Hon Andrew Little

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

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

30 SEP 2021

Tenā koe Kim

Hauora Tairāwhiti District Health Board 2021/22 Annual Plan

This letter is to advise you that we have jointly approved and signed Hauora Tairāwhiti District Health Board's (DHB's) 2021/21 annual plan (Plan) for one year.

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

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

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

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

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

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

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

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

Ngā mihi nui

Hon Andrew Little
Minister of Health

Hon Grant Robertson
Minister of Finance

Cc Jim Green
Chief Executive

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Tairāwhiti District Health Board
Trading as

2021/22 Annual Plan

incorporating the 2021/22 Statement of Performance Expectations.

Hauora Tairāwhiti Annual Plan 2021/22 incorporating the 2021/22 Statement of Performance Expectations.

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

This document presents our Annual Plan 2021/22 (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 2021/22 incorporating the 2021/22 Statement of Performance Expectations.

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.

Focus Areas

There are four key areas of focus for Hauora Tairāwhiti for 2021/22, 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:

- **Equity First**
  - 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 whānau 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 2021/22 is in the area of mental health and addiction services. Having developed a new model of care in 2020/21 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 2021/22 Vote Health funding advice has provided Hauora Tairāwhiti with opportunities to move towards a sustainable outlook. During 2021/22 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 2021/22 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.

Annual Planning with our Community

Hauora Tairāwhiti Board and committees continue to prioritise community need and voice with a specific interest in "Whānau Voice". Early planning enabled us to engage with our Communities on 13 February 2021. The approach, focused on the life journey covered Born Well, Being Well, Staying Well, Getting Well and Dying Well. The over abiding theme through each area was the enactment of Te Tiriti o Waitangi through each element associated with planning for and delivering to our community. While we are preparing this information as the first tranche of a policy direction we are providing key information and direction gathered from that hui to support planning into the future.

Born Well – For our community means an absolute connection to whakapapa, mokopuna, whānau, hapū. These themes over time will be embedded as an approach for future work alongside of a clear message supporting whānau enablement of **Tinorangatiratanga** and, as the DHB, the need to consider the whole ecosystem that supports bringing a child into this world. The concept that will be embedded is that of Te Pā Harakeke.

Being Well – Whānau will determine their aspirations and activities which are mana enhancing. The recognition of being well and what being well is the best example of self-determination. There was reinforcement that whānau belong together within a whare which has been determined by whānau, hapū, iwi. The elements which support this are *'Ko tāu rou, kotaku rou, ka ora te iwi'*. These are expressed through the principles of Te Tiriti o Waitangi as articulated the Courts and the Waitangi Tribunal as **Tinorangatiratanga** and the principle of **Options**.

Staying Well – The role of the environment has a significance in enabling a whānau to maintain, retain, re-emergence of cultural identity, strength, mana, kotahitanga and self-awareness. The relevance of a range of Māori models of care: Te Whare Tapa Whā, Te Wheke and Te Pae Mahutonga, where identified as an important structure on which to base health services. The ownership of staying well was likened to the unfolding of a koru, the creation and gathering of the harvest described as the following elements of Te Ao Māori; Wairua, Mauri, Whenua, Tikanga, Whānau. **Partnership, Options** and **Active Protection** are the priniples of Te Tiriti o Waitangi which most align with this component.

Getting Well – The key elements of this were ensuring He Ara Oranga, the pathway to wellness and wellbeing that we should enable a dual support system to be developed and maintained, kaupapa/rongoā Māori and western medicine. There was a strong wellness component in having trust and empathy in relationships. The need to understand the challenges when whānau have multiple systems and multiple services. That Noho Haumaru (safe spaces) are made available and for whānau to become well again. Recognition of mana motuhake and a way to whakamana whānau when they are vulnerable is needed. This aligns to the Treaty principles of **Equity, Active Protection** and **Options**.

Dying Well – this was summed up by the comment "pay heed to my heart". This conversation reinforced the need for tinorangatiratanga to be present and supported for when whānau are in this stage of the journey. There was a strong support for there to be dignity and choice offered to whānau including within an environment which was most comfortable to them. The opportunity to die well was also seen as taking care of the living. The consideration of being prepared to die well had different outcomes dependant on the knowledge of the whānau of the journey. The best description of the journey through this difficult time was aroha, respect, compassion. **Tinorangatiratanga** and **Options** most align to this component.

Te Tairāwhiti Way

As part of its planning activities for the 2021/22 year, Hauora Tairāwhiti engaged with Iwi, health partners and stakeholders from other sectors. The forum confirmed that within Tairāwhiti a common direction is shared which aligns with the four key prioritise of the Hauora. It also identified the desire and willingness across the sector(s) to work together towards significantly improving wellbeing within Te Tairāwhiti. A series of further workshops with broader engagement will planned during 2021/22.

'Te Tairāwhiti Way' sees delivering Equity First as the prime motivator of change and any change will prioritise Māori wellbeing in delivery. It recognises that the need to ensure the community voice is upmost in service design will lengthen the implementation process but placing Whānau at the centre is the only way to recognise their voice and desires which are the key to successful patient pathways.

This direction runs through this plan and reflects how Tairāwhiti will engage with funders.

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 te Tiriti. Central to the Tiriti relationship and implementation of Tiriti principles is a shared understanding that health is a 'taonga' (treasure).

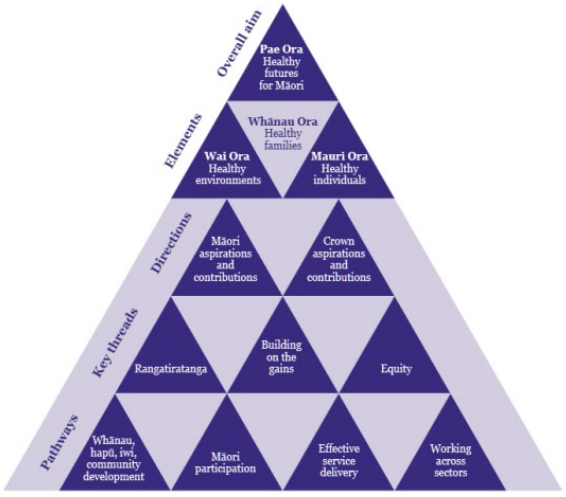
Treaty of Waitangi Principles mentioned in Health.

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 te Tiriti in a health context. Accordingly Hauora Tairāwhiti is using these expanded principles in all work with Māori to improve health outcomes.

- **Tinorangatiratanga** provides for Māori self-determination and mana motuhake in deciding, design, delivery, and monitoring of health and disability services.
- **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.

Whakamaua 2020-25

Whakamaua: Māori Health Action Plan 2020-2025 is the implementation plan for He Korowai Oranga, New Zealand's Māori Health Strategy. Whakamaua 2020-25 helps achieve better health outcomes for Māori by setting the government's direction for Māori health advancement over the next five years.

Whakamaua is underpinned by the Ministry's new Te Tiriti o Waitangi Framework, which provides a tool for the health and disability system to fulfil its stewardship obligations and special relationship between Māori and the Crown.

Whakamaua outlines a suite of actions that will help to achieve four high-level outcomes. These are:

- Iwi, hapū, whānau and Māori communities exercising their authority to improve their health and wellbeing.
- Ensuring the health and disability system is fair and sustainable and delivers more equitable outcomes for Māori.
- Addressing racism and discrimination in all its forms.
- Protecting mātauranga Māori throughout the health and disability system.

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 and New Zealand Disability Strategy

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.

The New Zealand Disability Strategy guides the work of government agencies on disability issues from 2016 to 2026. The vision of the New Zealand Disability Strategy is that New Zealand is a non-disabling society - a place where disabled people have an equal opportunity to achieve their goals and aspirations, and all of New Zealand works together to make this happen. The Strategy has eight outcomes which contribute towards this vision, with outcome 3 focusing on Health and wellbeing with a future where

- Disabled people are consulted on and actively involved in the development and implementation of legislation and policies concerning health and well-being, including sport, recreation, arts and culture.
- Access to mainstream health services is barrier-free and inclusive.
- Services that are specific to disabled people, including mental health and aged care services, are high quality, available and accessible.
- All health and well-being professionals treat disabled people with dignity and respect.
- Participation in community activities if we choose (for example, sport, recreation, arts and culture), or just being present and belonging to our community is supported and valued.
- Decision-making on issues regarding the health and well-being of disabled people is informed by robust data and evidence.

Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025

Ola 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.

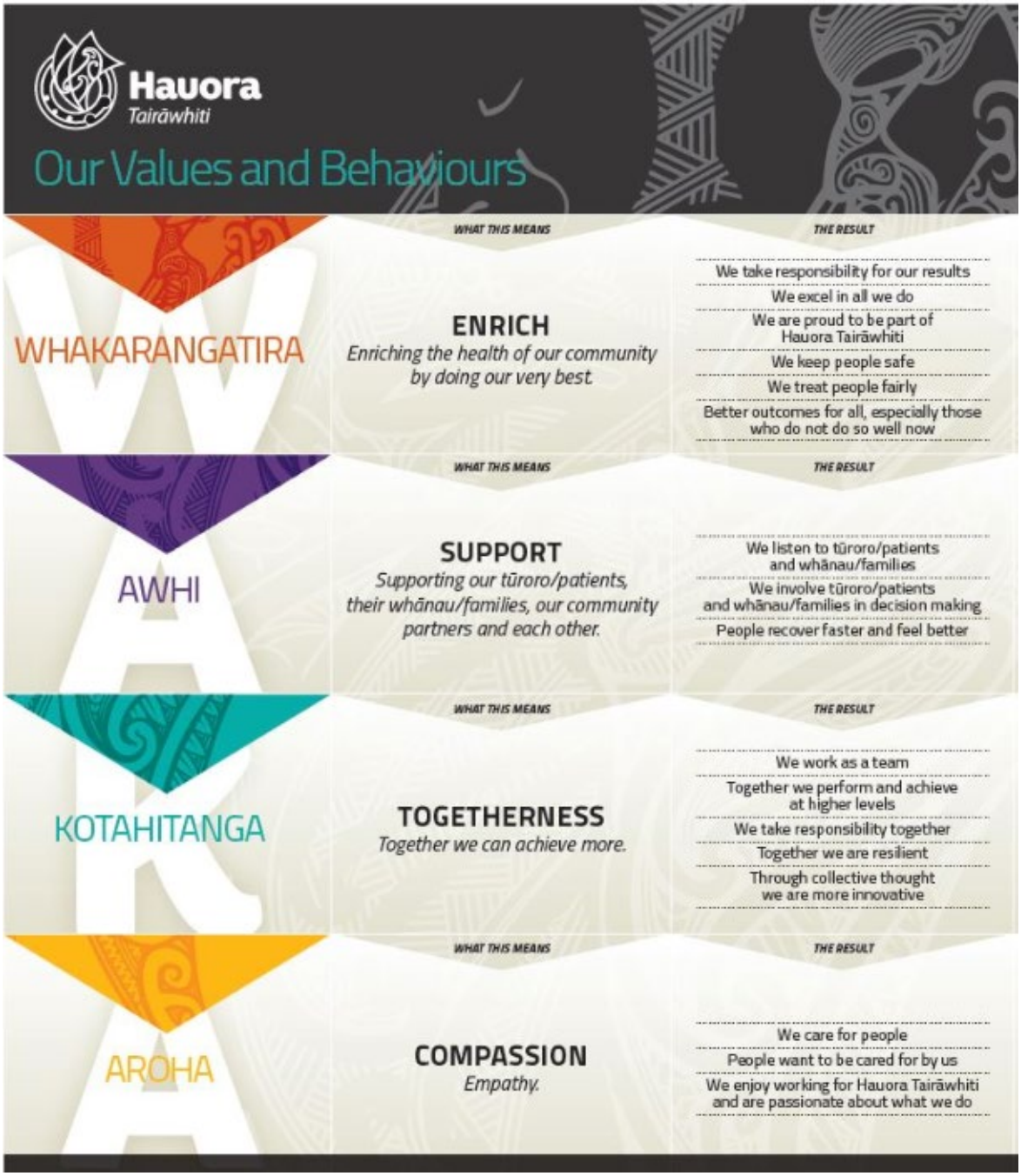
Population Health

The Tairāwhiti Population 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 2021/22 year to address local population challenges for the following life course groupings:

Life course group	Significant action to be delivered in 2021/22 through to 2023/24
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
Tēnā hoki koutou i roto i ngā rā o te tau kua pahure atu nei

Ki a rātou mā, kua mene atu ki te pō, kua whetūrangitia, haere koutou.

