investigate options for the sustainable support to those living in urbans areas requiring post discharge cares.	Q2	Clinical Navigator in place Options identified

ACUTE DEMAND

Following on from your 2019/20 activities please provide:

Acute Data Capturing:

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

Acute Demand:

- a plan on how the DHB will address the growth in acute inpatient admissions. This should include detail on: how patients will be better managed in the community, emergency department and hospital, and; the organisations that you will work with to plan and achieve improvements.

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

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We live longer in good health	**ACUTE DATA CAPTURING** With the ever increasing number of presentation to the emergency department, the MoH advised a change notification November 2018. The changes are driven by the need to provide more meaningful analysis of Emergency Department (ED) attendances – including why patients present and the treatment they receive. This includes significant changes to the NCAMP NNPAC extract. The changes involve collection of presenting complaint, procedures and diagnosis for all ED attendances in SNOMED CT format. Systematized Nomenclature of Medicine – Clinical Terms (SNOMED CT) was developed as an international clinical terminology by the National Health Service in the UK and the College of American Pathologists in the USA in 1999. Clinical ideas can sometimes be found described defined in various ways within healthcare systems which can create ambiguity	Q2	Business case developed and approved (clinical engagement and IT/IS engagement in its development)

		and confusion. For example an ear Infection can be described many different ways: Otitis Media, Acute otitis media, OT med., Ear Infection, Mid ear inf., OM, AOM, LOM, ROM, BOM etc. SNOMED CT is a system of hundreds of thousands of unique terms developed by clinicians to accurately and consistently communicate health information. It enables consistent delivery of clinical terminology across different healthcare systems. Implementation of SNOMED coding in ED will require resource investment and workflow redesign. **ACUTE DEMAND** *Unrecognised disease* COVID 19 lockdown saw a significant change in acute access to health service across the heath sector. Does this mean that illness is not developing or more that people have made a decision that the symptoms being experienced are not a bad as the risk of COVID 19? Data reported from the cancer agency demonstrates only 1/3 of projected cancer diagnoses occurred in April 2020. This serves as a flag to health services that there may be unrecognised disease in the community that is potentially may present acutely in a more advanced state. Health services need to understand where the populations are that are most likely to have withdrawn from accessing health service and promote reconnection. *Delayed winter demand peak* COVID 19 lock down will have had the positive additional consequence of reducing the exposure and transmission of other infective respiratory conditions. With the move through the levels to level1 it is likely that these conditions will re-emerge and generate a later peak in demand. As health service transition from COVID response it is timely to pick up usual winter plan activities to get ahead of the pending respiratory illness particularly for population at risk e.g. long term conditions. Managing flow COVID 19 provided a platform for piloting a range of system redesign opportunities to support the flow of patients to the right place for the right management. The health sector needs to understand the impact of these pilots and make conscious decisions to change service delivery where this is proven to be effective. Some example include Access by primary care for secondary care advice avoiding an ED presentation. Use of Healthline and other telehealth methods Redirection of conditions out of the ED e.g. orthopaedic trauma Increased consultant lead direction at the beginning of the patient presentation e.g. consultants assessment at presentation.	Q3 Q4. Q1.	System and workflow redesign and staff training Implementation identify populations not seen during the COVID lockdown period e.g. elderly, early stage LTC and provide active follow-up Understand the numbers of cancer diagnosis that are as a result of screening and undertake active catch up.

RURAL HEALTH

Please describe a minimum of two actions that improve access [e.g. outreach clinics, use of technology, financially, convenience (extended hours)] to services in rural communities.

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

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have health equity for Māori and other groups	**NGĀTI POROU MAHI TAHI (EAST COAST)**		
		Ngāti Porou Hauora and Hauora Tairāwhiti through the Ngāti Porou Mahi Tahi, will review this rural alliance to agree a common approach to the application of primary care rural funding lines. This will form the basis of future discussions on improving primary care rural health.	Q1	
		Hauora Tairāwhiti are supportive of Ngāti Porou Hauora application to the rural new Zealand network of General Practitioners for the piloting of a Rural Nurse Practitioner within their primary care practices.	Q3	NPH Successful in application
		Patient Survey Ngāti Porou Mahi Tahi will agree two measures to see improvement in the next patient survey cycle	Q4	HSQC Primary Care Patient Experience Survey Results
		Secondary Care Maintaining progress seen during the COVID-19 period in the support Specialist services from Gisborne Hospital provide to Rural General Practitioners. Hauora Tairāwhiti will support Ngāti Porou Hauora clinicians through the use of telehealth. (EOA)	Q2	Procedures established
		Hauora Tairāwhiti will set up an agreement for services with Ngāti Porou Hauora for the provision of specialist clinics at the Rural Based hospital site. Agreement will specify the schedule of clinics and resource requirements. (EOA)	Q1	Regular clinics

HEALTHY AGEING

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

- working with ACC, HQSC and the Ministry of Health to promote and increase enrolment in Strength & Balance programs and improvement of data driven osteoporosis management especially in alliance with Primary Care as reflected in the associated "Live Stronger for Longer" Outcome Framework (This expectation aligns most closely to the Government's 'Prevention and Early Detection' priority outcome; and the Ageing Well and Acute and Restorative Care goals of the Healthy Ageing Strategy)
- working with ACC on the non-acute rehabilitation pathway service objectives to help older people regain or maintain their ability to manage their day-to-day needs after an acute episode (This expectation aligns most closely to the Government's 'Health Maintenance and Independence' priority outcome; and the Acute and Restorative Care goals of the Healthy Ageing Strategy)
- aligning local DHB service specifications for home and community support services (HCSS) to the vision, principles, core components, measures and outcomes of the national framework for HCSS (This expectation aligns most closely to the Government's 'Health Maintenance and Independence' priority outcome; and the Living Well with Long-Term Conditions goal of the Healthy Ageing Strategy)

In addition, please outline current activity in the community and primary care settings in particular to identify frail and vulnerable older people, with a focus on Māori and Pacific peoples, and put interventions in place to prevent the need for acute care and restore function (This expectation aligns most closely to the Government's 'Prevention and Early Detection' priority outcome; and the Acute and Restorative Care goal of the Healthy Ageing Strategy.

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

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We live longer in good health	Tairāwhiti does not have a cohesive interdisciplinary health of older person's service. In order to stablish such a service care to improve rehabilitation and recovery from acute episodes and better support for older people with high and complex needs Hauora Tairāwhiti will: • Appoint a project manager • Develop a service • Implement a frailty screening tool • Implement the service	Quarter 1 Quarter 2 Quarter 3 Quarter 4	
		Acute and restorative care – Ngātuāhuatanga manaaki, whakaora i te hunga māuiui Hauora Tairāwhiti will: • Support rehabilitation closer to home by reviewing the current rehabilitation services for older persons and reconfiguring the rehabilitation plan	Quarter 2	Review completed
		• introduce a clinical nurse specialist (CNS) for older persons who will work across primary and secondary to reduce inappropriate acute admissions and improve assessment processes	Quarter 4	10% reduction in acute admissions for those 75 and over
		• Prevent unnecessary acute hospitalisations and emergency department attendances by rolling out nurse prescribing in the community	Quarter 3	
		• Increase staff knowledge on delirium and dementia by providing education to all staff.	Quarter 4	

	• A System Level Measure decrease that demonstrates a 10% reduction in acute hospital bed-days for those aged 65+, 75+ and 85+ years by ethnicity. • Increase enrolment in strength and balance programmes • Reduce the number of pressure injuries across Tairāwhiti • Reduce the number of injuries from falls • Increase phosphonate scripts post #NoF by 20% as demonstrated in the Australia New Zealand Hip fracture registry (ANZHFR). • Work with pharmacy liaison to increase phosphonate scripts by 10%	Quarter 4 Quarter 4 Quarter 4 Quarter 4 Quarter 4	70% of Staff who have completed training 20% increase in enrolment 10% reduction in pressure injuries 10% decrease in falls 20% increase in phosphonate scripts 10% increase in phosphonate scripts
	Implement models of care that are needs-based, person-centred and equitable Hauora Tairāwhiti will • Implement the National Framework for Home and Community Support (District Health Board led) • Improve resource allocation in home and community support using casemix methodology • Use data reported from consumer surveys and progress updates on the implementation plan to inform commissioning approaches • Increase the update of ACPs in the community • together with HealthCare New Zealand develop an equity adjuster to recognise the additional need within disadvantaged communities	Quarter 1 Quarter 1 Quarter 3 Quarter 4 Quarter 2	
	A RESPECTFUL END OF LIFE Te mate rangatira i ngā tau whakamutunga o te hunga pakeke • Roll out Te Ara Whakapriri across all of Hauora Tairāwhiti • 10% of deaths in the hospital will have used Te Ara Whakapiri • Increase the number of staff trained in Te Ara Whakapiri by 20%. Report on what percentage of staff have completed the training by the end of quarter 4 2020/21. Hauora Tairāwhiti will work in conjunction with Te Manawa Taki HOP Portfolio managers on an approach to the identified regional dementia priorities for 2020/21. This regional approach will support Te Manawa Taki DHBs to implement the regional priorities and to ensure a Kaupapa Māori approach.	Quarter 2 Quarter 4 Quarter 4 Quarter 2 Quarter 4	Implementation of framework 10% increase in ACPs Programme rolled out 10% of deaths in hospital will have used tool 20% increase in staff trained Approach Endorsed 2021/22 plan agreed

IMPROVING QUALITY

Improving equity

Using the Health Service Access Atlas (Atlas of Healthcare Variation) which reports seven questions from the national primary care patient experience survey, consider which of your patient groups are experiencing the most barriers.

Specify improvement activity to address these barriers and drive equity of outcomes in one of the three identified topics of:

- Diabetes
- Gout
- Asthma.

Please ***specify the measure including baseline and anticipated improvement***.

The Health Service Access Atlas has a tab (long-term conditions - LTCs) that allows you to filter responses by one of six LTCs.

Improving Consumer engagement

DHBs are expected to participate in the quality and safety marker for consumer engagement by:

- Setting up a governance group (or an oversight group) of staff and consumers to guide implementation of the marker
- Upload data onto the consumer engagement QSM dashboard using the SURE framework as a guide
- Report against the framework twice yearly.

Spreading hand hygiene practice

Identify actions to increase compliance with best practice hand hygiene (as defined by the Hand Hygiene NZ programme) across hospital clinical areas and across categories of healthcare workers. Please specify actions and measures.

SYSTEM LEVEL MEASURES

Implementation of the System Level Measures (SLMs) continues in 20120/21. The *Guide to Using the System Level Measures Framework for Quality Improvement* (SLM guide), which has been updated and should be used for the development of the Improvement Plans and should be used in conjunction with *The System Level Measures – Annual Plan guidance 20/21*

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

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have improved quality of life	**Improving equity** Asthma has been choose as the topic for 2020/21 and Hauora Tairāwhiti will focus on promote accurate recording of patients who present with asthma as the primary issue thorough the following activities- **Actions/Activities** • Data for children who present with asthma or a wheeze are recorded and clinically coded correctly • Adults admitted with asthma as the primary issue are recorded and coded clinically correctly **Contributory Measures** Asthma readmission rates are discussed at Mortality and Morbidity M&M meetings – each quarter. Any issues identified through the M&M review process that involve	Quarterly	# Asthma ASH admissions

		• Children and adults with at least two asthma admissions within 90 days are identified and the cases reviewed at the appropriate M&M committee • Children and adults with at least two asthma admissions within 91-365 days are identified and the cases reviewed at the appropriate M&M committee	primary care will be discussed with primary care via the GP Liaison - Quarterly Asthma readmission rates are reviewed using an equity lens at Q2 and 4. Any issues identified may help inform future projects	
		Improving Consumer engagement Korero mai is part of our deteriorating patient programme with HQSC. This whānau lead escalation process, which seeks to improve engagement with the clinical team in the event of the deterioration of patient. During 2020/21 a consumer group team which will be composed of a mix of consumers and staff and co-design a local programme based on the national guidance. Shared goals of care is another part of our deteriorating patient programme with HQSC. It is a programme which identifies patient's values and preference before they deteriorate. We will be looking to establish a consumer group to outline a process for the implementation of the programme this will include a training programme for staff. **Spreading hand hygiene practice** Increased action on hand hygiene fuelled by the COVID-19 experience and revitalised network of Hand Hygiene Coordinators. Instituting a Fit Test Programme for N95 mask using the hospital with testing of priority staff completed by September 2020 and full programme of annual testing completed round one by March 2021. **System Level Measures** Adult inpatient survey – increase of 5% in response rate Due to the low of discharges from Gisborne Hospital attainment of the national target has not been possible, the DHB has tried numerous strategies to improve the rate of response but has seen little change. Actions • Survey will be provided to patients prior to discharge for return by mail • Online survey will be available for completion within the hospital	Q1 Q4 Q1 Q4 Q3 Q1 Q3 Q1 Q1	Consumer group established Process implemented Consumer group established Increase by 10% the number of patients with ACP reporting in to the consumer engagement quality and safety marker Hand hygiene 5 moments rate to 85% Priority staff testing completed All users tested in round one Response rate at 25%

NEW ZEALAND CANCER ACTION PLAN 2019 – 2029

On 1 September 2019 the Prime Minister and Minister of Health launched the New Zealand Cancer Action Plan 2019-2029 (the Plan). The Plan outlines four key outcomes;

Outcome 1: New Zealanders have a system that delivers consistent and modern cancer care.

*Outcome 2: New Zealanders experience equitable cancer outcomes***.**

Outcome 3: New Zealanders have fewer cancers

Outcome 4: New Zealanders have better cancer survival.

District Health Boards will have key responsibility for the successful achievement of these outcomes.

The plan is guided by three overarching principles:

- equity-led
- knowledge-driven
- outcomes-focused.

The Plan enables the Ministry of Health, the sector and all those affected by cancer to work collaboratively to prevent cancer and improve detection, diagnosis, treatment and care after treatment. The Plan includes primary care, tobacco control, screening and palliative care.

Effective planning, skilled management and informed governance is required to deliver the outcomes in this plan. The Plan sets out the actions required over the next 10 years and beyond. Work on the priority actions has commenced. The Plan is a living document and it will be reviewed and updated in five years, to ensure our efforts stay relevant to the needs and aspirations of all New Zealanders. The actions will be reviewed by the Interim Cancer Control Agency Board and adjusted as required to ensure the plan is on track.

The Ministry has established a National Cancer Control Agency and appointed a National Director of Cancer Control. DHBs are required to work with and take direction from the Cancer Control Agency. The Agency has a leadership and monitoring function and will be required to report progress against performance of the Plan to the Minister. The Plan requires that services are delivered against nationally agreed standards of care and that quality improvements will be made for agreed quality performance indicators as they are further developed across all tumour streams. Quality Performance Indicators have been developed for Bowel Cancer and it is expected that both lung and prostate indicators will be published in early 2020.

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

Part One: Current Performance Actions

1. DHBs are required to outline what actions they will take to sustain or improve cancer care and implement the Cancer Plan. Actions need to include how DHBs will ensure that the 31-day and 62-day cancer waiting time measures are met. (See definitions and business rules in the DHB non-financial monitoring framework and performance measures - reporting section). Quarterly qualitative reports will be required.

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

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

Government theme: Improving the well-being of New Zealanders and their families				
Priority	**Outcome**	**DHB activity**	**Milestone**	**Measure**
Support healthier, safer and more connected communities	We have improved quality of life	Hauora Tairāwhiti will continue to focus on local FCT wait times and the identification of specific local issues • Develop and implement bowel cancer improvement plan based on national QPI report • Develop and implement lung cancer improvement plan based on national QPI report (not yet published) – and national early detection lung cancer guidance and national follow-up and supportive care guidance following curative treatment • Participate in regional development of prostate cancer community health pathway and e-referral • Submit non-surgical cancer treatment data to Cancer Agency • Continue to participate and implement the Te Manawa Taki Clinical Pathway and MDM solution • Participate in Te Manawa Taki oncology e-prescribing feasibility • Implement Te Manawa Taki palliative care community health pathways and e-referrals • Explore initiatives to increase Māori specialist palliative care workforce • Implement Bowel Screening as per regional plan • Work with local providers to develop strategies to increase coverage of local Breast and cervical screening • Kia Ora E te iwi (equity) plan being run by Cancer Society. Marae hui were disrupted by Covid-19. Being rescheduled Hauora Tairāwhiti have committed to releasing relevant staff to attend the hui to represent the service. • Monthly FCT meetings with Waikato (tertiary) oncology service in attendance • Regular FCT reporting against the performance measures in place • Ongoing clinical psychology support from Waikato (tertiary centre) • Cancer nurse coordinators assigned to sub specialties- linked to department of medicine and Long term Conditions • Contract in place for specialist oncology support from Waikato (tertiary centre) • Nurse practitioner in oncology providing secondary service to support the tertiary service at the hub	Q1 Q2 Ongoing Ongoing Ongoing Q1 Q1 Q1 Q1 Q1 Ongoing	Pathway implemented Bowel Screening programme implemented

BOWEL SCREENING AND COLONOSCOPY WAIT TIMES

To ensure all patients requiring diagnostic procedures are treated fairly and seen within maximum clinical wait times, the Ministry of Health has developed a dedicated framework for monitoring symptomatic colonoscopy and bowel screening performance. New reporting requirements sit alongside a new escalation process that ensures both the recommended colonoscopy wait times and the numbers of people waiting longer than maximum wait times receive equal focus.

As a DHB prepares to implement bowel screening, it must be consistently meeting all diagnostic colonoscopy wait times and have no patients waiting longer than maximum wait times in the months prior to the readiness assessment. If a DHB does not meet these two requirements, it will not meet the National Bowel Screening Programme readiness criteria, and its go-live date may be delayed.

All DHBs will describe actions to ensure:

- recommended urgent, non-urgent and surveillance diagnostic colonoscopy wait times are consistently met
- there are no people waiting longer than the maximum wait times for any indicator.

In addition to above, DHBs providing the National Bowel Screening Programme will describe actions to ensure:

- they have demonstrated clear strategies for improving equitable participation and timely access to bowel screening services
- the bowel screening indicator 306 target requiring 95% of participants who returned a positive FIT to have a first offered diagnostic date that is within 45 working days of their FIT result being recorded in to the NBSP IT system is consistently met
- they achieve participation of at least 60% of people aged 60-74 years in the most recent 24-month period
- participation equity gaps are eliminated for priority groups.

Improvement activities must be supported by visible leadership, effective community engagement, and clear accountability for equity. Please refer to the Supporting Information and FAQ page for further information, see section 2.6 for the link

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

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have improved quality of life	Implementation of NBSP in Hauora Tairāwhiti was delayed as a consequence of COVID 19. The confirmed launch date is now 31 August 2020. There is commitment to include anyone that may have aged out during the period of delay are offered the opportunity to participate in the programme as it is rolled out.	31 August Bowel screening go line	National indicator measures for endoscopy

WORKFORCE

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

DHB workforce priorities

- Set out any workforce actions, specific to your DHB that you intend to work on in the 2020/21 planning year. Outline how these actions relate to both a strong public health system and EOA focus area actions. Ensure that you have considered workforce actions for the priority areas in your plan.

  Any workforce actions should be mindful of:
  - ongoing responsibilities for the upskilling, education and training of health work forces
  - the population health need that initiatives are designed to address. In addition, we expect workforce actions to lead to improved equity in health outcomes and independence for Māori and Pacific peoples
  - the desired health outcomes the initiatives will help to address, including equitable outcomes for populations
  - an assessment of how the initiatives align with the priority areas of strong fiscal management, strong public health system, and primary care
  - evidence that consideration has been given to making best use of the service delivery mechanisms that make best use of transdisciplinary teams to support health workforces in their roles across primary, secondary and tertiary settings.
- It is also expected that DHBs will develop actions that support equitable funding for professional development for nurse practitioners.

Workforce Diversity

This action area builds upon actions set out in the previous planning year to better understand the workforce intelligence gathered at local, regional and national levels and how this intelligence assists DHBs in workforce planning.

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

- collect workforce data and intelligence to support workforce planning at a local, regional and national level
- develop actions to meet the six targets agreed by DHB Chief Executives in support of Te Tumu Whakarae position statement on increasing Māori participation in health and disability work forces
- support your responsibility to upskill, provide education and train health and disability work forces
- provide training placements and support transition to practice for eligible health work force graduates and employees. Planning must include PGY1, PGY2 and CBA placements, and how requirements for nursing, allied health, scientific and technical health work forces in training and employment will be met
- continue to build alliances with training bodies such as educational institutes (including secondary and tertiary), professional colleges, responsible authorities, and other professional societies to ensure that we have a workforce with the right skills, in the right place, at the right time.

Health Literacy

The purpose of the actions set out in this advice is to build upon the health literacy action plan that your DHB completed in the 2019/20 planning year towards developing a health literate organisation.

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

- If you do not have one already in place, continue to develop a Health Literacy Action Plan that describes the service improvements you plan to make in the short, medium and long term.
- Building on your Health Literacy Action Plan, and if not already included in the action plan, please consider any actions that your DHB can do to support to build health literacy in the wider health and disability system.
  For example, you may wish to consider developing actions that support:
  - improving the health literacy of non-clinical staff
  - working with Primary Care to identify and support health literacy education and training needs
  - building on the health literacy of patients, carers and volunteers through providing health literacy education, and information and training specially tailored for volunteers.

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

Cultural safety

The Health and Disability System Review Interim Report / Pūrongo mō tēnei wā recently released notes the need to both build cultural competence of the entire health and disability workforce and to reduce institutional racism. The Health Services and Outcomes Kaupapa Inquiry (Wai 2575) raises institutional racism as a significant issue for Māori health – both for staff and for people accessing services. In order to meet the needs of and improve outcomes for groups such as Māori, Pacific, migrants and refugees then our work places must be healthy and culturally reinforcing working environments that support health equity.

- In the 2020-21 planning year we want DHBs to consider how they 'do' cultural safety and to identify actions to support cultural safety within their DHB. This may include reference to related actions that are already underway within your DHB.

Leadership

- Please identify actions, initiatives and programmes that your DHB has in place to support staff who are in, and staff who are progressing into leadership, management and governance roles.
- Please identify which actions/initiatives/programmes facilitate healthy and culturally reinforcing working environments that support health equity.
  Leadership pathways may include actions, plans and programmes for:
  - growing leaders
  - supporting new managers into management roles
  - supporting workforces into governance roles
  - supporting clinical leadership and clinical governance
  - succession planning for executive leadership roles
  - supporting Māori and Pacific peoples into leadership, management and governance roles.

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have improved quality of life	**DHB workforce priorities** The Hauora Tairāwhiti workforce strategy builds from bottom up with guidance and input from relevant professional leads to provide opportunity and development for people from Tairāwhiti. The aim is to highlight the variety of roles available in health as a career, for example • Building on the success of Kia Hauora and Hauora Māori training funding • Increased presence at educational career development • Working with national training providers to provide local opportunities for onsite training	Q2	Strategy Completed
		Hauora Tairāwhiti continues to build on the opportunity to provide a unique learning environment for health professional groups, i.e. Medical Registrars and optimising the number of places available for local new graduate nurses.	Q4	Increase in proportion of Staff who identify as Māori in all workforce categories
		Hauora Tairāwhiti currently has a number of senior leadership roles which are filled by staff in an acting position, during 2020/21 these positions will be reviewed and permanent positions established.	Q3	Currently Acting roles reviewed and permanent staff appointed
		Te Rōpū Matua, Tairāwhiti Māori Health Providers partnership is working on a Pukenga Kaiawhina programme. This programme seeks to grow Kaiawhina capability by recognising, enhancing and promoting the role they play within Māori Hauora services in Tairāwhiti. By respecting the mahi of current Kaiawhina, this programme looks to understand their experience, skillsets, knowledge and manner current they are renowned for.	Q1	Common training programme roll outed
		Cultural safety Hauora Tairāwhiti Māori Governance (Board Māori members and TE WAIORA O NUKUTAIMEMEHA) participate in Southcentral Foundation (Nuka) "organisation change/integrated care" training course to enhance their indigenous health leadership and provide indigenous health transformation direction. (EOA) Cultural orientation training for all new Hauora Tairāwhiti staff involves a monthly Powhiri, Whakawhānaungatanga, Hauora Māori Equity overview and a three hour session on Tikanga Best Practice and Te Tiriti o Waitangi. Hauora Māori staff also provide cultural competency sessions to senior clinicians and Te Reo classes for all staff. Māori language week is annually celebrated in which a number of resources are promoted to staff including online Te Reo learning. The DHB also has a weekly Waiata session which is open to all staff. Te Kāhui Kaumatua is an informal group of employees who help to provide Tikanga and other cultural advice and events. Hauora Māori also provides staff to assist Otago IPE cultural training. Te Poho o Maui is an internal informal Māori employee group which meets regularly to discuss Hauora Tairāwhiti cultural and workforce policy and procedure improvements. (EOA)	Q4	Participation in Indigenous health leadership course

		Incorporate HQSC Learning and education modules on understanding bias in health care into Tikanga Best Practice and Te Tiriti o Waitangi and ensure that all staff attend a refresher every three years. Through the local implementation of the Cognitive Institute's Speaking up Safety programme which is aimed at addressing entrenched behaviours that can lead to poor patient outcomes which includes the opportunity to shift bias in decision making. Te Manawa Taki Region DHBs have commissioned a programme which focuses on Institutional Racism and how DHBs can increase diverse and aware of unconscious bias within the workplaces**. (EOA)** **Leadership** Te Manawa Taki regional DHB group is currently reviewing its leadership in practice programme. Hauora Tairāwhiti will continue to offer places on this programme to partners across the social care network in Tairāwhiti	Ongoing	Increase in Māori in leadership and senior position's
		COVID-19 Response Hauora Tairāwhiti will work with Ministry of Social Development to identify pathways into health for locals increasing the health workforce across the spectrum. Rau Tipu Rau Ora is the Tairāwhiti recovery plan for COVID-19 and prepares the district for a combined Iwi led social sector response following COIVD-19. As a member of Manaaki Tairāwhiti, Hauora Tairāwhiti is working across the sector to ensure a coordinated district wide response to events, this incorporates ensuring that issues such as workforce issues are identified and the district works together to overcome crucial issues.	Q2	Clear Pathways identified
		Hauora Tairāwhiti ensures that all service providers it contracts with have an emergency plan in place, this includes a workforce provisions. Hauora Tairāwhiti will work with the MoH and all its service providers during 2020/21 on an approach which support Rau Tipu Rau Ora and health system preparedness to public health emergencies.	Q2	Plans reviewed

DATA AND DIGITAL

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

All DHBs:

- List all major digital initiatives, and associated milestones, and indicate multi-year initiatives.
- Explain how your IT Plan is aligned with the Regional ISSP.
- Note the digital systems/investments that will improve equity of access to services.
- Note the initiatives that demonstrate collaboration across community, primary and secondary care.
- Describe plans/initiatives that will enable the delivery of health services via digital technology for example telehealth, integrated care and working remotely.
- Indicate plans for providing consumers with access to their health information.
- Indicate plans for taking part in the digital maturity assessment programme and/ or implementing an action plan following the assessment.
- Indicate plans for implementing/maintaining Application Portfolio Management to improve asset management.
- Indicate plans to leverage approved standards and architecture in all digital system initiatives and investments.
- Indicate how IT security maturity will be improved across all digital systems.
- Indicate plans for improving alignment with national digital services, national data collections and data governance and stewardship.

Submit quarterly reports on the DHB ICT Investment Portfolio to Data and Digital.