Āpiti hono, tātai hono, koutou kia koutou
Āpiti hono, tātai hono, tātou kia tātou.
Tēnā koutou, tēnā koutou, tēnā tātou katoa.

Kua tau mai te wā o Matariki ki runga ki a tātou,
A, ko te tīmatatanga tēnei 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 tātou ki tēnei kaupapa
Ki "TE ŌRITETANGA"
Kia ōrite te tohatoha i ngā kaupapa katoa, ki te katoa.
Ka whakapau kaha hoki tātou ki te tiaki i te hunga pōhara, te hunga, o ngā hāpori, kei te kaha te pēhia e ngā taumahatanga o te ao.
Ā, kia āhua rawa ake hoki ngā whiwhinga, ka riro mai i a ratou.

Kia whakakaha hoki tātou, ki te tautoko te ao hurihuri kei mua i a tātou. Ko tēnei te tau whakamutunga mō te Hauora Tairāwhiti. I te tau 2022-23 ka kōkiri tātou i ngā pōari hauora a rohe katoa o te motu, kia whakatikatika te rāngai hauora, me te hauora o ngā hāpori katoa o Aotearoa. Kia kaha tātou i tēnei mahi!

Kim Ngarimu
Chair, Hauora Tairāwhiti
July 2021

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

WhakaraNgātira 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 Tairāwhiti ki a koutou katoa Aotearoa whānui. Ki nga mate huhua o te wa haere koutou haere ki te kāhui Rangatira haere haere whakangaro atu rā! Tatau ngā hunga ora ngā kuia kaumātua tamariki mokopuna he mihi Matariki ki te whānau.

This is Matariki a time of hope and of promise, a time where we as whānau look to each other and celebrate life and think about our children and their dreams. This is our New Year which brings new beginnings as we reconfirm our commitment to each other, enjoying our whanaungatanga and embrace our Tino Rangatiratanga. It's a time to reflect on our Mana Motuhake a whānau a Hapu. These principles are Pou for us to advance our health and wellbeing.

The new health reforms purposely and explicitly expresses a need to employ Tikanga Māori as the basis by which the principles and values of a health system respects and serves its population. This Annual plan supports that view as evidenced by the focus on the Te Waiora o Nukutaimemeha principle focus areas being Pakeke, Rangatahi, Youth, Mental health and Equity. Hiwa-i-te-Rangi in the Matariki cluster is the star that provides for a prosperous future therefore our hope is that the Tairāwhiti Māori health aspirations are achieved so our whakapapa long continues to flourish.

Nei rā he kōrero tautoko mō tenei mahere 2021-2022. Ko te tūmanako kia piki te hauora o te tangata me te whānau hoki. Ko te Ōritetanga te kaupapa nui mo te oranga tonutanga a tatau te Māori. E te Tairāwhiti …. Maranga Ake Ai!

Na Rongowhakaata Raihania
Chair, Te Waiora o Nukutaimemeha
July 2021

He korero nā te tumuaki| Message from the Chief Executive

Our plan for 21/22 represents yet another step forward in our quest to eliminate inequity in health outcomes in Te Tairāwhiti.

Against the background of our service delivery with focus on the needs of Tairāwhiti people, we will once again dedicate actions in services and through an established fund with iwi to impact outcomes across the whole lifespan. Iwi have provided the direction in which we must travel. We have co-designed approaches, with plans to complete more of this in 21/22, and monitoring to see improvement.

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 look to recruit, develop and retain the workforce to make this possible, not just in Hauora Tairāwhiti but across the sector.

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 2021

Agreement for Hauora Tairāwhiti 2021/22 Annual Plan

Between

Signatories

Kim Ngarimu
Chair
Hauora Tairāwhiti

Na Raihania
Chair
Te Waiora o Nukutaimemeha

Josh Wharehinga
Deputy Chair
Hauora Tairāwhiti

Jim Green
Chief Executive
Hauora Tairāwhiti

AND

Honourable Andrew Little
Minister of Health

Honourable Grant Robertson
Minister of Health

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

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

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

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

ENGAGEMENT AND OBLIGATIONS AS A TREATY PARTNER

The New Zealand Public Health and Disability Act 2000 (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. Note: these processes may already be established but a description of how they operate, and any improvements planned, should be included.
- Specific plans and strategies for Māori health improvement, including how the DHB will be working in partnership with Māori to develop and implement these.
- The training of Board members (as per the NZPHD Act) in Te Tiriti o Waitangi and Māori health and disability outcomes.

Please include the actions for the upcoming year that your DHB considers to be the most important for engagements and obligations as a Treaty partner, including the reasons why the action(s) are important and the expected impact (the following areas in Whakamaua specifically relate to DHBs' engagement and obligations as a Treaty partner).

- Whakamaua Action 1.1 – Please include the most significant one or two actions the DHB is undertaking to develop iwi partnerships that support local-level Māori development and kaupapa Māori service solutions.
- Whakamaua Action 2.3 – Please include the most significant one or two actions the DHB is undertaking to Design and deliver professional development and training opportunities for Māori DHB board members and members of DHB/iwi/Māori partnership boards.

DHB activity	Milestone
Manawa Taki Regional Equity plan will establish a regional policy framework this will include • Position statement agreed by all partners • Hauora Outcomes framework agreed • Commissioning approach agreed	 Q1 Q4 Q2
During 2021/22 Hauora Tairāwhiti Board will apply a "Wai 2575 Te Tiriti o Waitangi principles" approach to ensure "engagement and obligations as a Treaty Partner" are met. The learnings and strategies of the jointly developed Hauora Tairāwhiti COVID-19 response plan "Rau Tipu Rau Ora" will be an instrumental enabler of working in partnership. Strengthening of the partnership will be achieved through the development of relevant "Te Tiriti" compliant Terms of Reference, regularised hui and Iwi/Māori direction for commissioning of a Hauora Tairāwhiti Iwi/Māori community "wellness" strategy. Further development of relationship with Iwi through Toitū – local Iwi Leadership Rōpū, this incorporates four local Iwi (Ngāti Porou, Rongowhakaata, Te Aitanga a Mahaki and Ngai Tamanuhiri) Other areas to be considered as DHB is approached by Iwi constituents within our community	Ongoing
The DHB and its Māori Relationship Board "Te Waiora o Nukutaimemeha" will attend Te Manawa Taki regional training on "Te Tiriti o Waitangi" The MoH Deputy Director Māori will provide direction on relevant input.	Q4

WHAKAMAUA: MĀORI HEALTH ACTION PLAN 2020-2025

Whakamaua: Māori Health Action Plan 2020-2025 is the implementation plan for He Korowai Oranga, New Zealand's Māori Health Strategy. Whakamaua will help us achieve better health outcomes for Māori by setting the government's direction for Māori health advancement over the next five years.

Please include the actions for the upcoming year that your DHB considers to be the most important for Whakamaua: Māori Health Action Plan 2020-2025, including the reasons why the action(s) are important and the expected impact.

Whakamaua Objective: Accelerate and spread the delivery of kaupapa Māori and whānau-centred services

Accelerating the spread and delivery of kaupapa Māori and whānau centred 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 (the following areas in Whakamaua specifically relate to this objective).

- Whakamaua Action 3.1 – Please include the most significant one or two actions the DHB is undertaking to expand existing Māori health workforce initiatives aimed at encouraging Māori to enter health careers, including supporting existing initiatives such as Kia Ora Hauora in their local area.
- Whakamaua Action 4.4 – Please include the most significant one or two actions the DHB is undertaking to increase access to and choice of kaupapa Māori primary mental health and addiction services.
- Whakamaua Action 6.1 – Please include the most significant one or two actions the DHB is undertaking to adopt innovative technologies and increase access to telehealth services that streamline patient pathways and provide continuity of care for Māori individuals and their whānau, especially building on recent experience of operating differently during COVID-19 alert levels 3 and 4.

Whakamaua Objective: Shift 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/) and 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) (the following areas in Whakamaua specifically relate to this objective).

- Whakamaua Action 3.3 – Please include the most significant one or two actions the DHB is undertaking to support DHBs and the Māori health sector to attract, retain, develop and utilise their Māori health workforce effectively, including in leadership and management, such as actions to implement the Tumu Whakaere/DHB CEO agreement on workforce and any other local actions.

Whakamaua Objective: Reduce health inequities and health loss 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 DHB's plans throughout the rest of the document. DHBs should use this section to outline any equity focused initiatives that don't fit elsewhere and provide a summary and cross reference for those major initiatives elsewhere in their plan (the following areas in Whakamaua specifically relate to this objective).

- Whakamaua Action 4.7 – Please include the most significant one or two actions the DHB is undertaking to Invest in innovative tobacco control, immunisation and screening programmes to increase equitable access and outcomes for Māori.
- Whakamaua Action 8.2 – Please include the most significant one or two actions the DHB is undertaking to publish their plans and progress in achieving equitable health outcomes for Māori including how you plan to communicate your plans and progress.

Whakamaua Objective: Strengthen system accountability 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 (the following areas in Whakamaua specifically relate to this objective).