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

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

Priority	Outcome	DHB activity
Support healthier, safer and more connected communities	We have improved quality of life	Refer Section four: Stewardship - IT section for details. ***Major digital initiatives, and associated milestones, and indicate multi-year initiatives.*** • Te Manawa Taki Clinical Portal (MCP), replacement of the current Clinical Workstation with a regional solution delivered by MCP Programme (HealthShare Ltd.). A single largest IS project aimed to deliver a capable, robust Clinical Information platform in the regional context. Successful rollout is prerequisite for a number of initiatives (Section 4 for cross-reference) Roll out completed 22 February 2021. • BPAC Referrals incl. Responses – direct electronic link back to primary care on referrals for care *(by December 2020 with sequential service by service roll-out)* • Care Capacity Demand Management incl. Hospital at a Glance (HaaG) and VRM *(CCDM programme completion June 2021, staggered rollout of HaaG points of presence into areas of the hospital July 2020)* • Telehealth/Virtual Consult/Virtual Clinics – ZOOM identified as the preferred Telehealth/Video Conference platform, ongoing implementation and delivery of capabilities to the relevant services and practices *(incremental rollout. Business VC support and rollout by July 2020, Remote and Virtual Clinics August 2020, first stage Virtual Clinics September 2020)* ***(EoA)*** • Supporting Mobile and Flexible Workforce. Technology and Application refresh with access to data, information, and systems regardless of physical location. *(Stage 2 of communications link increased capacity and links diversity to become effective July 2020, assessment of the service requirements in light of mobility demands ongoing, Working from Home framework and capability development July 2020)***(EoA)**

- Business Intelligence and Analytics, increasing organisational demand to be met with implementation (upgrade) of the BI and Analytics platforms. *(Microsoft Power BI pilot rollout December 2020, CBS CostPro to FocusPro upgrade (and cloud transition) exploration for the second quarter 2021)* **(EoA)**
- Implementation of Microsoft Office 365 and associated applications/toolsets. Bringing the latest in productivity and collaboration tools to the organisation to better utilise investment in the Microsoft products and platforms *(Initial setup and implementation July 2020, Microsoft Teams, Power BI December 2020, Office 365 September 2021)*
- Finance Management Information Systems (FMIS) TechnologyOne upgrade and transition to the cloud. *(tentative September 2020)*
- Public Holidays Act Remediation/Payroll and HR Information system upgrade and transition to the cloud *(to be confirmed)*

IT Plans alignment with the Regional ISSP.
Effective collaboration and cooperation with partners and service agencies in the region, input and participation in the development of the regional plan. Engagement in the number of regional initiatives and projects (e.g. Te Manawa Taki Clinical Portal together with associated projects and initiatives, implementation of Regional Echocardiography system, review of the Regional RIS/PACS) **(EoA)**

Digital systems/investments that will improve equity of access to services. **(EoA)**
- Ensuring the accurate data capture in the existent systems, supporting decision making with accurate data including ethnicity information.
- Exploring options to make technology more readily available to address equity of access, establishment of the virtual health capabilities outside of the main campus.
- Providing staff and members of the public with access to virtual health

Initiatives that demonstrate collaboration across community, primary and secondary care. (EoA)
- BPAC Referrals and Responses, incl. integration with secondary care systems (PAS, CWS portals)
- e-Prescribing and ePS
- Integration with primary care systems e.g. Indici

Plans/initiatives that will enable the delivery of health services via digital technology for example telehealth, integrated care and working remotely. (EoA)
- Rollout of ZOOM as the preferred Videoconference/Telehealth platform
- Augmenting remote access capabilities, communication links upgrade and technology refresh
- Implementation of collaboration toolsets and applications (Office 365, Teams, SharePoint)

Plans for providing consumers with access to their health information. (EoA)
Continue working with Primary and Community Care to support the sharing of the information to ensure the patient access portals (ManageMyHealth, Indici, etc.) have a rich and complete content across all the sectors of care

Plans for taking part in the digital maturity assessment programme and/ or implementing an action plan following the assessment.
Plan to (re)engage with Data and Digital to take part in the maturity assessment programme in 2020/2021

Indicate plans for implementing/maintaining Application Portfolio Management to improve asset management.
Interested to explore capacity to pick up Application Portfolio locally, alternatively leverage the regional function to the same advantage

Plans to leverage approved standards and architecture in all digital system initiatives and investments.
The development, building, maintenance and deployment of these initiatives must occur within a number of parameters and be the subject of a number of principles. Bespoke systems and processes that do not align to these are unlikely to be either successful or supported for implementation.

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

- NZ Health Information System Framework (HISF)
- NZ Health Information Governance Guidelines (HIGG)

IT security maturity will be improved across all digital systems.
With the inaugural exercise of carrying external security testing and assurance activities have taken place, the intent is to institute the programme of regular it security maturity activities both internal and external

Improving alignment with national digital services, national data collections and data governance and stewardship.
Seek to develop on the foundation of the existent engagement to further the alignment in the respective areas.

COVID-19 (EoA)

- Augment and support Telehealth-enabled services (both pre- as well as COVID-19 response adopters) supported by the Telehealth working groups and governance (DHB and regional). Review and accommodate additional hardware and software requirements (quarter 3 and 4 2020). Implement practical steps to support initiatives improving access to the Telehealth capabilities in community, including connectivity 'where needed' in cooperation with Telco's (Sept 2020).
- Further capabilities of the DHB information systems based on the learnings from the COVID-19 response
    - Finalise implementation of the regional referral information collection (based on COVID-19 reporting framework, integration with BPAC) with the view to offer it for the analysis/intelligence purposes (Nov 2020)
    - Pursue digital integration between DHB Patient Administration System's (PAS) and the regional primary referral system (BPAC) to streamline the processes and improve on data quality of the collected data (Jan/Feb 2021)
    - Explore PAS<->Telehealth (Video Conferencing) integration with a view to offer seamless user experience for the admin and clinical staff (Quarter 1 2021)

Fax services End-of-Life.
Refresh of the DHB Multi-Functional-Devices (MFD) fleet is align to the commencement of AoG PTAS agreement's term (Oct/Nov 2020). One of the identified requirements is to continue to support 'scan-to-email' capabilities, with the view to supersede analogue fax capabilities currently in use. SEEMAIL-enabled partners are flagged as the early adopters with the others scheduled for transition later in the year (Dec 2020)

IMPLEMENTING THE NEW ZEALAND HEALTH RESEARCH STRATEGY

Research and innovation, analytics and technology are all crucial for achieving an equitable, sustainable health system and better patient outcomes.

- Commit to working with the Ministry of Health to co-design and co-invest in a programme of work to support the implementation of the New Zealand Health Research Strategy through building the capacity and capability across DHBs to enhance research and innovation.
- Identify how you are working regionally to create research and analytics networks to support staff engaged with research and innovation and build capacity and capability.
- Identify how research policies and procedures will be developed for your DHB to ensure that clinical staff have a supportive framework to engage in research and innovation activities.

Commit to provide a one-page summary update on progress in Q4 to the Ministry and your DHB Board.

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

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have improved quality of life	Hauora Tairāwhiti looks forward to working with the MoH to co-design and co-invest in a programme of work to support the implementation of the New Zealand Health Research Strategy through building the capacity and capability across DHBs to enhance research and innovation. **(EOA)**	Q4	Summary report to MoH and DHB Board
		In the interim, Hauora Tairāwhiti will continue to join in a wide range of locally initiated and national pieces of research as approved through the DHBs Research Committee with mandatory sign off for Māori through Te Waiora o Nukutaimemeha. **(EOA)**	Ongoing	Publicised research
		Hauora Tairāwhiti will share information and data, where permissible, through the local health sector and develop an online data base of current and previous research undertaken locally that is accessible to staff	Q2	Database established
		Hauora Tairāwhiti will continue to look to develop cooperative arrangements to share and provide excellent facilities and support services, such as joint work with other research bodies in and outside Tairāwhiti to advance local actions for improvement in Māori Health equity through research – • Mātai Lab, • Ngāti Porou Hauora, • Waitematā DHB & Auckland DHB.	Q3	Joint work programme and 3 initiatives

DELIVERY OF REGIONAL SERVICE PLAN (RSP) PRIORITIES

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

In addition to the above:

Hepatitis C

- DHBs are asked to identify their role in supporting the delivery of the regional hepatitis C work and objectives. Action include for example how DHBs will:
  - work in collaboration with other DHBs in the region to implement the hepatitis C clinical pathway
  - work in an integrated way to increase access to care and promote primary care prescribing of the new pangenotypic hepatitis C treatments
  - Support implementation of key priorities in the National Hepatitis C Action Plan.

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

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We have improved quality of life	In addition to those activities outlined in the Te Manawa Taki Regional Equity Plan 2020/21 and a part of Te Manawa Taki Region District Health Boards, Hauora Tairāwhiti in 2020/21 will • Implement year 2 of the eliminating Hep C by 2030 programme of work, this will include **(EOA)** ○ Extending option of Point of Care testing for Hepatitis C to more community pharmacies in Tairāwhiti to help eliminate Hepatitis C within Tairāwhiti. ○ Ongoing progress of Hep C working group. ○ Continued support to primary care and advice regarding the management, treatment and cure of patients with Hep C. Implementation of the New Zealand Framework for Dementia Care • Hauora Tairāwhiti will provide input into a Te Manawa Taki regional stocktake of dementia services and related activity. • Using the stocktake, Hauora Tairāwhiti will work across the Te Manawa Taki region to identify and develop an approach to progress priority areas for implementing the New Zealand Framework for Dementia Care.	ongoing Report on progress in Q1 and Q2 2020/21 Stocktake complete by Q2 2020/21	SS2: Delivery of Regional Service Plans

Better population health outcomes supported by primary health care

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

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

Primary health care is earlier, safer, cheaper, and better connected to people's daily routines. However, the primary health care system does not serve all people equitably. Some people are avoiding or delaying engaging with primary care services because of cost. There is also the potential for a different primary care model to better suit people's lives and better integrate across health disciplines and facilities, thereby improving health outcomes.

PRIMARY HEALTH CARE INTEGRATION

Integration and strong local partnerships remain important to the delivery of high-quality health services.
The Health and Disability System Review and actions developed from the Wai 2575 Hauora Report are likely to inform further support of integration.
In the meantime, DHBs are expected to continue to strengthen integration and their relationship with their primary care partners. As detail becomes available from the Review, Wai 2575 and Budget 20 this guidance may be updated.

- DHBs are expected to describe at least two actions which strengthen integration and improve access to a range of services for patients. At least one of these actions will specifically improve access for Māori, holistic and culturally responsive services. Further DHBs must demonstrate how they are working with Māori Health providers and NGOs to develop these services, e.g.:
  - Changes in service models such as implementing different consultation modalities (e.g. electronic, telephone)
  - Broadened use of the workforce (e.g. use of Nurse Practitioners, practice nurse consultation lists, use of physiotherapists, pharmacists and pharmacist vaccinators)
  - Development and implementation of new services based on robust analytics (e.g. outreach services on Marae).

Note: Some or all of the actions in this section may form part of your System Level Measures (SLM) Improvement Plan. If this is the case it is not necessary to provide that information here but rather indicate that the assessor should refer to the SLM Improvement Plan.

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

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We live longer in good health	**Ambulatory Sensitive Hospitalisation (ASH) – Service Level Measure activity** Wrap support for tamariki (0-4 years) who have been discharged from Gisborne Hospital for respiratory conditions with care coordinated by Primary Care providers. Discharge information on eligible tamariki will be provided to PHOs who then coordinate clinical reviews and subsequent referrals to community based support services. This programme will continue to operate under the auspices of the local Demand Management Group which is composed of clinical and senior management from specialist, primary, pharmacy, ambulatory and community providers. **(EOA)**	Q4	25% reduction in Māori respiratory ASH
		New born enrolment – Service Level Measure Tairāwhiti has the lowest rate of new born enrolment in the country to raise this PHOs will review NCHIP and other practice based data to monitor trends. **(EOA)**	Q4	55% of Māori babies enrolled by six weeks of age 85% of Māori babies enrolled by three months of age

AIR AMBULANCE CENTRALISED TASKING

DHBs are required to include a commitment statement in their Annual Plan to actively participate with National Ambulance Sector Office (NASO) in the design and planning phases to centralise the tasking of aeromedical assets in New Zealand. It is not proposed that the clinical co-ordination function currently undertaken by DHB staff will change through this process.

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

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We live longer in good health	Hauora Tairāwhiti will actively participate with the National Ambulance Sector Office (NASO) in the planning and design of centralising the tasking of aeromedical assets.		

PHARMACY

Medicines related morbidity and mortality and inappropriate polypharmacy are a significant cost to the health system and contribute to poor health outcomes for New Zealanders

- Describe any significant initiatives the DHB is undertaking to implement integrated models of care that ensure older people living in the community have equitable access to the medicines optimisation expertise of pharmacists.
- Describe any significant initiatives the DHB is undertaking to implement integrated models of care that ensure people living in aged residential care facilities have equitable access to the medicines optimisation expertise of pharmacists.
- Describe any significant initiatives the DHB has commissioned locally (or intends to commission locally) this year, under the Integrated Community Pharmacy Services Agreement (ICPSA), to reduce the difference in local access and outcomes for your population. Examples might include new community pharmacy services such as gout management, or enabling pharmacists to deliver a broader range of vaccinations.
- Describe the local strategies the DHB has initiated from 1 April 2020 that support pharmacy and other immunisation providers to work together to improve influenza vaccination rates in Māori, Pacific and Asian people over 65 years of age.

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

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

Priority	Outcome	DHB activity	Milestone	Measure
Support healthier, safer and more connected communities	We live longer in good health	Tairāwhiti will work with all local community pharmacies to develop a local commissioning approach with Pharmacy services. This will include a framework to measure and monitor progress against each local commissioning activity for example the number of medication reviews undertaken by each pharmacy. Local Tairāwhiti Pharmacy Strategy will be developed and agreed with local pharmacy partners as the basis for future Pharmacy service delivery and other considerations.	Q2 Q3	Commission Approach Framework developed – base data established. Strategy developed

		We will increase the number of Community pharmacies providing influenza vaccinations in Tairāwhiti to 75% of Community pharmacies to enable a wider coverage of influenza vaccine to our eligible population.**(EoA)**	Q4	% of Tairāwhiti Community pharmacies providing influenza vaccines by ethnicity

LONG-TERM CONDITIONS INCLUDING DIABETES

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

Identify how the DHB will:

- improve primary and community care activity to prevent, identify and support management of long-term conditions targeting those with the poorest outcomes
- offer evidenced based nutritional and physical activity advice
- monitor and use PHO/practice level data to improve equitable service provision and inform quality improvement
- improve early risk assessment and risk factor management efforts for people with high and moderate cardiovascular disease risk by supporting the spread of best practice from those producing the best and most equitable health outcomes.

Identify how the DHB is working in collaboration with their high needs population groups to identify the health promotion / protection activities that are most effective and efficient activities for that population group.

Diabetes specific actions

Identify how the DHB will ensure that all people with diabetes will:

- be effectively managed through diabetes annual reviews, retinal screening, access to specialist advice
- improve modifiable risk factors by targeting those at high-risk (including people with existing complications: foot, eye, kidney, and cardiovascular disease, see SS13 for further details)
- provide culturally appropriate diabetes self-management education (DSME) and support services and evaluate the effectiveness of the DSME
- identify health promotion and health protection activities the DHB has agreed to undertake to prevent diabetes and other long-term conditions.

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

Priority	Outcome	DHB activity	Milestone	Measure
Ensure everyone who is able to, is earning, learning, caring or volunteering	We live longer in good health	**Tairāwhiti Diabetes Leadership Group Mahi Tahi** Based on the quality audit being carried out in June 2020, this Mahi Tahi will identify at least the three lowest quality standards which will direct the 2020/21 work plan. **Retinal services procurement**	Q1 Q4 Q3	Three quality standards identified 2020/21 re-audit of standards complete Service established

	Hauora Tairāwhiti will complete the procurement of a community based provider of retinal screening services, this will increase the sustainability of retinal screening across the district. **Self-management** With the completion of the training for our kia ora self-management train–the-trainer, Hauora Tairāwhiti will being rollout self-management workshop to whānau champions across the district. During 2020/21 two eight week course will be provided to whānau champions to support individuals with Long term conditions and diabetes. When an opportunity is available Tairāwhiti trainer will undertake the master training course providing a local license. **Chronic Pain** Hauora Tairāwhiti will complete its review of chronic pain services across the district. A new chronic pain service will be established **Cardiology (see rural health)** Establish a regular outpatient's service to rural community hospital for cardiology.	Q2 Q4 Q4 Q1 Q3 Q2	LTC workshop Diabetes workshop Master trainer attained Review complete Service established Service established

FINANCIAL PERFORMANCE SUMMARY

PROSPECTIVE STATEMENT OF FINANCIAL PERFORMANCE (comprehensive income) for the four years ended 30 June 2020, 2021, 2022, 2023 and 2024

Statement of Comprehensive Income

$000	2018/19 Audited	2019/20 Forecast	2020/21 Plan	2021/22 Plan	2022/23 Plan	2023/24 Plan
REVENUE						
Ministry of Health Revenue	$189,567	$197,462	$213,403	$221,822	$228,477	$235,331
Other Government Revenue	$8,128	$9,210	$10,336	$10,660	$10,979	$11,309
Other Revenue	$1,217	$2,559	$943	$985	$1,015	$1,045
Total Revenue	**$198,912**	**$209,231**	**$224,682**	**$233,467**	**$240,471**	**$247,685**
EXPENDITURE						
Personnel	$87,521	$84,686	$87,888	$89,654	$91,902	$94,350
Outsourced	$9,392	$9,036	$6,384	$6,498	$6,691	$6,891
Clinical Supplies	$17,086	$17,622	$18,146	$18,497	$19,053	$19,624
Infrastructure and Non Clinical	$10,064	$9,663	$9,904	$10,135	$10,483	$10,857
Payments to Non-DHB Providers	$91,835	$94,653	$100,668	$102,892	$106,436	$109,939
Interest	$86	$60	$60	$60	$60	$60
Depreciation and Amortisation	$3,279	$3,364	$3,732	$3,831	$3,946	$4,064
Capital Charge	$2,679	$1,900	$1,900	$1,900	$1,900	$1,900
Total Expenditure	**$221,942**	**$220,984**	**$228,682**	**$233,467**	**$240,471**	**$247,685**
Other Comprehensive Income						
Revaluation of Land and Building						
Total Comprehensive Income/(Deficit)	-$23,030	-$11,753	-$4,000	$0	$0	$0

Prospective financial performance by output class for the four years ending 30 June 2021 to 30 June 2024

Prospective Summary of Revenues and Expenses by Output Class	2018/19 Audited	2019/20 Forecast	2020/21 Plan	2021/22 Plan	2022/23 Plan	2023/24 Plan
Prevention						
Total Revenue	$54,263	$57,078	$61,293	$63,689	$65,600	$67,568
Total Expenditure	$60,545	$60,284	$62,384	$63,689	$65,600	$67,568
Net Surplus / (Deficit)	**-$6,283**	**-$3,206**	**-$1,091**	**$0**	**$0**	**$0**
Early Detection						
Total Revenue	$115,182	$121,157	$130,104	$135,191	$139,247	$143,424
Total Expenditure	$128,518	$127,963	$132,420	$135,191	$139,247	$143,424
Net Surplus / (Deficit)	**-$13,336**	**-$6,806**	**-$2,316**	**$0**	**$0**	**$0**
Intensive Assessment & Treatment						
Total Revenue	$7,238	$7,613	$8,175	$8,495	$8,750	$9,012
Total Expenditure	$8,076	$8,041	$8,321	$8,495	$8,750	$9,012
Net Surplus / (Deficit)	**-$838**	**-$428**	**-$146**	**$0**	**$0**	**$0**
Rehabilitation & Support						
Total Revenue	$22,230	$23,383	$25,110	$26,092	$26,874	$27,681
Total Expenditure	$24,804	$24,697	$25,557	$26,092	$26,874	$27,681
Net Surplus / (Deficit)	**-$2,574**	**-$1,313**	**-$447**	**$0**	**$0**	**$0**
Consolidated Surplus / (Deficit)	**-$23,030**	**-$11,753**	**-$4,000**	**$0**	**$0**	**$0**

SECTION 3– Whirihoranga Ratonga | Service Configuration

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

RATONGA ROHE | SERVICE COVERAGE

All DHBs are required to deliver a minimum of services, as defined in the Service Coverage Schedule, which is incorporated as part of the Crown Funding Agreement under section 10 of the New Zealand Public Health and Disability Act 2000, and is updated annually.

Responsibility for service coverage is shared between DHBs and the Ministry. DHBs are responsible for taking appropriate action to ensure that service coverage is delivered for their population, including populations that may have high or different needs such as Māori, Pacific and high-needs groups. Hauora Tairāwhiti may, pursuant to section 25 of the New Zealand Public Health and Disability Act 2000, negotiate and enter into, or amend any current agreement for the provision or procurement of services.

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

During 2020/21 Hauora Tairāwhiti will be changing its Pregnancy and Parenting Information and Education services provider, which may present some service coverage issues while the new service provider increases capacity during the initial stages of implementation. While alternative services will be utilised to provide cover during the interim, there is potential that the minimum of 30 percent of pregnant women will not be able to access services during the transition.

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

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

HURI RATONGA | SERVICE CHANGE

The following services have been highlighted to the MoH as potential areas of service change. No Service changes are in response to COVID-19. Hauora Tairāwhiti is currently reviewing its response to COVID-19 with the final report due in quarter one of the 2020/21 year.

Description of change	Benefits of change	Change due to Local or national reasons?
Tamariki *Healthiest, Happiest children in the world* Hauora Tairāwhiti is reviewing child health services with the aim of providing a tamariki hauora service which meets the needs of the children most at risk of not achieving their potential in our communities through providing the highest quality integrated care as close to the whānau as possible. This includes Tamariki ora/ Well Child services in conjunction with the MoH review	Reduce disparities, improved access, reduced cost, earlier intervention, improvement of long term outcomes	Local/National
Rangatahi services Rangatahi services across Tairāwhiti are currently isolated and disconnected. Hauora Tairāwhiti will work with rangatahi and other community groups to improve rangatahi access to a range of services which include mental health and addiction services, sexual health and other primary care services. Improved access to services outside of Gisborne City will a key component of any new services.	Reduce disparities, improved access, earlier intervention, improvement of long term outcomes	Local/National
Health of Older People Services for older people in our community can be fragmented and do not always provide a consistent quality service across different disciplines. A one team approach to service provision will increase the effectiveness of delivery and ensure older people maintain their independence and functionality for as long as possible.	Improved outcomes, increased quality, improved access and reduced cost	Local
Rehabilitation In conjunction with the health of older people change we will be setting out a new way of working within rehabilitation services. It is expected that this change will see more services delivered closer to the people requiring them.	Improved outcomes, increased quality, improved access and reduced cost	Local
Health of Older People – Home Care Support Services Hauora Tairāwhiti is locally looking to procure a new approach to home care support services. During 2020/21 we will begin the process of integrating clinical services into the provision of home care support services.	Improved outcomes, increased quality and improvement of long term outcomes.	Local
Pain Intervention Service Provision of a service to the people of Tairāwhiti with chronic pain who have been seen by multiple clinical services has been a long term issue. During 2020/21 Hauora Tairāwhiti will implement a model of care and for these people which provides the right service level and mix going forwards at a sustainable price	Improved outcomes, increased quality and reduced cost	Local
Retinal Screening Retinal screening services for people with diabetes have been identified as a service where flow could be improved. We are currently reviewing the existing system flow and during 2020/21 look to implement a service design which simplifies the current system for both people and referrers while also improving the coverage of this service to the local population with diabetes.	Simplification of referral system and improved access	Local
Bowel Screening During 2020/21 the Tairāwhiti population will participate in the national bowel screening programme.	Reduce disparities, improved access and Improved outcomes.	National

As part of actions to create a more sustainable organisation clinically, operationally and financially, full time equivalent employee numbers in Hauora Tairāwhiti are budgeted to increase in the 20/21 year. In the main this growth is part of converting current outsourced positions to employed. This has a triple benefit in creating more integrated teams, increasing the continuity of services and lowering the cost of operation. The latter intersects with the savings plan for the organisation.

Employee growth is also related to the instigation of increased capacity for planned care and actions to address inequity in health outcomes in the community.

Increases in FTE numbers will be progressive over the year, directly related to recruitment opportunities.

In some areas FTE numbers will decrease as the effects of COVID-19 preparedness dissipate. The table below only identifies where FTE increases are planned.

FTE Change Reason	Medical	Nursing	Allied Health	Mgt/Admin	Total
Conversion of outsourced to insourced	Medicine (1) Psychiatry (1) ED (3) O&G (1)		Pharmacy* (2) Anaesthetic Tech (1)		**9**
Service development (funded)	Surgical Registrar* (1) Medical Registrars (4)			Project Managers (2)	**7**
Service Development (sustainability)	O&G* (1)	CCDM (3)			**4**
Total	**12**	**3**	**3**	**2**	**20**

SECTION 4– Whakapūmautanga | Stewardship

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

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

TE WHAKAHAERE I TO TĀTOU PAKIHI | MANAGING OUR BUSINESS

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

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

Organisational Performance Management

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

Funding and Financial Management

Hauora Tairāwhiti key financial indicators are comprehensive income (surplus/deficit), financial performance (surplus/deficit), financial position and cash flows. These are assessed against and reported through the Hauora Tairāwhiti performance management process to the Board, Board Committees, and the Ministry of Health on a monthly basis. Further information about the Hauora Tairāwhiti planned financial position for 2020/21 and out years is contained in the Financial Performance Summary section of this document, and in Appendix A: Statement of Performance Expectations.

Investment and asset management

All DHBs are required to complete a stand-alone Long Term Investment Plan (LTIP) covering at least 10 years. LTIPs are part of the new Treasury system for monitoring investments across government, the Investment Management and Asset Management Performance (IMAP) system. The Hauora Tairāwhiti DHB LTIP was completed in November 2016 and the DHB contributes to the National Asset Management Plan which assesses the DHBs assets by importance and service criticality. The DHBs Asset Management Plan was updated in June 2019 and is next due for uodate in June 2021.

Shared service arrangements and ownership interests

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

Risk management

Hauora Tairāwhiti has a formal risk management and reporting system, which entails Executive and Board reporting. The DHB is committed to managing risk in accordance with the process set out in the Australian/New Zealand Joint Standard on Risk Management (AS/NZS ISO 31000:2009). Hauora Tairāwhiti is working on a regional DATIX Risk Module that will allow comparisons between DHBs. We have a three year roadmap to fully implement a 'whole of organisation approach'.

Quality assurance and improvement

The Hauora Tairāwhiti approach to quality assurance and improvement is in line with the New Zealand Triple Aim: improved quality, safety and experience of care; improved health and equity for all populations; and, best value for public health system resources. We also have a fourth aim (quadruple aim) which includes attention to the health care workforce. Built into the approach are critical connections that enable continuous quality improvement cycles. Continuous Quality Improvement is delivered at a Service Level along with Clinical Audit. Contracted services are aligned with national quality standards and auditing of contracted providers includes quality audits.

KAUPAPA KAUPAPAE | BUILDING CAPABILITY

Capital and infrastructure development

All DHBs are required to complete a stand-alone Long Term Investment Plan (LTIP) covering at least 10 years. LTIPs are part of the new Treasury system for monitoring investments across government, the Investment Management and Asset Management Performance (IMAP) system. The Hauora Tairāwhiti DHB LTIP was completed in November 2016 and the DHB contributes to the National Asset Management Plan which assesses the DHBs assets by importance and service criticality. The DHBs own Asset Management Plan 2020 was completed prior to June 2019.

During 2020/21 Hauora Tairāwhiti will continue with the Morris Adair demolition project and progress the planning for the new mental health and addictions facility and Child and Youth Health Community Hub.

INFORMATION TECHNOLOGY (IT) AND COMMUNICATIONS SYSTEMS

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

Primary Care Integration

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

IS Initiatives

- BPAC Referrals Response – direct electronic link back to primary care on referrals for care
- BPAC/PAS Integration, automation and programmatic access to referrals information
- Access to, and automated distribution of the electronic documents (e.g. outpatients letters)
- Primary Secondary information systems integration (e.g. Indici to Clinical Workstation)

Service Efficiency & Effectiveness

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

IS Initiatives:

- Care Capacity Demand Management

• Hospital at a Glance
• Business Intelligence and Analytics

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

IS Initiatives:
• Patient portals/Shared Care plans
• On line booking systems
• Electronic communications - letters, appointment reminders, alerts, instructions, guidelines, prescriptions
• Targeted health programmes/patient cohorts support

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

IS Initiatives:
- Home Care applications
- Virtual clinics/telemedicine
- Virtual clinics to reduce regional travel & rural isolation
- Telehealth/Virtual Health service established & resourced
- Secondary / Tertiary Video Conference enabled service delivery

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

IS Initiatives
• Mobile device strategy
• Mobilised applications for point of care decision support and transactional activities
• Technology options
• Communications links and services
• Implementation of Unified Communications and Collaboration Platform

Electronic Medical Record (EMRAM)
This aims to address the difficulties and inefficiencies inherent in manual and paper based systems, and provide instead digital and online systems. It involves adopting an ethos of "Digital by Default" and a programme of increasing digital utilisation and reducing/removing non-digital options to improve service delivery and workflows. It requires a programme of system replacement /upgrade to expand on digital opportunity.

Note: In assessing NZ hospitals' use of digital technology, the Ministry of Health has adopted the international Healthcare Information and Management Systems Society's (HIMSS) seven step framework for digital capability – the Electronic Medical Record Adoption Maturity (EMRAM) model. This initiative will see progression to higher levels of that framework

IS Initiatives:
• Electronic prescribing and administration
• Electronic referral and response system
• Electronic orders for Radiology
• Digital documents, incl. Clinic Letters, Diagnostic Reporting

Improving Equity of Access to Services
Collecting accurate ethnicity data in accordance with the national Ethnicity Data Collection Protocols will improve the quality of ethnicity health data enabling us to effectively measure working towards health equity for Māori.