- Whakamaua Action 1.4 – Please include the most significant one or two actions the DHB is undertaking to engage with local Iwi, using the engagement framework and guidelines, when developing major capital business cases. (for DHBs with a major capital project underway)
- Whakamaua Action 4.9 – Please include the most significant one or two actions the DHB is undertaking to invest in growing the capacity of iwi and the Māori health sector as a connected network of providers to deliver whānau-centred and kaupapa Māori services to provide holistic, locally-led, integrated care and disability support.
- Whakamaua Action 5.6 – Please include the most significant one or two actions the DHB is undertaking to support the delivery of Whāia te Ao Mārama 2018-2022: The Māori Disability Action Plan
- Whakamaua Action 8.5 – Please include the most significant one or two actions the DHB is undertaking to ensure that major system funding frameworks consider and adjust for unmet need and the equitable distribution of resources to Māori. These will likely be joint actions with other DHBs and the Ministry.

DHB activity	**Milestone**

Whakamaua: Māori Health Action Plan

Hauora Tairāwhiti aims to accelerate the spread and delivery of Kaupapa Māori and Whānau centred services through a variety of methods. Within Hauora Tairāwhiti there is need for increased effort to meet the targets set under Te Tūmū Whakarae Māori Workforce Development strategy which sits with People and Development. Attached to this are the Kia Ora Hauora and Health Work New Zealand Māori Training Fund. Reporting is through the Hauora Māori Manager to the Iwi/Māori Relationship Board, Te Waiora o Nukutaimemeha. Focus this year is on extending the reach of Kia Ora Hauora to Kura Kaupapa schools, particularly on those on the East Coast. A continuing issue for many Kura is the lack of science curriculum. Other alternatives need to be explored in a technology enabled world to bring science to the Kura consequently creating a pathway for Kura Kaupapa students to consider health as a career. An additional focus will be on creating a culturally inviting portal for Māori job seekers wishing to work at Hauora Tairāwhiti consequently a cultural refresh of the website is required.

Due to Crown practices and the consequent loss or erosion of traditional Tikanga and Mātauranga Māori knowledge there is an urgent need to re-build and revitalise Tairāwhiti Iwi/Māori Hauora methodology. One example to be explored is the “He Pikinga Waiora” model which provides a generic Māori template that focuses on indigenous self- determination at its core and consists of four elements; cultural-centeredness, community engagement, systems thinking and integrated knowledge translation. All elements have a conceptual fit with Kaupapa Māori aspirations. This policy and planning implementation tool can be used to design and evaluate effective interventions for chronic disease prevention within indigenous communities. By getting the implementation challenges right it allows for clinical evidence based interventions with established efficacy to follow. The development of an indigenous Tairāwhiti Iwi tool then provides guidance to our Māori health providers and Hauora Tairāwhiti services regarding wise implementation steps to get cultural fit.

Within the Tier Two setting Clinical Governance can be in isolation of what cultural hauora practices exist that could be integrated with clinical practice to create more meaningful holistic hauora services for Māori consumers in hospital settings. An opportunity for Māori Hauora Governance, Māori health providers, PHO’s and Clinical Governance to discuss, investigate and agree on cultural/clinical partnership practice options with an outcome being a “rongoā” strategy shifts a traditional western mono-cultural clinical practice to Kaupapa Māori approaches. This will

include an understanding of 'Rongoa' and 'Mate Māori' healing therapies and inherent cultural concepts involving 'Tikanga', 'Wairuatanga' and 'Whakapono.' Mātauranga Māori is the underlying philosophy.

In 2020-21 the Tairāwhiti Health Needs Assessment and the Te Manawa Taki Regional Equity Plan were completed. Drawing upon these two achievements the opportunity now is for the development by Tairāwhiti Iwi/Māori Hauora Governance of a Tairāwhiti Māori Health Strategy which will bring and formalise a series of recent ad hoc planning activities into a coherent co-ordinated strategy with a key focus on Equity and Investment. This will set a pathway for Tairāwhiti Māori Pae Ora/Wellbeing for the next five years.

Hauora Tairāwhiti is committed to incorporating the MoH "Te Tiriti o Waitangi" Principles framework as laid out in the COVID-19 Immunisation Strategy to help reduce health inequities and health loss for Māori. This "Principles" framework will provide guidance to ensure Māori are not disadvantaged, will mitigate the impact to Māori, create effective partnerships, seek specific Māori advice from the outset, and resource and invest where it is most required. It is expected that Planned Care, Cancer Screening and Mental Health will also investigate and assess the framework for implementation within their services.

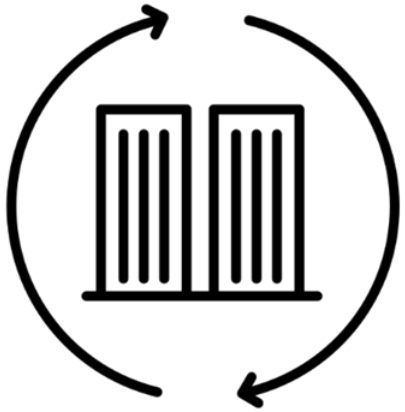
Tackling Institutional Racism for the whole Tairāwhiti healthcare network including PHOs and health NGOs' is a key cultural and social norms shift activity. Following last year's introductory courses Hauora Tairāwhiti will conduct three or more seminars to provide for all Tairāwhiti healthcare pathway staff. This will also be complemented by Mātauranga Māori awareness sessions which will help Māori staff members to learn about the impact of colonialism and how to indigenise their work spaces. It will and also provide non-Māori an understanding of Te Ao Māori, the colonial impacts upon it and how Tairāwhiti services/programmes need to culturally shift to meet the need of Tairāwhiti Māori consumers who make up more than half of the region's population.

Whakamaua – accelerate and spread delivery of kaupapa Māori and Whānau centred services	
Hauora Tairāwhiti will increase the promotion of Kia Ora Hauora to Kura Kaupapa across Tairāwhiti and to also look at science lesson alternatives within Tairāwhiti for schools where science is not available to help encourage "tamariki" to consider health as a career.	Q4
Hauora Tairāwhiti will support Te Waiora o Nukutaimemeha/Te Rōpu Matua (Tairāwhiti Māori health provider network) to research the "He Pikinga Waiora" tool and develop a Tairāwhiti Mātauranga Māori health interventions tool for that will help revitalise traditional Tairāwhiti Tikanga methodology and also culturally guide DHB service/programme development and implementation to Tairāwhiti Māori communities and consumers.	Q1
Hauora Tairāwhiti will provide assistance to Te Waiora o Nukutaimemeha/ Te Rōpu Matua to research a Tairāwhiti Tikanga based indigenous meditation/mindfulness Wānanga tool that revitalises Tairāwhiti indigenous knowledge and enables Tairāwhiti Rangatahi to self-manage their mental health.	Q4
Hauora Tairāwhiti with co-design, co-decide and co-implement with Mana Whenua hapū and Tairāwhiti Iwi locality planning and development of a new Tairāwhiti mental health and addictions facility upon a Tairāwhiti Tikanga lead process.	Q3
Hauora Tairāwhiti Mental Health and Addiction Services and Te Rōpu Matua will research, co-design, co-decide, co-implement remedies to minimise, prevent or avoid over prescribing of psychotic medication to Tairāwhiti Māori health consumers (Section 29 CTO) and the type of medication being prescribed.	Q1
Hauora Tairāwhiti Clinical Governance, Te Waiora o Nukutaimemeha and Te Rōpu Matua will discuss, investigate and seek opportunities for culturally integrated health care approaches in the cultural setting. Inclusion of Mātauranga Māori (including rongoā) rigour to Tairāwhiti healthcare clinical practices will be a key focus. A "rongoā" strategy for Māori health consumers will be an outcome.	Q2
Tairāwhiti Hauora Māori Governance (Te Waiora o Nukutaimemeha and Te Rōpu Matua) will provide input into the co-design, co-decide, co-implementation of the Tairāwhiti Telehealth strategy with focussed emphasis on serving remote Māori communities.	Q4

Hauora Tairāwhiti will work with PHOs and Te Waiora o Nukutaimemeha/ Te Rōpu Matua to continuously evolve a communications plan that will promote a Māori immunisation strategy for MMR, flu and COVID-19 vaccination.	Q2
Hauora Tairāwhiti Communication team will connect, promote and support Nga Toka Communications strategy (website, APPs and Rangatahi targeted communication) to Iwi, Iwi health providers and Iwi/Māori NGO communication channels to ensure COVID-19 and other key Hauora Māori messaging will go direct to Māori communities and consumers.	Q1
Whakamaua – Shift cultural and social norms. Hauora Tairāwhiti will "indigenise" its website and promotion of vacancies to make Hauora Tairāwhiti look culturally attractive to Māori job seekers. A pool of Māori cultural experts will be available for short listing and interview processes. Progress will be made for each Māori DHB employee to have a career development plan identifying aspirations and training pathways. Refreshed commitment to achieving the Te Tumu Whakarae Māori Workforce Development KPIs will be made.	Q1
Hauora Tairāwhiti will provide Institutional Racism training sessions x 3 to all Tairāwhiti healthcare staff including DHB, PHO and NGO health services targeting in particular key governance and operational decision makers.	Q3
Hauora Tairāwhiti will provide three or more Mātauranga Māori training sessions to help Tairāwhiti healthcare leadership and Māori staff understand the need to culturally transform healthcare systems and create opportunity for Kaupapa Māori services.	Q3
Whakamaua – Reduce health inequities and health loss for Māori Hauora Tairāwhiti will Support Tairāwhiti Iwi/Māori Hauora Governance (Toitū, Te Waiora o Nukutaimemeha and Te Rōpū Matua) to develop a Tairāwhiti Iwi/Māori Health strategy from the 2020 Tairāwhiti Māori Health Needs Assessment and incorporate Te Tiriti o Waitangi, Pae Ora/Whānau Ora, and Equity principles/actions with a five year Iwi health investment plan.	Q1
Hauora Tairāwhiti will assist and fund Tairāwhiti Iwi/Māori Hauora Governance (to develop a Tairāwhiti Hauora Māori Outcomes framework that aligns with the Whānau Ora Māori Outcomes framework approach.	Q4
Hauora Tairāwhiti will provide six monthly Hauora Māori Priorities data update which indicates Tairāwhiti Māori Mortality and Morbidity performance (based on 2020 Tairāwhiti Health Needs Assessment). This to be published on DHB website and Nga Toka website hub to show where improvements made and need to be made.	Q4
Whakamaua – Strengthen system accountability settings Hauora Tairāwhiti will include Mana Whenua and Iwi in any locality based facility planning. Hauora Tairāwhiti will support and fund a five year Year Iwi/Māori Pae Ora Investment Plan that will be developed by Hauora Māori Governance (Toitū, Te Waiora o Nukutaimemeha, Te Rōpū Matua). Hauora Tairāwhiti will help co-ordinate, support and enable an Iwi/Māori stakeholder collective to implement and action "Whaia te Ao Māori"	Q1 Q1 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, are supporting improvements in system sustainability, including work initiated from/supported by dedicated sustainability funding.

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.

All DHBs are expected to deliver a breakeven plan and to sustain a breakeven position over the three-year planning period.

INVESTMENT

Vote Health 2020 and subsequent out years 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 Whānau 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.