IS Initiatives:
- Applications configured to allows for capturing ethnicity information accurately and timely in accordance with necessary protocols
- Systems measures to support information collection protocols
- Quality and audit toolsets to monitor the information captured in the systems

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

IS Initiatives:
- Pursue Adoption of the Cloud Based Services where appropriate, in line with "Cloud First" strategic direction
- With the transition to Windows 10 complete, migration to the cloud based Office 365 is the next stage to get the better value out of the investment into Microsoft products and platforms
- Institute a regular Security Awareness/Security Assurance programme, by utilising both internal and external security agencies

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

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

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

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

Timeline

Note: *all planned delivery timing provided is indicative – the ongoing introduction of additional and changing priorities from local, regional and national levels affects the ability to meet specific timelines. The goal at Hauora Tairāwhiti is to progress all the initiatives below throughout the year – this does not equate to achieving full resolution of them*

Initiative	Planned Delivery in 2020-21
Primary Care Integration	
Primary Secondary information systems integration	Dependent upon the PHO acceptance and uptake of Indici. Hauora Tairāwhiti will work with Pinnacle to encourage PHO uptake, and then jointly to initiate connectivity to progress shared care plans *(EDD to be confirmed)*
BPAC Referrals Response – direct electronic link back to primary care on referrals for care	Successful implementations in 2018-19 have led to a demand for the system to be further rolled out. *(continue sequential rollout, completion of all services December 2020)*
Service Efficiency & Effectiveness	
Hospital at a Glance	The application solution delivered in the 2018-19 year, points of present hardware installation subject to Trendcare upgrade and associated staff training *(December 2020).*
Care Capacity Demand Management	Reliant upon upgrade and refreshed utilisation of Trendcare. *(Programme completion June 2021)*
Business Intelligence	Expansion of access to and variety of reports and data sets *(EDD ongoing)*
Telehealth incl Virtual Health, Video Consult	Improve access to and utilisation of VC to offset travel costs and improve shared capabilities and information. Priority is to establish specific needs and services to be supported and have clinical engagement and agreement. Largely people and process issues to be resolved first, followed by the implementation of appropriate technology solutions. *(September-December 2020)*
Application and System Upgrades	Multiple system and application upgrades, either to remain within contracted support criteria or to take up and utilise new features and products sets. *(Ongoing)*
Secondary/Tertiary Video Conference enabled service delivery	As above.
Engagement	
Patient portals/Shared Care plans	Te Manawa Taki Clinical Portal being delivered by MCP Programme under Healthshare Ltd. EDD is February 2021. Noting that Shared care plans are of bigger significance between Primary and Secondary – *see above.*
Electronic communications - letters, appointment reminders, alerts, instructions, guidelines, prescriptions.	*As for patient portal above, and noting also development of BPAC referrals response above*.
Targeted health programmes/patient cohorts support.	Multiple items here, including: • National Bowel Screening Programme – *(August 2020)*
Virtual Healthcare	
Home care applications - remote monitoring of chronic conditions	Focus in year will be on identifying with the relevant services the needs and developing plans to address.
Virtual clinics/telemedicine	*See above*
Mobility	
Mobilised applications for point of care decision support and transactional activities	Examining a variety of technology options with clinical staff to support care at the bedside
Technology options	Device reviews, smartphones, Internet of Things, tracking devices etc
Communications links and services	Review of VPN services to diversify the media to be used to access applications.
Electronic Medical Record (EMRAM	

Initiative	Planned Delivery in 2020-21
Electronic prescribing and administration	Possible avenues include partial integration with Community and Primary *(early wins)* as well as larger Medicine Management delivered as part of the MCP programme
Electronic referral and response system	Further development and implementation of BPAC and the local electronic response system
Other electronic documents	With the failure of MCP programme to deliver the sought after functionality to produce and exchange a variety of electronic documents between multiple parties local development has commenced to deliver to these shortfalls *(EDD Ongoing)*

WORKFORCE

Below is a short summary of the Hauora Tairāwhiti organisational culture, leadership and workforce development initiatives. Further detail about the Te Manawa Taki regional approach to workforce is contained in the 2020/23 Te Manawa Taki Regional Service Plan.

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

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

We continue to build capacity with the strategic promotion of health careers through local / regional / national, opportunities for example the Kia Ora Hauora programme and the national job portal (Kiwi Health Jobs), and other appropriate opportunities thereby increasing the numbers of key workforces as required, i.e. medical; mental health; rehabilitation; cancer and emergency department. We have a developed programme of "growing our own", in 2020/21 we will continue to the "grow our own" programme to develop the talent we have in the Tairāwhiti community, reduce inequity, and reduce reliance on out of Tairāwhiti trained clinicians.

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

Co-operative developments

Hauora Tairāwhiti works and collaborates with a number of external organisation and entities, in fact, our kaupapa, "Whāia te hauora i roto I te kotahitanga" ("A healthier Tairāwhiti by working together") sends a strong signal with regard to our cross agency partnership. These relationships include but are not restricted to:

- **Iwi** – Te Rūnanganui o Ngāti Porou and Te Rūnanga o Tūranganui a Kiwa
- **State Sector** – Department of Corrections, Ministry of Justice, Ministry of Social Development, Ministry of Education, New Zealand Police, Ministry of Health
- **Crown Agents** – Accident Compensation Corporation, Health Promotion Agency, Health Quality and Safety Commission, Health Research Council of New Zealand, Health Workforce New Zealand, Housing New Zealand Corporation, Pharmaceutical Management Agency, Other District Health Boards

- **Council** – Gisborne District Council
- **Tertiary education institutions** – University of Otago, Eastern Institute of Technology
- **DHB Shared Services** – HealthShare Limited, Central Technical Advisory Service, health Alliance
- **Schools, Early Education Centres , Kura Kaupapa Māori and Kōhanga Reo**
- **Cross sectorial development agency** – Manaaki Tairāwhiti

HE KAIMAHI MAHI /WORKFORCE

Healthy Ageing Workforce

The 20-21 Hauora Tairāwhiti Annual Plan builds on foundations set out in the 20-23 Te Manawa Taki Regional Services Plan (RSP). The primary piece of work in the 20-23 Te Manawa Taki RSP related to identifying workforces working with older people and their whānau, and developing a sustainable mechanism for collecting a minimum workforce data set outside of the DHBs provider functions.

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

Te Manawa Taki DHBs will utilise the outcome from the national work to develop any sector wide workforce plans for the older persons' workforce. Hauora Tairāwhiti will determine how best to map its workforce to develop an understanding of the specialist and non-specialist workforce it provides, and will map the workforce it provides to older people by 30 June 2020.

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

Health Literacy

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

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

Community Based Attachments

Hauora Tairāwhiti is fully committed to the intent and application of the Medical Council's requirement for all interns to complete a three month attachment in a community setting at some point during their first two post graduate years. Currently there is an attachment of one run across the year within General Practices in Gisborne.

Care Capacity Demand Management

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

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

Hauora Tairāwhiti continues to work collaboratively with local unions on the programme's implementation.

SECTION 5: Nga Whaainga Mahi | Performance Measures

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

2020/21 Performance Measures

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

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

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

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

Inclusion of 'SLM'in the measure title indicates a measure that is part of the 'System Level Measures' identified for 2020/21.

There are six System Level Measures:

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

Performance measure		Expectation		
CW01	Children caries free at 5 years of age	Year 1	51%	
		Year 2	51%	
CW02	Oral health: Mean DMFT score at school year 8	Year 1	0.76	
		Year 2	0.76	
CW03	Improving the number of children enrolled and accessing the Community Oral health service	Children (0-4) enrolled	Year 1	≥95%
			Year 2	≥95%
		Children (0-12) not examined according to planned recall	Year 1	≤10%
			Year 2	≤10%
CW04	Utilisation of DHB funded dental services by adolescents from School Year 9 up to and including 17 years	Year 1	≥85%	
		Year 2	≥85%	
CW05	Immunisation coverage at eight months of age and 5 years of age, immunisation coverage for human papilloma virus (HPV) and influenza immunisation at age 65 years and over	95% of eight month olds fully immunised.		
		95% of five year olds fully immunised.		
		75% of boys and girls fully immunised – HPV vaccine.		
		75% of 65+ year olds immunised – flu vaccine.		
CW06	Child Health (Breastfeeding)	70% of infants are exclusively or fully breastfed at three months.		
CW07	New-born enrolment with General Practice	The DHB has reached the "Total population" target for children enrolled with a general practice by 6 weeks of age (55%) and by 3 months of age (85%) and has delivered all the actions and milestones identified for the period in its annual plan and has achieved significant progress for the Māori population group, and (where relevant) the Pacific population group, for both targets.		
CW08	Increased immunisation: Immunisation coverage at 2 years	95% of two year olds will have received all scheduled immunisation from birth till age 2 years.		
CW09	Better help for smokers to quit (maternity)	90 percent of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice to quit smoking.		
CW10	Raising healthy kids	95% of obese children identified in the Before School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions.		
CW12	Youth mental health initiatives	Initiative 1: Report on implementation of school based health services (SBHS) in decile one to four (and decile five after January 2020) secondary schools, teen parent units and alternative education facilities and actions undertaken to implement *Youth Health Care in Secondary Schools: A framework for continuous quality improvement* in each school (or group of schools) with SBHS.		
		Initiative 3: Youth Primary Mental Health.		
		Initiative 5: Improve the responsiveness of primary care to youth. Report on actions to ensure high performance of the youth service level alliance team (SLAT) (or equivalent) and actions of the SLAT to improve health of the DHBs youth population.		
MH01	Improving the health status of people with severe mental illness through improved access	Age (0-19) Māori, other & total	6%	
		Age (20-64) Māori, other & total	8%	
		Age (65+) Māori, other & total	4%	

Performance measure		Expectation		
MH02	Improving mental health services using wellness and transition (discharge) planning	95% of clients discharged will have a transition or wellness plan.		
		95% of audited files meet accepted good practice.		
MH03	Shorter waits for non-urgent mental health and addiction services (0-19 year)	Mental health provider arm	80% of people seen within 3 weeks.	
			95% of people seen within 8 weeks.	
		Addictions (Provider Arm and NGO)	80% of people seen within 3 weeks.	
			95% of people seen within 8 weeks.	
MH04	Rising to the Challenge: The Mental Health and Addiction Service Development Plan	Provide reports as specified		
MH05	Reduce the rate of Māori under the Mental Health Act: section 29 community treatment orders	Reduce the rate of Māori under the Mental Health Act (s29) by at least 10% by the end of the reporting year.		
MH06	Output delivery against plan	Volume delivery for specialist Mental Health and Addiction services is within 5% variance (+/-) of planned volumes for services measured by FTE; 5% variance (+/-) of a clinically safe occupancy rate of 85% for inpatient services measured by available bed day; actual expenditure on the delivery of programmes or places is within 5% (+/-) of the year-to-date plan.		
MH07	Improving the health status of people with severe mental illness through improved acute inpatient post discharge community care	(expectation to be confirmed)		
PV01	Improving breast screening coverage and rescreening	70% coverage for all ethnic groups and overall.		
PV02	Improving cervical Screening coverage	80% coverage for all ethnic groups and overall.		
SS01	Faster cancer treatment – 31 day indicator	85% of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat.		
SS02	Ensuring delivery of Regional Service Plans	Provide reports as specified		
SS03	Ensuring delivery of Service Coverage	Provide reports as specified		
SS04	Delivery of actions to improve Wrap Around Services for Older People	Provide reports as specified		
SS05	Ambulatory sensitive hospitalisations (ASH adult) (rate per 100,000 population)	Total 3,967 per 100,000		
SS07	Planned Care Measures	Planned Care Measure 1:		TBC
		Planned Care Measure 2:	ESPI 1	100% (all) services report Yes (that more than 90% of

Performance measure		Expectation		
		Elective Service Patient Flow Indicators		referrals within the service are processed in 15 calendar days or less)
			ESPI 2	0% – no patients are waiting over four months for FSA
			ESPI 3	0% - zero patients in Active Review with a priority score above the actual Treatment Threshold (aTT)
			ESPI 5	0% - zero patients are waiting over 120 days for treatment
			ESPI 8	100% - all patients were prioritised using an approved national or nationally recognised prioritisation tool
		Planned Care Measure 3: *Diagnostics waiting times*	Coronary Angiography	95% of patients with accepted referrals for elective coronary angiography will receive their procedure within 3 months (90 days)
			Computed Tomography (CT)	95% of patients with accepted referrals for CT scans will receive their scan, and the scan results are reported, within 6 weeks (42 days).
			Magnetic Resonance Imaging (MRI)	90% of patients with accepted referrals for MRI

Performance measure		Expectation		
				scans will receive their scan, and the scan results are reported, within 6 weeks (42 days).
		Planned Care Measure 4: Ophthalmology Follow-up Waiting Times	No patient will wait more than or equal to 50% longer than the intended time for their appointment. The 'intended time for their appointment' is the recommendation made by the responsible clinician of the timeframe in which the patient should next be reviewed by the ophthalmology service.	
		Planned Care Measure 6: Acute Readmissions	Total	≤11.56%
		Planned Care Measure 7: Did Not Attend Rates (DNA) for First Specialist Assessment (FSA) by Ethnicity (Developmental)	Note: There will not be a Target Rate identified for this measure. It will be developmental for establishing baseline rates in the 2020/21 year.	
SS08	Planned care three year plan	Provide reports as specified		
SS09	Improving the quality of identity data within the National Health Index (NHI) and data submitted to National Collections	Focus Area 1: Improving the quality of data within the NHI	New NHI registration in error (duplication)	>1.5% and <= 6%
			Recording of non-specific ethnicity in new NHI registration	>0.5% and < or equal to 2%
			Update of specific ethnicity value in existing NHI record with a non-specific value	>0.5% and < or equal to 2%
			Validated addresses excluding overseas, unknown and dot (.) in line 1	>76% and < or equal to 85%
			Invalid NHI data updates	Still to be confirmed
		Focus Area 2: Improving the quality of data submitted to National Collections	NPF collection has accurate dates and links to NNPAC, NBRS and NMDS for FSA and planned inpatient procedures. >=90% and <95%	Greater than or equal to 90% and less than 95 %
			National Collections completeness	Greater than or equal to 94.5% and

Performance measure		Expectation		
				less than 97.5 %
			Assessment of data reported to the NMDS	Greater than or equal to 75%
		Focus Area 3: Improving the quality of the Programme for the Integration of Mental Health data (PRIMHD)		Provide reports as specified
SS10	Shorter stays in Emergency Departments	95% of patients will be admitted, discharged or transferred from an emergency department (ED) within six hours.		
SS11	Faster Cancer Treatment (62 days)	90% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks.		
SS12	Engagement and obligations as a Treaty partner	Reports provided and obligations met as specified		
SS13	Improved management for long term conditions (CVD, Acute heart health, Diabetes, and Stroke)	Focus Area 1: Long term conditions	Report on actions to: Support people with LTC to self-manage and build health literacy.	
		Focus Area 2: Diabetes services	Report on the progress made in self-assessing diabetes services against the *Quality Standards for Diabetes Care.*	
			Count of enrolled people aged 15-74 in the PHO who have completed a DAR in the previous 12 months.	
			Ascertainment: target 95-105% and no inequity HbA1c<64mmols: target 60% and no inequity No HbA1c result: target 7-8% and no inequity	
		Focus Area 3: Cardiovascular health	Provide reports as specified	
		Focus Area 4: Acute heart service	**Indicator 1: Door to cath** - Door to cath within 3 days for >70% of ACS patients undergoing coronary angiogram**.**	
			Indicator 2a: Registry completion- >95% of patients presenting with Acute Coronary Syndrome who undergo coronary angiography have completion of ANZACS QI ACS and Cath/PCI registry data collection within 30 days of discharge and **Indicator 2b:** ≥ 99% within 3 months.	