DHB activity	Milestone
Equity Actions Plan Developed plan of annual investments as agreed with Tairāwhiti iwi on a "co-think, co-design, co-implement" basis.	Plan Completed Q1
Equity Dashboard Dashboard of plan effectiveness lead by Iwi definition of relevant equity reduction indicators	Indicator set agreed Q2. Progress published 6 monthly Q3.
Te Tairāwhiti Way Manaaki Tairāwhiti way of working – programme to inculcate the method in progressively expanding service delivery areas, starting with Child and Adolescent Mental Health Services and Child Development service – includes navigator role	Role recruited and operational Oct 21

SHORT TERM FOCUS 2021/22

Improvements to support improved sustainability in 2021/22

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

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

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

DHB activity	Milestone
Sustainability Atrial Fibrillation (AF) is now considered the leading cardiac cause for hospitalisation in New Zealand with the burden falling unequally on Māori, not only occurring at twice the rate as non-Māori but also at a much younger age. The Atrial Fibrillation Nurse role working in the community will implement wide-spread screening for atrial fibrillation and improve the utilisation of anticoagulants. The cost of each stroke patient is estimated at $105,000 over five years. In the nine months to the end of March 2021, Gisborne Hospital admitted 124 people (45% of whom are Māori) for TIA and stroke for a total of 855 bed days. A reduction in number and severity of strokes through improved utilisation of anticoagulants will significantly improve the quality of life to our population and the costs on health system. Financial impact in 2021/22 $120,000	Q2 Role established Q4 Measure and review effectiveness. Report on ongoing role or expansion
National Analytics National rates of Diabetes control show Tairāwhiti Māori compare favourably with Māori nationally for Hb1AC. With iwi, iwi providers and primary care, develop and implement a Tairāwhiti inspired programme of express action to increase the proportion of Māori with Hb1AC <64 from 69% to 75%. Financial impact in 2021/22 $75,000	Q2 Specific plan with 4 action areas funded and implemented Q4 Report on effectiveness in implementation and against target rate.
Production Planning **Plan to eliminate backlog in Otolaryngology FSAs and Treatment in 12 months (based on successful Orthopaedics process)** Primary care referral process review in conjunction with GP Liaison – use Pathways of Care to enable primary care service enhancement and reduce inflow. Revision of triaging process and utilisation of electronic feedback to GPs to better manage inflow Additional resource to review all current FSAs waiting to triage for action – using nursing resource to assist. Additional resource to clear treatment backlog Production plan to match inflow with outflow of both FSAs and treatment Financial impact in 2021/22 $50,000	Q1 Plan in place Q2 Inflow controls in place Q3 FSA and Treatment backlog halved Q4 FSA and Treatment backlog eliminated

MEDIUM TERM FOCUS (THREE YEARS)

Innovative approaches from COVID-19 learnings

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

Sustainable system improvements over three years

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

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

DHB Activity	Equity	Clinical Service	Financial	Milestone
Telehealth Utilisation	•Ease of access to care •Linking with specialist services •Home based services •Reduced travel and waiting	•Reduced clinician travel •Greater clinician satisfaction •Link to primary care	•Reduction in travel costs •Greater efficiency in service provision	Y1: Three applications: $100k savings Y2: Expansion: $200k savings Y3: Expansion: $400k savings
Renal Service	•High priority health issues for Māori/Pasifika •Amenable to change immediately and across the lifespan •Lower morbidity and mortality	•Clinical care options •Wider supportive team •Shared workload •Improved outcomes •Recruitment and retention – outside renal •Link to improved primary care	•Savings generated from IDF reductions and lower rate of dialysis utilisation which more than finance the service developments	Y1: Service expansion: Net zero Y2:Service operational: $100k savings Y3: $200k savings
Equity Investment Programme	•Co-thought, co-designed initiatives with iwi to specifically target Māori health outcomes, now and in to the future e.g. child dental health •Lower morbidity and mortality	•Expansion of service delivery options and treatment modalities •Centre of excellence for teaching •Primary care based but not exclusively	•Initial upfront investment – later reduced admissions, high cost treatments, rescue cares	Y1: Investment Programme: $2m cost Y2: Investment Programme: $2m cost Y3: Investment Programme: $2m cost, offset by $1m in service utilisation cost savings. Rising in later years.

As identified in the investment activities, the opportunities presented in the trajectory of funding for Tairāwhiti has changed the approach the District is taking. In the Medium term Tairāwhiti will begin to see the realisation in this change of approach. All activities identify see care increasing localised services with Telehealth utilisation identified throughout the plan as the principle learning as a result of COVID-19. The changes to Renal Services will halt the cost growth in this area and see a reduction in expense for out of district care. The most significant longer term move to sustainability is the Equity Investment Programme which overtime improve equity by increasing access to service and reduce the intensity of care required. As indicated in our financial plans Tairāwhiti will be in a break even position for each of the three years of our medium term focus.

Improving maternal, child and youth wellbeing

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

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

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

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.

Focus on: Ambulatory sensitive hospitalisations for children age (0-4) (SLM)

- Please identify (or refer to specific actions from your SLM plan) two key improvement actions that are expected to have the most significant impact on performance improvement, with milestones for each quarter.

MATERNITY CARE

Equitable maternity care is a priority for the population. The overall way to achieve this in this planning cycle is through supporting a sustainable workforce, providing culturally safe services, ensuring integrated service models and supporting primary birthing. (please refer to Health Workforce guidance and advise on how this is being implemented in Maternity)

Please include the actions for the upcoming year that your DHB considers to be the most important for maternity care, including the reasons why the action(s) are important and the expected impact.

- For Maternity Care as a result of your COVID-19 learnings, please include one or two actions to support primary birthing and home births within the DHB catchment area to enable secondary and tertiary facilities to be utilised by those that need them and include milestones for Q1- Q4.
- Demonstrate evidence of developing integrated service models. Please include the most significant action the DHB is taking to ensure women and whānau have access to each of the following and include milestones for Q1 and Q3:
    - Social services
    - Ultrasound
    - Parenting education
    - WCTO
    - Screening programme
- Demonstrate initiatives to support a sustainable workforce through a positive culture. Please identify actions and report back on the most significant Midwifery Accord action being implemented including milestones in Q2 and Q4.
- Please identify and report on which recommendations from the Perinatal and Maternity Mortality Review Committee are being implemented including milestones for Q1 – Q4.

DHB activity	Milestone
Primary birthing and home births	
Haoura Tairāwhiti core midwives support local Lead Maternity Carers (LMC) by providing occasional support during periods of planned and unplanned leave.	Ongoing
Support for implementing maternity quality and safety projects within rural primary birthing facility for our midwifery colleague working in isolation	
• Director of Maternity to regularly visit facility	Quarterly
• Continue to provide an annual PROMPT course	Q1
• Agree educational support requirements with the staff and facility	Q1
Integrated Service models	
Tairāwhiti Way -	Q3
Socialise Te Tairāwhiti Integrated Way of Working across Maternity sector/review progress	
Director of Midwifery to present to Operations Leads Hui (includes Health/Oranga Tamariki/Whāngaia/Police/Navigators/Iwi Directors/Education/Brokers) around integration of Maternity quality and safety framework and workforce planning	
Social services - Social worker support to the maternity unit is provided daily to ensure that women and/babies that require their services can be identified and the midwives/LMCs have the opportunity to raise any concerns. All LMCs are able to contact social worker for maternity directly during office hours. Service holds Multi-Disciplinary Team meetings for any woman/baby that may need a plan putting in place, usually with whānau engagement and Oranga Tamariki if required.	Q1 & Q4
Ultrasound – All women across Tairāwhiti have free access to ultrasound scans, additional support for travel costs is available.	
Parenting education- is provided by the districts two Iwi providers, health messages are provided through wānanga supported by the districts Mokopuna Ora plan	Ongoing
WCTO – Iwi led health services provide the majority of WCTO provision across the district, both of these providers are leading the WCTO enhancement pilot within Tairāwhiti,	Ongoing
all WCTO providers are linked into the local Health Broker who works alongside other social sector service providers to ensure whānau are supported across the social care sector	Q1
Screening Programme - All parents are offered metabolic screening for their babies	Q1-Q4

Care Capacity Demand Management (CCDM) Trendcare reflects accurate capacity and demand, be able to accurately reflect acuity and therefore ensure workforce is adequate to ensure safe staffing. In 2021/22 we will continue implementation of CCDM for maternity services • FTE calculations complete in November 2021 • To meet CCDM full implementation by June 2022	 Q2 Q4
Midwifery Accord Recommendations/ Perinatal and Maternity Mortality Review Committee *Maintain/increase our midwifery workforce which reflects our local population* • Review and strengthen midwifery workforce plan to ensure future proofing for our community • Increase percentage of Māori midwives in workforce – build and strengthen relationships with EIT and Te Awanui A Rangi (Whakatane) midwifery training programmes and participate in career expos • Continue alliance with WINTEC and build alliance with other midwifery tertiary programmes • Continue to 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. • Maintain the local hub supporting local clinical tutor by continuing Alliance with EIT and Wintech to maintain a flow of students who will become our future workforce. Encouraging local people to apply through planned local events and promotions of experience being a student here. • Liaise with universities regarding student midwives coming to Gisborne through presentation to Otago University by DOM and recent new Grad Midwife • Appoint Maternity Quality and Safety Coordinator as per MoH requirements with local response – framework to be established by January 2022. This approach will encompass all maternity across the rohe, specifically this will include services delivered by Ngāti Porou Hauora Rural hospital, LMC's and Maternity services.	Q1-4 Q2 Q1 Q1
Perinatal and Maternity Mortality Review Committee **Preterm Birth** • Repeat the audit undertaken in 2018 of preterm births to identify any further local contributing factors that are amendable and include ethnicity, socio-economic status and age to review equity and access to services ○ Prepare audit tool *Audit tool to include aspects below:* • Continue use of partosure for all women with signs and symptoms of preterm birth, so that preterm birth can be confirmed or excluded and a management plan agreed and implemented which will include corticosteroids and magnesium sulphate and early transfer to a tertiary unit if less than 32 weeks gestation. • Promote early registration with an LMC who can make a referral to smoking cessation provider, screen and treat any sexually transmitted diseases and/or urinary tract infections. Director of Medicine will organise hui with General Practitioners to promote early registration.	 Q4 Ongoing Q3

IMMUNISATION

Immunisation is an important priority for the Government as it is the best way to protect tamariki and whānau against a range of infectious and serious diseases

All DHBs are to contribute to healthier populations by establishing innovative solutions to improve and maintain high and equitable immunisation coverage at all scheduled immunisation events, from prenatal vaccinations through to adulthood vaccinations. Ensuring the Childhood Immunisation Schedule is maintained during New Zealand's COVID-19 response is essential.

It is essential that Māori General Managers (Tumu Whakarae) and Pacific General Managers have oversight of all Māori and Pacific focused work, respectively, in their DHBs. It is therefore the Ministry's expectation that DHB Immunisation Leads develop and maintain strong working relationships with their DHBs' Māori and Pacific General Managers to ensure they have a clear line of sight into immunisation work. This work includes:

- strategies on closing the equity gap
- prioritisation of Māori immunisation
- assisting to build networks through their contacts
- quarterly and annual reporting.

When identifying actions to improve delivery and uptake of immunisation across the life course, from prenatal, though to childhood and adulthood that will meet the needs of your overall population please consider:

- how each action will close the equity gap for Māori (and Pacific where appropriate)
- the groups within your population that may find accessing childhood immunisations harder as a result of COVID-19 and outline any actions your DHB is/will be taking to continue to immunise children on time

Please include the actions for the upcoming year that your DHB considers to be the most important for immunisation, including the reasons why the action(s) are important and the expected impact.

- A key learning from COVID-19 was that Outreach Immunisation Services (OIS) demonstrated their ability to engage with hard to reach whānau. Please include one action that shows how your DHB will increase the number of children in vulnerable families vaccinated through OIS.
- The Ministry expects that DHBs develop and implement an Immunisation engagement and communications plan that is focused on delivering key, consistent and culturally appropriate messages to help promote immunisations and increase education around the importance of immunisation. This plan should be developed in collaboration with Māori, Pacific and other consumer voices in your communities.
- Please identify one or two key actions from your engagement plan to be delivered in 2020/21.
- A key learning from the Māori Influenza Immunisation Programme is that Māori-led, Māori-focused innovative approaches contribute to improving equitable immunisation coverage for Māori. Please include one or two actions on how your DHB is undertaking a Māori-led, Māori-focused approach.
- Please include at least one action on how your DHB will maintain immunisation coverage during the COVID-19 immunisation programme and what capacity is being built to manage all immunisation priorities.

Focus on: Increased Immunisation at 2 years (CW05)

- Please include a minimum of two key improvement actions that are expected to have the most significant impact on performance improvement, with milestones for each quarter.
- Please also include two locally selected contributory measures that will support measurement of progress.

Please note that contributory measures must have written documentation about the measures, including technical documents and quality assurance processes as these documents may be subject to external audits. The online measures library is one resource for the selection of contributory measures.
https://nsfl.health.govt.nz/dhb-planning-package/system-level-measures-framework/health-quality-measures-nz

DHB activity	Milestone
Immunisation Approach In conjunction with Iwi Health Providers, Hauora Tairāwhiti will implement a whole of life Immunisation Programme prioritising reduction in inequity through: targeted immunisation strategies relating to health literacy, appropriate communication plan that integrates delivery for Māori and Pasifika whānau, rurally challenging locations and social inequities such as housing, incomes, education etc. Plan will incorporate lessions from the implementation of the COVID-19 vaccination programme rollout to ensure coordination of the delivery of COVID-19 vaccination, Childhood and Influenza programmes across the local Health Sector. • Coordinated plan developed with Te Rōpū Matua (Iwi Health Providers who provider local WCTO, Kaumātua and rural health services) • Plan implemention	**Q1** **Q1 – Q4**
New Born Enrolments With a priority on Māori new-born, Hauora Tairāwhiti will • Strengthen ongoing engagement with LMCs and Primary Care Providers to ensure enrolments on the immunisation program for all pregnant women. • Ensure New Born enrolment processes are in place and being actioned for babies to be accepted into GP practices in time for 6-week immunisation. • Work with the Primary Care Providers to ensure 6-week post-natal appointments match with immunisation events.	**Q4**
Increased Immunisations at 2 years Develop strategies that address equity and Māori Health to ensure that Whānau are engaged in the immunisation programme for pēpi. These strategies will look to strengthen supports to local communities and Whānau to provide opportunities for vaccination that are address the needs of the community. These strategies will improve the timeliness and access for Whānau to immunisation events. • Data quality review/analysis/cleansing to ensure timely and accurate information available to vaccinators • Vaccination sites and opportunities and seek innovation for catch up clinics • Look to increase the scope of WCTO nurse workforce in providing vaccinations across the schedule, especially Iwi Health partners providing WCTO services • IMAC basic immunisation training course be promoted across non clinical services • Merge all child health related steering groups into one to ensure a combined and agreed approach to plans and strategies	**Q2**
OIS Expand the focus of an outreach service to incorporate a partnership approach across immunisation providers incorporating community based services for campaign, pandemic and current programmes. All plans and strategies will ensure an Equity First and Māori prioritisation.	**Q3 & Q4**
Communications Developing a whole of life immunisation communication plan which builds on the success of Whānau who maintain vaccination across generations as a wellbeing intervention. Utilise local stories from Whānau and services of success stories in their immunisation journey Build a strong relationship with local Pacific Island community and other cultures to improve immunisations and other health outcomes.	**Q1 – Q4**
Tairāwhiti COVID Vaccine Rollout During the continued rollout of the COVID-19 Hauora Tairāwhiti, Iwi Health and other partners will • Implement Hauora Tairāwhiti COVID-19 Vaccination Plan • Ensure robust communication plan encompasses all communities within Tairāwhiti ensuring equity within vulnerable populations. • Increase local vaccinator workforce to meet population needs • Engage across all sectors and communities to provide quality information and reassurance around the vaccination programme	**Q1** **Q1-Q4**

• Ensure timely coverage information is available to partners to provide accurate picture of rollout of the programme • In collaboration with MOH directive and management, maintain quality relationships, support and contribute to developmental strategies for the COVID vaccination program across Tairāwhiti.	

YOUTH HEALTH AND WELLBEING

Youth health and wellbeing sits under the Government's Child and Youth Wellbeing Strategy and Current Programme of Action.

DHBs should take a youth health and wellbeing service planning and improvement approach in their Annual Plan. The approach could include a range of youth health service such as School Based Health Services (SBHS), mental health and wellbeing, sexual and reproductive health, alcohol and other drugs, and primary care.

Youth access to and utilisation of youth appropriate health services (youth are healthy, safe and supported) is a quality improvement focus for DHBs as one of the six System Level Measures.

Budget 2019's 'Taking Mental Health Seriously' package of initiatives included expanding access and choice of mental health and addiction supports in primary care settings with a particular focus on Māori, Pacific people and rangatahi. This is now an action in Whakamaua Māori Health Action Plan 2020-2025 (Priority Area 4, Objective 3).

The enhancement and expansion of SBHS was also a key initiative of Budget 2019's 'Taking Mental Health Seriously' package of initiatives. The Ministry has an SBHS Enhancement Programme underway. SBHS are aimed at increasing access to primary care for young people and provide clinical primary health care (both student-requested and nurse-initiated), referral onto required services, and support health promotion campaigns. Year nine students are also expected to receive a comprehensive bio-psycho-social assessment.

Please include the actions for the upcoming year that your DHB considers to be the most important for youth health and wellbeing, including the reasons why the action(s) are important and the expected impact.

- Please include one to two actions to improve the health and wellbeing of the priority youth populations: Māori rangatahi, Pacific rangatahi, rainbow rangatahi, rangatahi in care and disabled rangatahi. These may link with your SLM Plan for the Youth System Level Measure.
- Please include one action on SBHS quality improvement activities the DHB will undertake (guided by Youth Health Care in Secondary Schools: A framework for continuous quality improvement, and the SBHS Enhancement Programme) in each school (or group of schools).
- Please include one action on how you will increase SBHS providers' and users' access to telehealth options for service delivery including as a result of COVID-19 learnings.

DHB activity	Milestone
Improving oral health for all rangatahi • Hauora Tairāwhiti will undertake a review of current Oral and Dental Health Services to inform the development of a Tairāwhiti Oral Health Strategy for whole of lifespan. The Leadership and Rangatahi rōpū will participate in the review and inform the strategy • Adolescent Dental Health Services – East Coast a formative and process evaluation of first year undertaken	Q3 review Q4 Strategy Q4 Action Plan
Improved access to primary health care services • Online resources application for 'Roadmap' of services tailored for Rangatahi needs. Rangatahi led initiative to develop the resource and communications	Q3
Focussing on the Sexual and Reproductive Health needs of rangatahi Supporting the programme planning, development and action plan of the Tairāwhiti Sexual Health Advisory Group, co-designed with Rangatahi	Q1 – Q3
Primary Care Access As outlined in the System Level Measures Plan all Tairāwhiti primary care practices will • provide free sexual health consultation for under 25 year olds, and • have access to an accredited sexual health trained staff	Q1

RANGATAHI/YOUTH HEALTH AND WELLBEING The importance of strengthening good relationships with all services, as well as across sectors in a collective approach is a necessity for improvements to occur. Rangatahi will be part of these developments and service design, to give voice to what they identify as their health and wellbeing aspirations. A whole of population overview underpins all activity, Hauora Tairāwhiti services and community based providers will work together with Rangatahi to improve the health and wellbeing of our young people ("rangatahi") in Tairāwhiti. In doing so we recognise that specific subsets of the population do not experience or have the same opportunities to live healthier lives due to a range of determinants beyond their control. Therefore, all decisions for Rangatahi / Youth investment will have the 'Equity first' and 'Māori health' lens applied for planning, design, resourcing and implementation. In the past four key areas of health service delivery are identified as priority, these are not the only areas we will give focus to but they remain priorities for the year ahead, they are outlined below. • Improved access to primary health care services • Focussing on the Sexual and Reproductive Health needs of rangatahi • Improving oral health for all rangatahi • Ensure the mental health and addictions needs of rangatahi are identified, understood and addressed	Q4
TAIRĀWHITI MODEL OF CARE – RANGATAHI HEALTH SERVICES The development of the joint programme of work with the newly engaged Leadership for Rangatahi Health Services Rōpū underpins our programme of work for 2021/2022 year. This will include a collaborative approach recognising Pae Ora and Whakamaua: Māori Health Action Plan 2020-2025. Rangatahi and the leadership rōpū will be a part of all aspects of development of a model of care and services that includes planning, development, design and decision-making at all levels they determine they want to be part of. • Formalisation of Leadership Rangatahi Rōpū - Rollout of programme of localised initiatives and projects • Development of Co-design with Leadership Rōpū and Rangatahi for a **new model of care.**	Q1 – Q2 Q3 – Q4
Ensure the mental health and addictions needs of rangatahi are identified, understood and addressed Rangatahi and Leadership group will draw on the 2020/2021 consultation of the Hauora Tairāwhiti Mental Health and Addictions Model Of Care by identifying priorities for rangatahi and their whānau and building this into the Rangatahi Model Of Care	Q1 – Q2
School Based Health Services 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 • Vision and Hearing Technicians with plan for all Public Health Nurses to be trained by end of 2021 Community Support Worker support youth through • Engagement with the students • Liaison between nurses/school and whānau (including home visits) • 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	Q4 2021 Ongoing