Performance measure		Expectation	
			Indicator 3: ACS LVEF assessment- ≥85% of ACS patients who undergo coronary angiogram have pre-discharge assessment of LVEF (i.e. have had an echocardiogram or LVgram).
			Indicator 4: Composite Post ACS Secondary Prevention Medication Indicator - in the absence of a documented contraindication/intolerance >85% of ACS patients who undergo coronary angiogram should be prescribed, at discharge - Aspirin*, a 2nd anti-platelet agent*, and an statin (3 classes) - ACEI/ARB if any of the following – LVEF ,50%, DM, HT, in-hospital HF (Killip Class II to IV) (4 classes), - Beta-blocker if LVEF<40% (5-classes). • * An anticoagulant can be substituted for one (but not both) of the two anti-platelet agents.
			Indicator 5: Device registry completion- ≥ 99% of patients who have pacemaker or implantable cardiac defibrillator implantation/replacement have completion of ANZACS QI Device forms within 2 months of the procedure.
			Indicator 6: Device registry completion- ≥ 99% of patients who have pacemaker or implantable cardiac defibrillator implantation/replacement have completion of ANZACS QI Device PPM (Indicator 5A) and ICD (Indicator 5B) forms within 2 months of the procedure.
		Focus Area 5: Stroke services	**Indicator 1** ASU: 80% of stroke patients admitted to a stroke unit or organised stroke service, with a demonstrated stroke pathway within 24 hours of their presentation to hospital
			Indicator 2 Reperfusion Thrombolysis /Stroke Clot Retrieval 12% of patients with ischaemic stroke thrombolysed and/or treated with clot retrieval and counted by DHB of domicile, (Service provision 24/7)
			Indicator 3: In-patient rehabilitation:

Performance measure		Expectation	
			80% patients admitted with acute stroke who are transferred to in-patient rehabilitation services are transferred within 7 days of acute admission
			Indicator 4: Community rehabilitation: 60 % of patients referred for community rehabilitation are seen face to face by a member of the community rehabilitation team within 7 calendar days of hospital discharge.
SS15	Improving waiting times for Colonoscopy	90% of people accepted for an urgent diagnostic colonoscopy receive (or are waiting for) their procedure 14 calendar days or less 100% within 30 days or less.	
		70% of people accepted for a non-urgent diagnostic colonoscopy will receive (or are waiting for) their procedure in 42 calendar days or less, 100% within 90 days or less.	
		70% of people waiting for a surveillance colonoscopy receive (or are waiting for) their procedure in 84 calendar days or less of the planned date, 100% within 120 days or less.	
		95% of participants who returned a positive FIT have a first offered diagnostic date that is within 45 calendar days of their FIT result being recorded in the NBSP IT system.	
SS16	Delivery of collective improvement plan	Deliverable TBC	
SS17	Delivery of Whānau ora	Provide reports as specified	
SS18	Financial outyear planning & savings plan	Provide reports as specified	
SS19	Workforce outyear planning	Provide reports as specified	
PH01	Delivery of actions to improve system integration and SLMs	Provide reports as specified	
PH02	Improving the quality of ethnicity data collection in PHO and NHI registers	All PHOs in the region have implemented, trained staff and audited the quality of ethnicity data using EDAT within the past three-year period and the current results from Stage 3 EDAT show a level of match in ethnicity data of greater than 90 percent.	
PH03	Access to Care (PHO Enrolments)	The DHB has an enrolled Māori population of 95 percent or above	
PH04	Primary health care :Better help for smokers to quit (primary care)	90% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months	
Annual plan actions – status update reports		Provide reports as specified	

APPENDIX A: 2020/21 Tauākī o te tūmanako mō ngā mahi | Statement of Performance Expectations

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

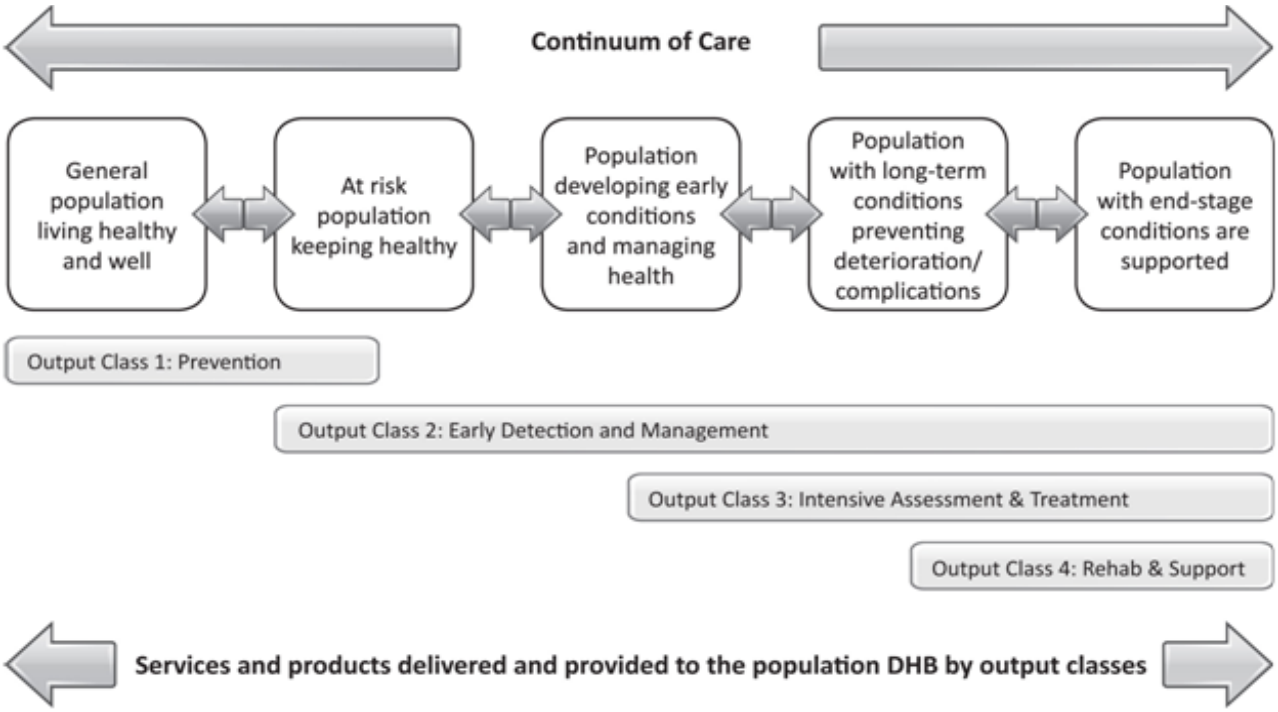
We have worked with other DHBs in the Te Manawa Taki region, our primary care partners as well as other key stakeholders to develop the Statement of Performance Expectations (SPE) in which we provide measures and forecast standards of our output delivery performance. The actual results against these measures and standards will be presented in our Annual Report 2020/21. The performance measures chosen are not an exhaustive list of all of our activity, but they do reflect a good representation of the full range of outputs that we fund and / or provide. They also have been chosen to show the outputs which contribute to the achievement of national, regional and local outcomes. Where possible, we have included with each measure past performance as baseline data.

Guide to reading the statement of service performance

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

Output Classes

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



Output Class	*Definition*
Prevention	Preventative services are publicly funded services that protect and promote health in the whole population or identifiable sub-populations comprising services designed to enhance the health status of the population as distinct from treatment services which repair/support health and disability dysfunction. Preventative services address individual behaviours by targeting population wide physical and social environments to influence health and wellbeing. Preventative services include health promotion to ensure that illness is prevented and unequal outcomes are reduced; statutorily mandated health protection services to protect the public from toxic environmental risk and communicable diseases; and, population health protection services such as immunisation and screening services. On a continuum of care these services are public wide preventative services.
Early Detection and Management	Early detection and management services are delivered by a range of health and allied health professionals in various private, not-for-profit and government service settings. Include general practice, community and Māori health services, Pharmacist services, Community Pharmaceuticals (the Schedule) and child and adolescent oral health and dental services. These services are by their nature more generalist, usually accessible from multiple health providers and from a number of different locations within the DHB. On a continuum of care these services are preventative and treatment services focused on individuals and smaller groups of individuals.
Intensive Assessment and Treatment Services	Intensive assessment and treatment services are delivered by a range of secondary, tertiary and quaternary providers using public funds. These services are usually integrated into facilities that enable co-location of clinical expertise and specialised equipment such as a 'hospital'. These services are generally complex and provided by health care professionals that work closely together. They include: Ambulatory services (including outpatient, district nursing and day services) across the range of secondary preventive, diagnostic, therapeutic, and rehabilitative services, Inpatient services (acute and elective streams) including diagnostic, therapeutic and rehabilitative services, Emergency Department services including triage, diagnostic, therapeutic and disposition services. On a continuum of care these services are at the complex end of treatment services and focussed on individuals.
Rehabilitation and Support	Rehabilitation and support services are delivered following a 'needs assessment' process and coordination input by NASC Services for a range of services including palliative care services, home-based support services and residential care services. On a continuum of care these services provide support for individuals.

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

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

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

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

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

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

NOTE: N/A denotes rates Not Available

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

Prospective Summary of Revenues and Expenses by Output Class	2018/19 Actual $'000	2019/20 **Forecast** $'000	2020/21 **Plan** $'000	2021/22 **Plan** $'000	2022/23 **Plan** $'000	2023/24 **Plan** $'000
Prevention						
Total Revenue	$54,263	$57,078	$61,293	$63,689	$65,600	$67,568
Total Expenditure	$60,545	$60,284	$62,384	$63,689	$65,600	$67,568
Net Surplus / (Deficit)	**-$6,283**	**-$3,206**	**-$1,091**	**$0**	**$0**	**$0**
Early Detection						
Total Revenue	$115,182	$121,157	$130,104	$135,191	$139,247	$143,424
Total Expenditure	$128,518	$127,963	$132,420	$135,191	$139,247	$143,424
Net Surplus / (Deficit)	**-$13,336**	**-$6,806**	**-$2,316**	**$0**	**$0**	**$0**
Intensive Assessment & Treatment						
Total Revenue	$7,238	$7,613	$8,175	$8,495	$8,750	$9,012
Total Expenditure	$8,076	$8,041	$8,321	$8,495	$8,750	$9,012
Net Surplus / (Deficit)	**-$838**	**-$428**	**-$146**	**$0**	**$0**	**$0**
Rehabilitation & Support						
Total Revenue	$22,230	$23,383	$25,110	$26,092	$26,874	$27,681
Total Expenditure	$24,804	$24,697	$25,557	$26,092	$26,874	$27,681
Net Surplus / (Deficit)	**-$2,574**	**-$1,313**	**-$447**	**$0**	**$0**	**$0**
Consolidated Surplus / (Deficit)	**-$23,030**	**-$11,753**	**-$4,000**	**$0**	**$0**	**$0**

People are supported to take greater responsibility for their health

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

Fewer People Smoke

Outputs	Output Class	Measure Type	Tairāwhiti 2018/19	Target 2020/21	3 Year Planned Rate	National
Percentage of PHO enrolled smokers offered advice to quit by a health practitioner in the last 15 months (SLM, PH04[4])	1	QN/T				
Māori			94%	≥90%	≥90%	87%
Non Māori			92%	≥90%	≥90%	90%
Total			93%	≥90%	≥90%	89%
Percentage of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Care are offered Advice to quit smoking (PH04, CW09)	1	QN/T				
Māori			92%	≥90%	≥90%	91%
Non Māori			100%	≥90%	≥90%	90%
Total			93%	≥90%	≥90%	91%

Reduction in Vaccine Preventable Diseases

Outputs	Output Class	Measure Type	Tairāwhiti 2018/19	Target 2020/21	3 Year Planned Rate	National
Percentage of eight month olds fully immunised (CW08, SLM, CW05)[5]	1	QN/T				
Māori			96%	≥95%	≥95%	86%
Non Māori[6]			100%	≥95%	≥95%	93%
Total			96%	≥95%	≥95%	91%
Percentage of two year olds fully immunised (CW05, previously PP21)	1	QN/T				
Māori			77.1%	≥95%	≥95%	88%
Non Māori[7]			87.5%	≥95%	≥95%	92%
Total			79.6%	≥95%	≥95%	91%
Percentage of five year olds fully immunised (CW05, previously PP21)	1	QN/T				
Māori			85.5%	≥95%	≥95%	85%
Non Māori[8]			87.0%	≥95%	≥95%	88%
Total			86.0%	≥95%	≥95%	89%

[4] Health Target says '90% of enrolled patients who smoke and are seen by a health practitioner in primary care will be offered advice and help to quit. Indicator reported on is 'Offered brief advice', not 'Offered support to quit'
[5] Figure reported on is the 12 months figure.
[6] Non-Māori is sum of New Zealand European, Pacific, Asian and Other ethnicity group.
[7] Non-Māori is sum of New Zealand European, Pacific, Asian and Other ethnicity group.
[8] Non-Māori is sum of New Zealand European, Pacific, Asian and Other ethnicity group.