The Youth Health Nurse team will continue working to deliver the HEEADDSS Assessment programme across all decile 1- 6 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. The MoH currently have a national MMR campaign to catch-up students in high schools and alternative education centres. MMR catch-ups are required in high schools, the programme roll out is underway with consents in all schools. Community Nurse Prescribing for Youth Health Nurses is underway, enabling prescription of common medications used by youth in the nurse's specific area of work.	Q1
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. Continue to implement youth health care in schools (a framework for continuous quality improvement). Work with school community in co-design. Rangatahi Programme of work in Schools and kura over and above BAU checks and assessments: • Information and Vaccination of the Measles Campaign for 15-18 year 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	Q3 Consult with schools, work with NPH Q1 & Q2 work with school community Q3 & Q4 implement Q2-Q3 Q3-Q4
Telehealth Hauora Tairāwhiti are investigate the use of telehealth for kōhanga, te kura kaupapa and other pre/schools to link into tamariki and rangatahi health services. • Research scan and proposal	Q2
Child & Youth Hub Manaaki Tairāwhiti Governance (Iwi led) recognises that the outcomes that we are all care about are produced by whole systems rather than individuals, organisations or programmes. Consequently, to improve outcomes, Manaaki Tairāwhiti works to create 'healthy' systems in which people are able to co-ordinate and collaborate more effectively. We champion the characteristics of 'healthy' systems that produce good outcomes and coach and support 'system behaviours' that front line workers, managers, clinicians and practitioners at every level exhibit. By enabling a collective, systemic response by reframing the relationships between services, there is no split between care and support provision. The Child and Youth Hub has adopted the Manaaki Tairāwhiti 'Way of Working' which is based on fundamental values. The Child and Youth Hub will provide a deliberate 'facility based' response to enable Whānau to flourish and will include specific DHB and other sector staff who will be based there. **Activities:** • Completion of community and staff consultation on the design. • Production of BC • Business case approval. Detailed design and build • Opening and revised service implementation	Q1 Q1 Q2 Q2 22/23

FAMILY VIOLENCE AND SEXUAL VIOLENCE

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 include the actions for the upcoming year that your DHB considers to be the most important for family violence and sexual violence, including the reasons why the action(s) are important and the expected impact.

- For Family violence and sexual violence, please include one or two key actions with milestones the DHB will undertake to continue to support COVID-19 recovery and/or embed key learnings from its COVID-19 response in this priority area (only include an action(s) if the DHB has relevant learnings for this area).
- For Family violence and sexual violence DHBs are expected to include at least one and up to two evidenced-based equity actions focused on their Māori populations within each identified planning priority. The actions identified in this plan should be those expected to have the most significant impact on improving equity of outcomes.

DHB activity	Milestone
A review of the 2019 VIP survey of staff has been completed and based on recommendation from clinical governance the following groups of activities have been identified for implementation in the 2021/22 year.	
VIP Core Training Review of the VIP core training in 2019/20 identified that attendance from the community providers exceeded that from hospital based services. To increase participation from hospital services in 2021/22 the team will • Review possibility of mandatory training in specific service areas. • Explore other ways of advertising training. • Develop Steering Group with key people from identified services to explore solutions for staff to attend training, including more service specific training.	 Q4 Q1 Q2
Increase rates of Routine Enquiry / Targeted and specific training and support Feedback from Clinical Governance on the 2019 Family intervention survey and the key results of this survey has seen the following activities planned for 2021/22. These improvements in the survey will see increased focus on service specific training to improve knowledge and implementation of programme from a service specific focus. • Revisit survey with further questions to reflect on knowledge. • Develop Steering Group with key people from identified services to explore solutions integrating VIP into clinical practice across key services • Develop Systems Improvement Plan for ED/Ward 4/ Maternity. • Review IT system/develop solutions to get better understanding of collecting and inputting of data to ensure efficacy of data.	 Q2 Q1 Q3 Q3
Raising Profile of VIP Based on the review a number of specific services will be the focus of a number of activities • Develop Systems Improvement Plan for ED/Ward 4/ Maternity. • Review development of Intranet Portal to improve the following: Staff accessibility to VIP clinical information and process. • Work with Social Work Team to explore 3 monthly topics for display – public awareness.	 Q3 Q1 Q1-Q4

AMBULATORY SENSITIVE HOSPITALISATIONS FOR CHILDREN AGE (0-4) (SLM)

Ambulatory sensitive hospitalisations (ASH) are mostly acute admissions that are considered potentially reducible through prophylactic or therapeutic interventions deliverable in a primary care setting.

In New Zealand children, ASH accounts for approximately 30 percent of all acute and arranged medical and surgical discharges in that age group each year. However, determining the reasons for high or low ASH rates is complex, as it is in part a whole-of-system measure. 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. This measure can also highlight variation between different population groups that will assist with district health board (DHB) planning to reduce disparities.

A composite ASH measure is preferred because it gathers up more conditions and aligns with the intention of using measures that operate at a system level rather than ones that focus on a specific condition or service.

- Please identify (or refer to specific actions from your SLM plan) two key improvement actions that are expected to have the most significant impact on performance improvement, with milestones for each quarter.

Please refer to Appendix B – Nga Whaainga Taumaha Pūnaha | System Level Measures 2021/22 plan - Ambulatory Sensitive Hospitalisations (ASH)

DHB activity	Milestone
Te Tairāwhiti partners (Hauora Tairāwhiti, Ngāti Porou Hauora and Pinnacle Midlands Health Network) agree to implement an agreed data sharing accord. This accord will ensure that • Hauora Tairāwhiti will provide a fortnightly list to PHO partners of ED/ASH 0-4 years of age respiratory presentations/admissions • PHO partners 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 Hauora Tairāwhiti to provide governance over trends and wrap around services of ASH 0-4 respiratory presentations. • Partners will develop strong integration between LMC and smoking cessation service.	Ongoing
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.	Quarterly

Improving Mental Wellbeing

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

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

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

IMPROVING MENTAL WELLBEING

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

Please include the actions for the upcoming year that your DHB considers to be the most important for improving mental wellbeing, including the reasons why the action(s) are important and the expected impact.

Include one or two key actions (with milestones) the DHB will undertake to support the psychosocial response to and recovery from COVID-19 for your respective populations. Activities will align with the focus areas and contribute to the goals set out in Kia Kaha, Kia Māia, and Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Plan. Activities will consider how to embed approaches to virtual service delivery on an ongoing basis.

DHBs will have COVID-19 resurgence plans in place that include a focus on supporting the psychosocial response. Please include one action showing how DHBs will demonstrate how the services (will) ensure the integration of primary mental health and addiction services with specialist mental health and addiction services.

For Improving mental wellbeing please include at least one and up to two evidenced-based equity actions focused on addressing inequitable mental health and addiction outcomes experienced by Māori.

Focus on: Follow-up within seven days post-discharge from an inpatient mental health unit (MH07)

Follow-up within seven days post-discharge is important for the prevention of suicide, self-harm, and other negative outcomes such as readmission.

Include a minimum of two key improvement actions that are expected to have the most significant impact on performance improvement, with milestones for each quarter.

Please also include two locally selected contributory measures from the KPI programme. One measure should include MH03: Transition/discharge planning.

Please note that contributory measures must have written documentation about the measures, including technical documents and quality assurance processes as these documents may be subject to external audits. The online measures library is a resource for the selection of contributory measures.
https://nsfl.health.govt.nz/dhb-planning-package/system-level-measures-framework/health-quality-measures-nz

DHB activity	Milestone
Model of Care Finalise the Tairāwhiti Model of Care and have board approval on the approach	Q1
Future Direction Prioritising a set of actions this includes • feasibility study of the local residential facility for addictions • Feasibility study of residential facility for the long term Mental Health care • Alignment of service agreements to the new Model of Care ○ Prioritisation of providers for services • Implementation of prioritised actions	 Q2 Q2 Q3 Q4
Service Delivery Completion of the implementation of projects initiated in 2020/21, these include proceeds of crime (Te Awa) , regional pre and post rehabilitation pathway of care, primary outreach services (Toi Māori) and redesign of Primary Options Mental Health and Addiction (POMHA). • POMHA	By Q2
Facility • Second stage business case for the new Acute Inpatient Mental Health and Addictions facility will be finalised following co-design with the Steering group which includes mana whenua, iwi/Māori representation, service users, and the clinical workforce, together with the Architect's consortium MODE.	Q2

• In the interim, further refurbishment work will be undertaken in the acute inpatient ward in the Low Stimulus Environment specifically to which the DHB has attributed a small sum for this work.	Q1
Specialist Services • Continued emphasis on sustaining performance improvements achieved in 20/21 showing better than national average and lower rates of compulsory and community based treatment orders across all populations with demonstrated improvement in equitable outcomes for Māori. • Review of the Quality Advisor position and Business Analyst roles giving more impetus to these roles, and expectation of strengthened accountability for performance across the Te Ara Maioha group including the audit and assurance functions. Particular emphasis to be placed on the qualitative use of the MOH reporting systems to inform specialisms, as minimum baselines. Development of internal outcomes and measures that compliment national performance expectations and that are Whānau centred and focussed on equity. Quality Improvement plan to reviewed and updated in line with this work.	Q1-4 Q2
Workforce development Workforce Development scan to be completed with a Workforce Development plan to be built with an emphasis on building capability across mental health and addictions specialisms within Tairāwhiti.	Q2
Service delivery Incremental improvement in greater diversity in service delivery including use of telehealth, increased mobility by the workforce with community based responses (rather than on the hospital campus) supported by improved fleet, IT, infrastructure and active engagement in Whānau centred care practices that are supported by the model of care and Tairāwhiti way of working.	Q1-4
System change Te Ara Maioha Leadership team to employ and lead out across service lines Whānau centred care practices that have been established and tested called the Tairāwhiti Way of working aligned with the Tairāwhiti Model of Care. Particular attention and focus on discharge planning following inpatient and acute care application with cross sector collaborative integrated interventions, including high quality specialisms.	Q1-4
COVID-19 Mental Health and Addiction services within Tairāwhiti are engaging with tangata whaiora on the COVID-19 vaccination programme to ensure that vaccination coverage for them matches that of the wider population.	Ongoing
Post-discharge Follow-up Analysis of last 6 months discharges to determine cohort being missed. • Data analysis completed Clinically led working group created to determine quality improvements required to improved 7 day dx performance • Working Group created, quality improvements determined • Implements quality improvements, including data analysis form Q1. Improve discharge planning processes • Vacant quality position filled. • Discharge process, including documents/audits reviewed and implemented Monthly report tracking progress implemented, showing performance and issues arising	 Q1 Q1 Q2 Q1 Q2 Ongoing

Improving wellbeing through prevention

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

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

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

Accordingly, DHBs and their PHUs have an important role to play to address key determinants of health, improve Māori health and achieve wellbeing and equity by supporting greater integration of public health action and effort. They will continue to make a major contribution, not only in improving the health and wellbeing of all New Zealanders but also improving equity and the quality of health services and ensuring the health system is financially and clinically sustainable.

COMMUNICABLE DISEASES - CURRENT CONTEXT – COVID-19

Aotearoa New Zealand has a strategy for the elimination of COVID-19. The aims are to eliminate transmission chains and to prevent the emergence of new transmission chains originating from cases that arrive from outside the country.