Outputs	Output Class	Measure Type	Tairāwhiti 2018/19	Target 2020/21	3 Year Planned Rate	National
Percentage of eligible girls and boys[9] fully immunised with HPV vaccine		QN/T				
Māori			80%	≥75%	≥75%	66%
Non Māori[10]			52%	≥75%	≥75%	67%
Total			69%	≥75%	≥75%	67%
Percentage of the population >65 years who have received the seasonal influenza immunisation (PP21, CW05)	1	QN/T				
Māori			52%	≥75%	≥75%	45%
Non Māori[11]			55%	≥75%	≥75%	57%
Total			54%	≥75%	≥75%	56%

Improving Health Behaviours

Outputs	Output Class	Measure Type	Tairāwhiti 2018/19	Target 2020/21	3 Year Planned Rate	National
Percentage of infants who are exclusively/fully breastfed at 3 months (PP37, CW06[12])	1	QN/T				
Māori			44%	≥70%	≥70%	47%
Non Māori			68%	≥70%	≥70%	62%
Total			53%	≥70%	≥70%	59%
Raising healthy kids Percentage of obese children identified in the B4 School Check Programme who are offered a referral to a health professional for clinical assessment and family-based nutrition, activity and lifestyle interventions (HT, CW10)						
Māori			89%	≥95%	≥95%	98%
Non Māori			100%	≥95%	≥95%	98%
Total			92%	≥95%	≥95%	98%
The number of people participating in the GRx (Green Prescription) programmes	1	QN/T	1027[13]	≥1024	≥1024	NA
Reduce the prevalence of gonorrhoea (local indicator)	1	QN/T	112 per 100,000[14]	≤60 per 100,000	≤60 per 100,000	104 per 100,000

People Stay Well in Their Homes and Communities

[9] Before 2019/20, the indicator did not include coverage for boys
[10] Non-Māori is sum of New Zealand European, Pacific, Asian and Other ethnicity group
[11] Non-Māori is sum of New Zealand European, Pacific, Asian and Other ethnicity group
[12] Percentages are calculated by summing the numbers of the two six month reports.
[13] Number of green prescription referrals received by Sport Tairāwhiti in 2018/19. Source: Annual Report Sports Tairāwhiti.
[14] 55 cases in 2018/19 for population of 49,000. Source: Public Health Surveillance reports

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

An improvement in childhood oral health

Outputs	Output Class	Measure Type	Tairāwhiti 2018/19	Target 2020/21	3 Year Planned Rate	National
Percentage of preschool children (0-4) enrolled in DHB funded dental services(PP13a, CW03)	2	QN				
Māori			104%	≥95%	≥95%	N/A
Non-Māori			Not reported	≥95%	≥95%	N/A
Total			107%	≥95%	≥95%	N/A
Percentage of enrolled pre-school and primary school children (0-12) overdue for their scheduled dental examination (PP13b, CW03)	2	QN/T				
Māori			Not reported	≤10%	≤10%	N/A
Non-Māori			Not reported	≤10%	≤10%	N/A
Total			4%	≤10%	≤10%	15%
Percentage of adolescent utilisation of DHB funded dental services (PP12, CW04)	2	QN	52%	≥85%	≥85%	68%

Long-Term Conditions are Detected Early and Managed Well

Outputs	Output Class	Measure Type	Tairāwhiti 2018/19	Target 2020/21	3 Year Planned Rate	National
Percentage of assessed high risk patients who have had an annual review (SS13 FA3)[15]	2	QN				
Māori			Not reported	≥90%	≥90%	Not reported
Non Māori				≥90%	≥90%	
Total				≥90%	≥90%	
Improve the proportion of patients with good glycaemic control (HbA1c ≤64 mmol) (PP20, SS13 FA2) [16]	2	QL				
Māori			Not reported	≥90%	≥90%	Not reported
Non Māori				≥90%	≥90%	
Total			47%	≥90%	≥90%	
Percentage of eligible women (25-69) who have had a cervical cancer screen every 3 years (SLM, SL10, PV01)	1	QN/T				
Māori			74%	≥80%	≥80%	67%
Non Māori			80%	≥80%	≥80%	75%
Total			77%	≥80%	≥80%	74%
Percentage of eligible women (50-69) who have had a breast screening	1	QN/T				

[23] New indicator
[24] New indicator

mammogram in the last 2 years (PV01, SL11)[17]	67%	≥70%	≥70%	65%
Māori	73%	≥70%	≥70%	72%
Non Māori	70%	≥70%	≥70%	72%
Total				

Fewer People are admitted to Hospital for Avoidable Conditions

Outputs	Output Class	Measure Type	Tairāwhiti 2018/19	Target 2020/21	3 Year Planned Rate	National
Percentage of all Emergency Department presentations who are triaged at level 4 & 5	2&3	QN	68%	≤50%	≤20%	67%
Percentage of patients admitted, discharged, or transferred from an Emergency Department (ED) within six hours.	2&3	QL	95%	≥95%	≥95%	≥95%
Percentage of eligible population who have had their B4 school checks completed[18]	1	QN/T				
High Needs			91.5%	≥90%	≥90%	92%
All			96.2%	≥90%	≥90%	93%
Hospitalisation rates per 100,000 for acute rheumatic fever (CW13, PP28) Total	2&3	QN/T	4.22	≤2.8	≤2.8[19]	3.4[20]
Increased Percentage of Year 9 students receiving HEEADSSS assessment in decile 1-3 schools (CW12, PP25)	1	QN/T	96.3%	≥95%	≥95%	N/A
Improved wait times for diagnostic services - accepted referrals for CT and MRI receive their scan within 6 weeks (PP29)21	2	QL/T				
CT			94%	≥95%	≥95%	82%
MRI			81%	≥90%	≥90%	56%
Improved waiting times for diagnostic services – accepted referrals for non-urgent diagnostic colonoscopy within 42 days22	2	QL/T	83%	≥70%	≥70%	60%
Non urgent community laboratory tests are completed and communicated to practitioners within the relevant category timeframes (48h)	2	QL/T	100%	100%	≥95%	NA
Number of community pharmacy prescriptions issued	2	QN	476,117	≥450,000	450,000	NA

17 BSA New Zealand Coverage Report
https://www.nsu.govt.nz/system/files/page/bsa_new_zealand_Tairāwhiti_district_health_board_coverage_report_-_period_ending_30_june_2018.doc
18 Ministry of Health B4 School Check data only contains percentages which do not allow for regional rates to be calculated.
19 Although the national target is 1.4, the local target is still higher as our region historically has a high incidence of rheumatic fever.
20 Rate for December 2017. https://www.health.govt.nz/our-work/diseases-and-conditions/rheumatic-fever/reducing-rheumatic-fever
21 Year figure calculated as sum of number of people who had CT/MRI scan within 42 days divided by sum of monthly number of people waiting.
22 As the national bowel screening programme is introduced locally, we want to follow up on its possible impact on waiting times for diagnostic colonoscopies. Year figure calculated as sum of number of people who had non-urgent colonoscopy within 42 days divided by sum of monthly number of people waiting.

People Receive Timely and Appropriate Specialist Care

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

People Receive Prompt and Appropriate Acute and Arranged Care

Outputs	Output Class	Measure Type	Tairāwhiti 2018/19	Target 2020/21	3 Year Planned Rate	National
Acute Readmission rate (OS8)[23]	3	QN/T/QL	11.7%	≤6%	≤6.1%	12%
Faster Cancer Treatment – Proportion of patients with a confirmed diagnosis of cancer who receive their first cancer treatment (or other management) within 31 days of diagnosis[24] **(SS01, PP30)**[25]	3	QN/T	92%	≥90%	≥90%	89%
Faster Cancer Treatment – Proportion of patients with a high suspicion of cancer receive their first cancer treatment within 62 days or less (SS11)	3	QN/T	89%	≥92%	≥94%	92%
Percentage of missed outpatient appointments[26]						
Māori	3	QN/T	20%	≤10%	≤10%	NA
Non Māori			6%	≤10%	≤10%	
Total			12%	≤10%	≤10%	

People Have Appropriate Access to Elective Services

Outputs	Output Class	Measure Type	Tairāwhiti 2018/19	Target 2020/21	3 Year Planned Rate	National
Percentage of patients waiting longer than four months for their first specialist assessment (Elective Service Performance Indicator 2)	3	QN/T	18.9%[27]	0%	0%	NA
Number of surgical discharges under the elective initiative	3	QN	2,556[28]	≥2,359	≥2,359	NA
Inpatient average length of stay (elective) (Ownership Dimension 3)	3	QN/T	1.41 days	≤1.45 days	≤1.59 days	1.61 days

[23] Standardised readmission Rate for readmission within 28 days.
[24] Performance measure PP30 uses the criterium 'decision to treat' instead of diagnosis.
25 National target is 85%
26 Hospital reporting – Outpatients 2018/19
27 Number of patients waiting in June 2019.
28 Tairāwhiti DHB 201718 Electives Initiative Report – Health Target Result

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

Outputs	Output Class	Measure Type	Tairāwhiti 2018/19	Target 2020/20	3 Year Planned Rate	National
Percentage of people referred for non-urgent mental health services seen within 3 weeks (MH03) 0-19 yr. olds	3	QN/T	90%	≥80%	≥80%	
Percentage of people referred for non-urgent addiction services seen within 3 weeks (MH03) 0-19 yr. olds	3	QN /T	87%	≥80%	≥80%	
The percentage of clients with transition plan (MH02)						
Māori	3	QN/T/QL	N/A	≥95%	≥95%	N/A
Non Māori			N/A	≥95%	≥95%	N/A
Total			73%	≥95%	≥95%	N/A
Average length of acute inpatient stays (KPI 8)	3	QN/T/QL	20 days	14-21 days	≥14 Days	
Rates of post-discharge community care (KPI 18)	3	QN/T/QL	45%	≥90%	≥90%	N/A

People maintain functional independence

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

People stay well in their homes and communities

Outputs	Output Class	Measure Type	Tairāwhiti 2018/19	Target 2020/21	3 Year Planned Rate	National
Percentage of older people receiving long-term home and community support who have had a comprehensive clinical assessment and an individual care plan in the last 36 months[29] (SS04, PP23)	4	QN/T	93%	100%	100%	N/A
Percentage of older people receiving long-term home and community support who have had a comprehensive clinical assessment and an individual care plan in the last 12 months[30]	4	QN/T	49%	60%	60%	N/A

[29] For all clients who received home support in 2018/19, the percentage of clients who had had an assessment between 01/07/2016 and 01/07/2019: 554/647 clients.

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

People with end stage Conditions are supported

Outputs	Output Class	Measure Type	Tairāwhiti 2018/19	Target 2020/21	3 Year Planned Rate	National
Number of hospital admissions under Health Speciality Code M80 (Palliative Care)	4	QL	8	Increase	Increase	-
Number of falls in Aged Residential Care Facility resulting in admission	4	QL	New Measure	Decrease	Decrease	-
Number of pressure injuries	4	QL	New Measure	Decrease	Decrease	-

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

[1] New Zealand Dollar/

2020/21 FINANCIAL PERFORMANCE PLAN

STATEMENT OF SIGNIFICANT UNDERLYING ASSUMPTIONS

The DHB continues its commitment to manage expenditure and live within our means. The DHB is committed to achieving the agreed deficit result for the plan year, i.e. from 1 July 2020 to 30 June 2021.

The budgeted financials are very much based on a "business as usual" scenario adjusted for the possible financial effects of anticipated savings and efficiency activities. In relation to this, the key points that underpin the financial budgets are:

- Revenue – The base funding package provides a 9.04% increase after allowing for top slices, etc. The total revenue increment available for 2020-21 is calculated to be approximately $15.82m.
- Expenditure – It is expected that continuing to work with NGO Providers will enable population health community expenditure on primary care to be well-managed and therefore the associated total cost constrained, allowing for future-based investment
- Inter-District Flows – It is expected that the work of the population health team, complemented by a historically healthy staffing situation in the DHB Provider will enable IDF outflows to be managed to a below-budget level
- National initiatives – DHBs have invested heavily in national programmes at the behest of government, and continue to do so. The minimum expected returns from these investments have been built into the budgeted savings programmes and it is essential for the achievement of the budgeted financial results that the agencies involved – healthAlliance, PHARMAC and NZ Health Partnerships Ltd - deliver on them;
- Personnel costs – have been budgeted to increase at almost double the rate of CPI for the last year through government support to raise salaries for some health professions. The clinical labour force is a significant factor in the overall cost of providing health services, as they are generally quite labour-intensive. Negotiation and settlement of national MECAs is an area of risk for small, provincial DHBs that tend to have lower funding increments, while the risk for NGO Providers is in their ability to maintain appropriate permanent staffing levels.

FINANCIAL PERFORMANCE SUMMARY

PROSPECTIVE STATEMENT OF FINANCIAL PERFORMANCE (comprehensive income) for the four years ended 30 June 2021, 2022, 2023 and 2024

Statement of Comprehensive Income

$000	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
	Audited	**Forecast**	**Plan**	**Plan**	**Plan**	**Plan**
REVENUE						
Ministry of Health Revenue	$189,567	$197,462	$213,403	$221,822	$228,477	$235,331
Other Government Revenue	$8,128	$9,210	$10,336	$10,660	$10,979	$11,309
Other Revenue	$1,217	$2,559	$943	$985	$1,015	$1,045
Total Revenue	**$198,912**	**$209,231**	**$224,682**	**$233,467**	**$240,471**	**$247,685**
EXPENDITURE						
Personnel	$87,521	$84,686	$87,888	$89,654	$91,902	$94,350
Outsourced	$9,392	$9,036	$6,384	$6,498	$6,691	$6,891
Clinical Supplies	$17,086	$17,622	$18,146	$18,497	$19,053	$19,624
Infrastructure and Non Clinical	$10,064	$9,663	$9,904	$10,135	$10,483	$10,857
Payments to Non-DHB Providers	$91,835	$94,653	$100,668	$102,892	$106,436	$109,939
Interest	$86	$60	$60	$60	$60	$60
Depreciation and Amortisation	$3,279	$3,364	$3,732	$3,831	$3,946	$4,064
Capital Charge	$2,679	$1,900	$1,900	$1,900	$1,900	$1,900
Total Expenditure	**$221,942**	**$220,984**	**$228,682**	**$233,467**	**$240,471**	**$247,685**
Other Comprehensive Income						
Revaluation of Land and Building						
Total Comprehensive Income/(Deficit)	-$23,030	-$11,753	-$4,000	$0	$0	$0

Prospective Statement of Changes in net assets /equity

$000	2018/19	2020/21	2020/21	2021/22	2022/23	2023/24
	Audited	Forecast	Plan	Plan	Plan	Plan
Crown equity at start of period	(49,045)	(36,638)	(47,503)	(57,121)	(71,739)	(71.357)
(Surplus)/Deficit for the period	23,030	11,753	4,000	0	0	0
Contributions from Crown	(11,000)	(23,000)	(14,000)	(15,000)	0	0
Distributions to Crown	382	382	382	382	382	382
Revaluation & other movements	(5)					
Crown Equity at end of period	**(36,638)**	**(47,503)**	**(57,121)**	**(71,739)**	**(71,357)**	**(70,975)**

Consolidated Prospective Statement of Financial Position as at 30 June

$000	2018/19	2020/21	2020/21	2021/22	2022/23	2023/24
	Audited	Forecast	Plan	Plan	Plan	Plan
CROWN EQUITY						
Current Assets	8,404	8,404	8,404	8,404	8,404	8,404
Non-Current Assets	64,912	68,345	82,330	96,948	96,566	96,184
TOTAL ASSETS	73,316	76,749	90,734	105,352	104,970	104,588
Current Liabilities	(34,932)	(27,500)	(31,867)	(31,867)	(31,867)	(31,867)
Non-Current Liabilities	(1,746)	(1,746)	(1,746)	(1,746)	(1,746)	1,746)
TOTAL LIABILITIES	(36,678)	(29,246)	(33,613)	(33,613)	(33,613)	(33,613)
NET ASSETS	(36,638)	(47,503)	(57,121)	(71,739)	(71,357)	(70,975)

Consolidated Statement of Prospective Cash Flows

$000	2018/19	2020/21	2020/21	2021/22	2022/23	2023/24
	Audited Actual	Forecast	Plan	Plan	Plan	Plan
CASH FLOWS FOR THE PERIOD						
Operating cash flows	1,389	(8,389)	(267)	3,831	3,946	4,064
Investing cash flows	(2,238)	(6,797)	(17,717)	(18,449)	(3,564)	(3,682)
Financing cash flows	1,918	22,618	13,617	14,618	(382)	(382)
NET TOTAL CASH FLOWS						
Net increase/(decrease) in cash held	1,069	7,432	-4,367	0	0	0
Add opening cash balance	(1,639)	(570)	6,862	2,495	2.495	2,495
CLOSING CASH BALANCE	(570)	6,862	2,495	2,495	2,495	2,495
made up from						
Balance Sheet Cash, Bank, and Short Term Investments	(570)	6,862	2,495	2,495	2,495	2,495

Financial Assumptions

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

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

The anticipated quantum of funding over the 2020/21 year and beyond, presents considerable challenges in work to actively restrain cost growth and consideration of service changes. The financial plan for the period is highly geared towards business as usual and carries little or no flexibility to accommodate unplanned cost movements. The operating budget carries financial risks and is highly dependent upon the realisation of targeted savings.