COVID-19 is a public health emergency and global pandemic. It is fundamentally changing and challenging the way the New Zealand public health system responds, especially in terms of what and how public health services are delivered. The COVID-19 response and associated activities delivered by the DHB-based public health units (PHUs) are now integrated with the Ministry of Health (led by the COVID-19 directorate), for example, the National Investigation and Tracing Centre (NITC) and the use of a common IT platform in the National Contact Tracing Solution (NCTS).

Each outbreak is delivering significant learning opportunities for all parties, and the Ministry will ensure these learnings are shared across the sector and incorporated into future responses and activities.

In light of the above, the Ministry will be engaging with your DHB/PHU to design and implement a national public health response where we will more effectively share limited resources, avoid duplication and increase the agility with which we mount a surge response anywhere in the country and/or address future challenges.

Please include the actions for the upcoming year that you're DHB and PHU consider to be the most important for communicable diseases, including the reasons why the action(s) are important and the expected impact.

- For communicable diseases please include one or two key actions with milestones the DHB will undertake to continue to support COVID-19 recovery and/or embed key learnings from its COVID-19 response in this priority area. The actions identified in this plan should be those expected to have the most significant impact on improved outcomes (only include an action(s) if the DHB has relevant learnings for this area).

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

As the response to COVID-19 is the Ministry's top priority for all DHBs/PHUs please continue to support the response both in your own DHB/s areas and also, where applicable, in other DHB/s areas.

- Please include the key actions the DHB will undertake to advance other communicable diseases control work, where resources and capacity allows.

DHB activity	Milestone
To contain and minimise potential spread of COVID-19 into Tairāwhiti staff be supported to continued training in the current National Contact Tracing Solution (NCTS) system. Ensuring both Māori and Pacific peoples are represented in the current contact tracing team to ensure appropriate connection with Tairāwhiti communities. Trained super users with the ability and capacity to continue enhanced training of current staff and other potential contact tracers from within the community.	Continuation of contact tracing work commenced in 2020.
To minimise the potential for communicable disease outbreaks to develop and spread in the 0-5 yr. age group Hauora Tairāwhiti will working collaboratively with public health nurses to provide educational training and resources as required to Early Childhood Education (ECE) centres and Kohanga reo within Tairāwhiti. A particular focus will be on reducing the spread of gastroenteritis disease within centres ECE and Kohanga reo.	Quarterly
Hauora Tairāwhiti will maintain required reporting requirements	Quarterly

ENVIRONMENTAL SUSTAINABILITY

Climate change threatens the health of all New Zealanders. The Climate Change Response (Zero Carbon) Amendment Act provides an opportunity and an imperative for the health sector to respond. New Zealand's health sector is a large contributor of greenhouse gas (GHG) emissions: it is the largest emitter in the public sector, excluding emissions from transport. Fortunately, action on climate change has co-benefits for health and can reduce the burden of associated diseases on the health system.

DHBs and their PHUs will continue with actions that mitigate and adapt to the impacts of climate change, enhance the co-benefits to health from these actions, and support the health sector's response to the greenhouse gas emissions reduction targets under the Climate Change Response (Zero Carbon) Amendment Act. Actions should have a pro-equity focus. If not already actioned, this should include developing and implementing a sustainability action plan.

Please include the actions for the upcoming year that your DHB considers to be the most important for environmental sustainability, including the reasons why the action(s) are important and the expected impact.

- For environmental sustainability please include one or two key actions with milestones the DHB will undertake to continue to support COVID-19 recovery and/or embed key learnings from its COVID-19 response in this priority area. The actions identified in this plan should be those expected to have the most significant impact on improved outcomes (only include an action(s) if the DHB has relevant learnings for this area).

For environmental sustainability please include at least one and up to two evidenced-based equity actions focused on their Māori populations within each identified planning priority. The actions identified in this plan should be those expected to have the most significant impact on improving equity of outcomes. Please include milestones for Q2 and Q4.

DHB activity	Milestone
1. Recycling and waste reduction: Hauora Tairāwhiti will continue to recycle cardboard, soft plastic, mixed recycling, non-confidential paper, polystyrene and e-waste. Hauora Tairāwhiti will also undertake the following recycling and waste reduction activities: • Continue to improve waste segregation and recycling infrastructure. • Continue to deliver training to reduce preventable medical waste and general waste. • Working with supply chain to reduce waste. • Working with Food Service provider to reduce food waste.	1a. Track impact of each project (CO2 and $)
2. In order to achieve a reduction of 50% by 2030 compared with 2016 Hauora Tairāwhiti will undertake an inventory of carbon emissions from activity	Verified inventory completed by Q2.
3. Monitor average energy consumption by sq. m	Quarterly reporting

ANTIMICROBIAL RESISTANCE

Antimicrobial resistance (AMR) is an increasing global public health threat that requires immediate and sustained action to effectively prevent and mitigate its impact on individual and population health. DHBs have an important role in preventing and mitigating the impact of AMR. DHBs actions contribute to key areas of focus in the New Zealand Antimicrobial Resistance Action Plan (2017-2022) - raising awareness and understanding; surveillance and research; infection prevention and control; antimicrobial stewardship and governance; collaboration and investment.

Please include the actions for the upcoming year that your DHB considers to be the most important for antimicrobial resistance, including the reasons why the action(s) are important and the expected impact.

- For antimicrobial resistance please include one or two key actions with milestones the DHB will undertake to continue to support COVID-19 recovery and/or embed key learnings from its COVID-19 response in this priority area. The actions identified in this plan should be those expected to have the most significant impact on improved outcomes. Please note many of the actions undertaken this year in support of the COVID-19 response will also have relevance for AMR (only include an action(s) if the DHB has relevant learnings for this area).
- Please include one action that advances progress towards managing the threat of antimicrobial resistance. The action should be aligned with the New Zealand Antimicrobial Resistance (AMR) Action Plan's (2017 – 2022) five objectives of: Awareness and understanding, Surveillance and research, Infection prevention and control, Antimicrobial stewardship, Governance, collaboration and investment.)

For antimicrobial resistance please include one action that shows how DHBs will work to undertake and advance AMR management across primary care, community (in particular age-related residential care services) and hospital services.

DHB activity	Milestone
Awareness and understanding Hauora Tairāwhiti infection control will support and engage with Aged Related Residential Care and other health providers to increase the sector wide partnership in rising awareness of microbial resistance.	Ongoing from Q1
Surveillance and research Hauora Tairāwhiti pharmacy has collected the data for an audit on restricted antibiotics the finding from this audit will be used to be useful for health practitioners to improve practices around antibiotic utilisation.	Q2 report released
Infection prevention and control An audit of Antibiotic use within the local sepsis pathway has been commenced. Findings will be compiled in a report summarising at the end of six months. Difference in the procedures and utilisation of personal protective equipment between providers will continue to be identified and common approaches agreed between services and providers.	Q1 report released Ongoing
Antimicrobial stewardship Hauora Tairāwhiti will continue to monitor the antibiotics used in joint surgery using the HQSC quarterly reporting, to ensure that patients get the right antibiotic at the right time at the right amount	Ongoing

DRINKING WATER

DHB-based PHUs undertake routine investigations under public health legislation, including the drinking water provisions of the Health Act 1956.

Whilst recognising that legislation is only part of the suite of interventions and activities available to PHUs, compliance and enforcement activities are essential in an effective public health programme as part of the public health continuum and as one strategy in holistic programmes to improve public health. Compliance and enforcement activities are strategies within the Ottawa Charter for Health Promotion.

Drinking water activities should promote equity. In determining priorities, DHBs and their PHUs should use a public health risk assessment to identify and target vulnerable populations. While well-resourced communities may be vocal and exert influence over environmental health decision making processes, DHBs and their PHUs need to use evidence of environmental risks to identify and protect vulnerable populations to achieve equitable health outcomes.

DHBs and their PHUs are to undertake compliance and enforcement activities relating to the Health Act 1956, by delivering on the activities and reporting on the performance measures contained in the Drinking water planning and reporting document 2021/22.

In addition to the above, please include the actions for the upcoming year that your DHB and PHU consider to be the most important for drinking water, including the reasons why the action(s) are important and the expected impact.

For drinking water, please include one or two key actions with milestones the DHB will undertake to continue to support COVID-19 recovery and/or embed key learnings from its COVID-19 response in this priority area. The actions identified in this plan should be those expected to have the most significant impact on improved outcomes. Please include milestones for Q2 and Q4 (only include an action(s) if the DHB has relevant learnings for this area).

For drinking water, DHBs must include at least one and up to two evidenced-based equity actions focused on their Māori populations in this priority area. The actions identified in this plan should be those expected to have the most significant impact on improving equity of outcomes. Please include milestones for Q2 and Q4.

Identify key compliance and enforcement actions relating to the Health Act 1956, by delivering the activities and reporting on the performance measures contained in the Drinking water planning/reporting template 2021/22 https://nsfl.health.govt.nz/accountability/performance-and-monitoring/data-quarterly-reports-and-reporting/public-health

The Ministry expects that DHBs will report on the above up until such time as the new Drinking water agency, Taumata Arowhai, goes live.

DHB activity	Milestone
Kia Ora Hauora Hauora Tairāwhiti and Gisborne District Council commit to undertaking a whole of district drinking water strategy	Q2
Drinking Water Quality We will identify and investigate incidents, complaints and notifications of adverse drinking water quality (or adequacy) of networked and temporary drinking water supplies.	Ongoing

Accountability 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	Q2 & Q4

ENVIRONMENTAL AND BORDER HEALTH

DHB-based PHUs undertake routine investigations under public health legislation, including the Health Act 1956, Hazardous Substances and New Organisms Act 1996, Biosecurity Act 1993 and Burial and Cremation Act 1964. Whilst recognising that legislation is only part of the suite of interventions and activities available to PHUs, compliance and enforcement activities are essential in an effective public health programme as part of the public health continuum and as one strategy in holistic programmes to improve public health. Compliance and enforcement activities are strategies within the Ottawa Charter for Health Promotion.

DHBs and their PHUs are 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 Health planning and reporting document.

Environmental health activities should promote equity. In determining priorities, DHBs should use a public health risk assessment to identify and target vulnerable populations. While well-resourced communities may be vocal and exert influence over environmental health decision making processes, DHBs and their PHUs need to use evidence of environmental risks to identify and protect vulnerable populations to achieve equitable outcomes.

Please include the actions for the upcoming year that your DHB considers to be the most important for environmental and border health, including the reasons why the action(s) are important and the expected impact.

- For environmental and border health please include one or two key actions with milestones the DHB will undertake to continue to support COVID-19 recovery and/or embed key learnings from its COVID-19 response in this priority area. The actions identified in this plan should be those expected to have the most significant impact on improved outcomes. Please consider an action(s) that could support vaccinations of high priority and vulnerable populations such as border workers, then the general population. Please include milestones for Q2 and Q4.
- For environmental and border health please include at least one and up to two evidenced-based equity actions focused on their Māori populations within each identified planning priority. The actions identified in this plan should be those expected to have the most significant impact on improving equity of outcomes. Please include milestones for Q2 and Q4.
- Please provide one action to undertake activities as per the Environmental and Border Health exemplar planning & reporting template 2021/22 for Public Health Units including hazardous substances; border health; emergency planning and response; resource management, regulatory environments and sanitary works; and other regulatory issues. Please provide milestones (reporting) for Q2 and Q4.