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

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

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

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

Assumption	2018/19	2019/20	2020/21	2021/22	2022/23
Crown CFA Revenue	3.0%	9.0%	9.0%	4.0%	3.0%
Sector Cost Increases	3.0%	3.0%	3.0%	2.5%	3.0%
Staff Costs (average movement)	3.0%	3.0%	3.0%	2.0%	2.5%
Staff Costs (numbers)	699	753	828	828	828
Interest Rate	1.9%	1.0%	1.0%	1.0%	1.0%
Interest Rate - Working Capital	5.5	5.5	3.6	3.6	3.6
Capital Charge Rate	6.0%	6.0%	6.0%	6.0%	6.0%
NZD[1]/AUD[2]	0.93	0.91	0.92	0.92	0.92
NZD/USD[3]	0.71	0.67	0.67	0.67	0.67

[2] Australian Dollar
[3] United States of America Dollar

MITIGATION OF FINANCIAL RISK

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

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

SIGNIFICANT ACCOUNTING POLICIES

The accounting policies used in the preparation of the financial statements can be found in the Tairāwhiti DHB 2018/19 Annual Report. There have been no significant changes in the accounting policies, which are reproduced hereunder:

REPORTING / ECONOMIC ENTITY

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

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

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

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

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

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

Letter of comfort
The Board Chair received a letter of Equity Support for 2020/21, dated 20 April 2020 from the Minister of Health, the Hon Dr. David Clark advising that approval had been given to provide the DHB with equity support where necessary to maintain viability.

Equity injection of $20.0m was received during the financial year ended 30 June 2020.

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

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

While the Board is confident in the ability of Hauora Tairāwhiti to continue as a going concern, if the forecast information relating to operational viability and cash flow requirements is not achieved there would be significant uncertainty as to whether the DHB would be able to continue as a going concern based on current trading terms and legislative requirements.

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

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

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

Significant Accounting Policies

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

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

Interest
Interest revenue is recognised using the effective interest method.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Superannuation Schemes

Defined contribution schemes

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

Defined benefit schemes

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

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

Equity

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

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

Budget figures

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

Goods and services tax

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

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

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

Taxation

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

Trusts and bequest funds

Donations and bequests to Hauora Tairāwhiti are recognised as revenue when control over assets is obtained or entitlement to receive money is established. A liability, rather than revenue, is recognised where fulfilment of any restrictions attached to those assets is not probable. Those donations and bequests with restrictive

conditions are appropriated from Retained Earnings to the Trust Funds component of Equity. When expenditure is subsequently incurred in respect of these funds, it is recognised in the Statement of comprehensive revenue and expense, an equivalent amount is transferred from the Trust Funds component of Equity to Retained Earnings.

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

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

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

Cost allocation
Direct costs are charged directly to output classes.

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

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

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

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

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

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

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

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

Appendix B – Nga Whaainga Taumaha Pūnaha | System Level Measures 2020/21 plan

SYSTEM LEVEL MEASURES 2020/21

Baseline Summary	0-4 ASH rates Per 100,000 population	Acute bed days per 1,000 population	Patient Experience of Care	Amenable mortality	Youth Access to and utilisation of Youth Appropriate Services	Babies living in smoke free homes at six weeks
Māori	7,294	496.5	NA	196.1	3.8%/6.7%	35%
2020/21 Milestones	10% reduction in Māori rate	4% reduction in Māori rate	100% of Tairāwhiti general practices involved in peer group sessions.	3 year goal of 4% reduction in Māori rate	Increase coverage of chlamydia testing of Māori males from 15-24 years of age by 5%.	55% of Māori babies will be living in a smoke free home

Ambulatory Sensitive Hospitalisations (ASH)[32]

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

Ambulatory Sensitive Hospitalisations (ASH) are mostly acute admissions that are considered potentially reducible through prophylactic or therapeutic interventions deliverable in a primary care setting.
It has been suggested that admission rates can serve as proxy markers for primary care access and quality, with high admission rates indicating difficulty in accessing care in a timely fashion, poor care coordination or care continuity, or structural constraints such as limited supply of primary care workers.
ASH rates are also determined by other factors, such as hospital emergency departments and admission policies, health literacy and overall social determinants of health.

	Hauora Tairāwhiti		
Rates (ASH Rates per 100,000 populations)		**Baseline 12 months to December 2019[33]**	**Milestone 20/21**
	Māori	7,294	6,564.6
Improvement Milestone	**Actions/Activities**		**Contributory Measures**
A reduction of 10% for Māori.	1. Implement the agreed data sharing accord • DHB will provide a fortnightly list to PHOs of ED/ASH 0-4 years of age respiratory presentations • PHOs will work with general practices to organise follow up of identified tamariki and will develop an e-referral system that links tamariki and their whānau into wrap around services. • Demand Management group made up of Primary, Secondary and Community clinicians, management, Pharmacy and Ambulance representation will meet regularly with DHB to provide governance over trends and wrap around services of ASH 0-4 respiratory presentations. 2. Newborn Māori enrolment • Provision of monitoring activity to ensure Māori tamariki do not slip through the cracks at newborn enrolment, using a combination of NCHIP and practice based audits. Children identified are actively followed up and enrolled.		ASH admissions for tamariki | children 0-4 years of age with a primary diagnosis of a respiratory condition. Readmission rate for Māori tamariki | children 0-4 years of age with a respiratory condition Increase newborn enrolment into PHO at 6 weeks for Maōri tamariki.

[32] https://nsfl.health.govt.nz/accountability/performance-and-monitoring/data-quarterly-reports-and-reporting/ambulatory-sensitive
[33] Updated June 2020

Acute Hospital Bed Days[34]

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

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

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

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

Hauora Tairāwhiti			
Rates (rates are *acute hospital stays per 1000 population)*		**Baseline 12 months to Dec 2019[35]**	**Milestone 20/21**
	Māori	496.5	477
Improvement Milestone	**Actions**		**Contributory Measures**
A further reduction of 4% for Māori.	1. General practices will proactively recall Māori who have respiratory conditions and undertake planning review to enable people to self-manage their respiratory conditions and prevent acute hospital readmissions. The programme offers a free session and extended consultation – back pocket scripts provided and a winter plan plus healthy home etc, respiratory nurse providing mobile spirometry we plan to undertake a user review and use learning to improve activity.		Acute readmission rates of respiratory conditions for Māori
	2. To proactively and opportunistically recall those eligible for influenza vaccinations in general practice and pharmacy with specific focus on closing the equity gap.		Number of eligible people provided with an influenza vaccination

[34] https://nsfl.health.govt.nz/dhb-planning-package/system-level-measures-framework/data-support-system-level-measures/acute

[35] Updated June 2020

Patient Experience of Care

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

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

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

Hauora Tairāwhiti		
Improvement Milestone	**Actions**	**Contributory Measures**
100% of all Tairāwhiti general practices involved in Peer Group sessions	PHOs will share PES results with practices and providers and run peer group sessions to reflect on the PES questions and implement change activity. PHOs will promote engagement of practice teams with the survey through involving the whole practice team in awareness through training flyers and training sessions and monitoring of email rate of collection.	Response rate of Primary Care Patient Experience Survey

Amenable Mortality[36]

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

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

Hauora Tairāwhiti			
Rates (per 100,000 population)		**12 months to 2016[37]**	**Milestone 20/21**
	Māori	196.1	188

Improvement Milestone	**Actions**	**Contributory Measures**
A reduction of 4% for Māori	1. Increase the coverage of Cardiovascular Risk Assessments in the past 5 years for young Māori males by providing regular feedback to practices to inform outcome improvement activities: Age group 35-44 years	75% of young Māori males within the eligible population will have had a CVD risk recorded within the last five years. Dual therapy (Bp and lipid lowering) for those with a risk >15%.
	2. Increase coverage of cervical screening through identifying eligible women and working with extended general practice team to recall, follow up and engage whānau to improve screening rates.	Māori women enrolled in a PHO aged 25 to 69 years who have had a cervical sample taken in the past three years. (This is changing this year to HPV testing not smear).
	3. Continue to link with the Ministry funded Smoking Cessation provider by increased service coverage of the MoH funded cessation service through expanding outreach into rural high Māori practices	Percentage of registered Māori smokers who have been referred to a smoking cessation service
	4. Expand self-management programmes in Tairāwhiti through kaiawhina and health coaches.	Participants enrolled in Self- Management programmes

[36] https://nsfl.health.govt.nz/dhb-planning-package/system-level-measures-framework/data-support-system-level-measures/amenable
[37] Updated June 2020

Youth access to and utilisation of youth appropriate health services[38]

Sexual and Reproductive Health

Young people (15-24 years of age) are valuable to our community with important contributions to make now and in the future. As agencies and providers of health care, we are entrusted with supporting the wellbeing of our young people. Data indicates chlamydia coverage rates is an issue for Tairāwhiti rangatahi. Testing rates in this area has been variable so the chosen focus for this domain is to increase testing coverage during the 2020/21 year.

	Hauora Tairāwhiti			
	31 December 2018[39]		Milestones 20/21	
	15-19yrs	20-24yrs	15-19yrs	20-24yrs
Percentage of coverage of chlamydia testing of Māori male from 15-24 years of age.				
Māori Male	**3.8%**	**6.7%**	**8.8 %**	**11.7%**

Improvement Milestone	Actions/Activities	Contributory Measures
Young people manage their sexual and reproductive health safely and receive youth friendly care. We will increase coverage of chlamydia testing for Māori male 15-24 years of age by 5%.	All Tairāwhiti general practices will provide free sexual health consultations for under 25 year olds.	PHO enrolment rate for Māori males 15-24 years of age
	PHOs will work with general practice to ensure each practice has accredited sexual health trained staff.	Number of staff completed sexual health training.

[38] https://nsfl.health.govt.nz/dhb-planning-package/system-level-measures-framework/data-support-system-level-measures/youth-slm-0

[39] Updated June 2020

Proportion of Pēpī Who Live in a Smokefree Household at Six Weeks Postnatal[40]

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

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

Hauora Tairāwhiti		
Babies living in smokefree homes at 6 weeks post-natal	**Jan - June 2019[41]**	**Milestones 20/21**
	Māori 35%	55%
Improvement Milestone	**Actions/Activities**	**Contributory Measures**
A further 20% of Māori babies will be living in a smoke free home. (Target of last year's plan of 20% achieved).	Continue to utilise every scheduled or opportunistic appointment during pregnancy to provide brief advice and support for smoking cessation services for hapū māmā and whānau with young children to quit, reduce or refrain from smoking in household environments through hapū wānanga and midwife educational activities Using hapū māmā smoking cessation service we will see an increase in hapū māmā accessing smoking cessation services.	Healthy mums and babies; by 2021, 90% of pregnant women are registered with an LMC in their first trimester, with an interim target of 80%, with equitable rates for all population groups. Percentage of women identified as smokers at first registration with LMC Percentage of hapū māmā identified as smokers who receive brief advice # of pregnant mama engaging in smoking cessation services.

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

[41] Updated June 2020

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

On behalf of Ngāti Porou Hauora:

Signed: **Rose Kahaki, Chief Executive**

Dated: 29/07/20

On behalf of Pinnacle Te Manawa Takis Health Network:

Signed: **Helen Parker, Chief Executive**

Dated: 28/07/2020

On behalf of Hauora Tairāwhiti:

Signed: **Jim Green, Chief Executive**

Dated: 28/7/2020

APPENDIX C - 2019-20 Te Manawa Taki RSP Lines Of Sight – Te Manawa Taki DHB Annual Plans

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

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

Service / Network / Enabler	Te Manawa Taki DHB Annual Plan Section / Appendix Alignment 2019-20	Te Manawa Taki RSP: *Initiatives and Activities* Content Description
(Te Manawa Taki Cardiac Clinical Network)		
Child health (Child Health Action Group)	Section 2.3	Narrative Work plan
Elective services (Regional Elective Services Network)	Section 2.4	Narrative Work plan
Healthy ageing (Health of Older People Action Group)	Section 2.5	Narrative Work plan
Mental health and addictions (Regional Mental Health & Addictions Network)	Section 2.6	Narrative Work plan
Radiology services (Te Manawa Taki Radiology Action Group)	Section 2.7	Narrative Work plan
Stroke services (Te Manawa Taki Stroke Network)	Section 2.8	Narrative Work plan
Trauma services (Te Manawa Taki Trauma System – MTS)	Section 2.9	Narrative Work plan
Regional governance	Appendix 2	Efficiently allocate public health system resources: Narrative Te Manawa Taki regional governance structure (figure) Includes regional IS governance and eSPACE governance arrangements
Glossary of terms	Appendix 3	Terminology