DHB activity	Milestone
Reporting Hauora Tairāwhiti commits to regulatory reporting Environmental and Border Health activities and measures in the Environmental and Border Health reporting template	Reporting compliance
Border Health Hauora Tairāwhiti 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	Ongoing
Carry out an annual Point of Entry audit at Port of Gisborne and complete the annual Border Health report	Q3
Emergency management Public health will be involved in the Emergency Services Coordinating Committee. This will involve 3 monthly meetings, exercises lead by individual services. Exercises held has input by local Iwi, and where health is involved the Emergency health working group which include primary care and pharmacies.	Ongoing

Working closely with Hauora Tairāwhiti Emergency planner when reviewing Public health plans. Hauora Tairāwhiti will exercise the Public health plans with desktop exercises, these will involve the services who are involved in these plans, .working closely with local Iwi where appropriate **(EOA)**	
Resource Management Act (EOA) 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	Ongoing

HEALTHY FOOD AND DRINK ENVIRONMENTS

Preventing and reducing risk of ill health and promoting wellness are vital to improving the wellbeing of New Zealanders. As the population grows and ages, it is important to orient the health and disability system towards a public health and prevention focus. DHBs and their PHU both have a role in contributing to improving the health and wellbeing of the population through prevention.

DHBs are expected to 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 (excluding inpatient meals and meals on wheels), 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).

Please include the actions for the upcoming year that your DHB and PHU consider to be the most important for healthy food and drink environments and improving equity, including the reasons why the action(s) are important and the expected impact.

- For Healthy food and drink please include actions with milestones the DHB will undertake to continue to support COVID-19 recovery and/or embed key learnings from its COVID-19 response in this priority area. The actions identified in this plan should be those expected to have the most significant impact on improved outcomes (only include an action(s) if the DHB has relevant learnings for this area).

Create support environments for healthy eating

- Please include one action that continues to implement your DHB Healthy Food and Drink Policy and ensure that it aligns with the National Healthy Food and Drink Policy. Please include milestones for Q2 and Q4 and include updates or success stories on the implementation of Healthy Food and Drink Policies (DHB and/or Organisation).
- Implement Healthy Active Learning in priority settings (decile 1-4 Schools/Kura, low equity index Early Learning Services/Early Learning Services with Māori/Pasifika rolls > 35%). Please include one action (include milestones for Q2 and Q4) identifying the DHB is supporting them to have up to date healthy food and drink policies and adequately supporting them to implement and maintain the policies in line with Ministry of Health "Healthy Food and Drink Policy - Schools or Early Learning Services".
- For Healthy food and drink please include actions with milestones the DHB will undertake to continue to support COVID-19 recovery and/or embed key learnings from its COVID-19 response in this priority area. The actions identified in this plan should be those expected to have the most significant impact on improved outcomes (only include an action(s) if the DHB has relevant learnings for this area).

Create support environments for healthy eating

- Please include **one** action that continues to implement your DHB Healthy Food and Drink Policy and ensure that it aligns with the National Healthy Food and Drink Policy. Please include milestones for **Q2 and Q4** and include updates or success stories on the implementation of Healthy Food and Drink Policies (DHB and/or Organisation).
- Implement Healthy Active Learning in priority settings (decile 1-4 Schools/Kura, low equity index Early Learning Services/Early Learning Services with Māori/Pasifika rolls > 35%). Please include **one** action (include milestones for **Q2 and Q4**) identifying the DHB is supporting them to have up to date healthy food and drink policies and adequately supporting them to implement and maintain the policies in line with Ministry of Health "Healthy Food and Drink Policy - Schools or Early Learning Services".

DHB activity	Milestone
Healthy Food and Drink Policy Hauora Tairāwhiti to increase promotion of Kia Ora Hauora to Kura Kaupapa in Tairāwhiti and to continue to ensure all Community Providers Agreements identify what ways they are implementing Healthy Food and Drink Policy programmes.	100% of community agreements incorporate a Healthy food and

The implementation of the Healthy Food and Drink Policy continues, with this year expanding the working group to be more inclusive of community based stakeholders that provide 'healthy lifestyle – Healthy Kai and Wai services i.e. Sport Gisborne – Tairāwhiti, Tūranga Health, Ngāti Porou Hauora, Hauiti Hauora, Pasifika community and Rangatahi Leadership Group as well as Iwi via Toitū relationship with DHB.	drink clause. Ongoing Q1 – Q2 Quarterly forums to inform and report against plan
COVID RESPONSIVENESS The COVID-19 practises of social distancing, washing hands, masking where required and QR Tracking / sign-in are implemented and promoted throughout all community projects.	Ongoing
Healthy Active Learning (EoA) With the rollout of the Healthy Active Learning – Tairāwhiti programme of work, the decision to resource and support a dietetic component within the Sport Gisborne-Tairāwhiti team has seen significant benefit and is well received by schools/kura, teachers and students over the past year. In the year ahead we plan to further enable this role to work with the Population health promotion advisor – Nutrition role to support healthy food and drink policies in ECLs particularly Te Kohanga Reo, Kindergarten and those ECLs in high deprivation communities. Working collaboratively with the Ministry of Education "Lunches in Schools" coordinator to ensure they are involved with the HAL Operational team (including dietitian) to support the lunch provider's nutrition awareness in provision of lunch programmes.	Q2 – Q3 Schedule of ECLs priority TKR across Tairāwhiti Q1 Monitor through SLG
Community based 'lifestyles' activities Several providers in community deliver healthy lifestyle programmes, or coordinate activities through 'group/collective' initiatives, those that we will continue to work with are; • Self-management health initiatives led by Whānau or community groups, pertaining to long-term conditions i.e. diabetes, obesity related cancers • Within the Breastfeeding – Tairāwhiti Ukaipo Groups Action Plan promote breastmilk as being the 'first and best food' for new-born pēpi from a nutritional, developmental aspect that reduces long-term related health conditions • Hauora Tairāwhiti is a part of the Healthy Families East Cape Strategic Leadership Group; this year we are supporting the systems review and uptake of traditional food programmes across a range of settings. Community Fruit Forests remains an activity to be introduced, to sustain access to fruit across the seasons. Workforce and skills development for community initiatives and iwi partners. • Pasifika programme of wellbeing – healthy lifestyles following on from Tongan community initiative – annual festival 'traditional foods and drinks' as a feature of the festival • The COVID-19 practises of social distancing, washing hands, masking where required and QR Tracking / sign-in are implemented and promoted throughout all community projects. • Three Waters – Wai as a life source 'mauri' that requires protection, preservation and partnership initiatives – feeding into submissions and community/iwi discussions in Tairāwhiti.	Q1 – Q4 Engagement, delivery and outcomes identified as Healthy Food and Drink Project Implementation Plan

SMOKEFREE 2025

New Zealand has a goal of reducing smoking prevalence and tobacco availability to minimal levels, making us essentially smokefree by 2025. To reach Smokefree 2025, there are opportunities to improve on what we are doing now, as well as to do more, with a sharper focus on reducing inequities in smoking prevalence. DHBs and their PHUs should focus their efforts on tobacco control coordination and leadership, including developing, delivering and implementing their district wide tobacco control plans. There is an expectation that DHBs are undertaking compliance and enforcement activities relating to the Smokefree Environments and Regulated Products Act 1990 by delivering the activities and reporting on the performance measures contained in the Smokefree 2025 planning and reporting document (attached above). There can also be other Health Protection actions.

Please include the actions for the upcoming year that you're DHB and PHU consider to be the most important for Smokefree 2025, including the reasons why the action(s) are important and the expected impact.

- For Smokefree 2025 please include **one or two** key actions with milestones the DHB will undertake to continue to support COVID-19 recovery and/or embed key learnings from its COVID-19 response in this priority area. The actions identified in this plan should be those expected to have the most significant impact on improved outcomes (only include an action(s) if the DHB has relevant learnings for this area).
- Please include **one** action the DHB will do to address the ongoing gap in smoking rates, which remains the number one preventable cause of Māori- non-Māori health inequities, including what the DHB is doing, particularly for young Māori women.

DHB activity	Milestone
COVID-19 Tobacco Control services within Hauora Tairāwhiti DHB and partnering stakeholders will continue to support the key messaging of preventing spread of COVID through QR Code tracking, Washing-hands, Social distancing and encouraging the Wearing of Masks.	Ongoing
Equity Equity First and Improving the Health Outcomes for Māori are the lens by which all planning, development and activities related to Smokefree and Tobacco Control are applied. For a Smokefree 2025, Quitting is a priority, however sustainable quitting is the broader goal. The following priorities identify activities to be led out through the DHB in conjunction with partner stakeholders and services etc.	Ongoing
Smokefree 2025 The national goal continues to be an aspirational goal within Tairāwhiti. Our population of those still choosing to use Tobacco Products recognises Māori wāhine are still high users, particularly so for those aged between their 20's through to 60-years of age. In recognising that Smokefree 2025 is about increasing the numbers to QUIT Smoking, we note long-term use of tobacco is the most commonly used addictive substance.	Ongoing
Pasifika Ora the recent addition of a Pacific Hauora advisor includes developing projects with our small but growing pasifika population. Initiating Smokefree Churches, Clubs and Social Gatherings is a key activity identified as part of the Pacific Health project.	Q1 – Q2

Smokefree Tairāwhiti 2021 – 2031 Plan Tairāwhiti as a population is approximately 50,000 people; 50% are Māori. Around 60% of those under 30 are Māori. A plan to realise this district as Smokefree must implement strategies that are practical, relevant and tailored to support Māori to not start, to quit and to maintain their Smokefree healthier and wellbeing status. The plan would look beyond 2025 as an intergenerational approach with longer-term goals of sustainable Smokefree whānau, driven by a prevention framework that is localised as a whole of Tairāwhiti approach, including engagement outside of health sector services. Engaging expertise to support the development of a plan that meets or is specific to Māori needs will be a key driver for our 2021/22 work programme.	Q3 – plan complete Q4 – consultation complete
Service Delivery Improvement – Early Intervention Users of tobacco are mostly seen by health services through primary health care in particular General Practise, Maternal Services and for those with long-term conditions secondary care services such as respiratory, cardio-vascular, diabetes, stroke and range of cancers. The following activities are where focus will be undertaken by services; • Services to upskill and be revitalised in the ABC training and other Better help for smokers to quit e-learning https://nts.org.nz/abc-e-learning • Identify clinical champions to maintain workforce focus to support patients at all opportunities to reduce tobacco use • Access and provision of Vaping products as a form of NRT linked to a referral to Quit Smoking support service. • Post-referral follow-up with patients to check in on their progress	Ongoing
Prevention initiatives **Hapū Māmā** and those whānau with young pēpi and tamariki remain a high priority, all services working with these whānau and in their homes i.e. Maternal, WCTO, Māmā & Pēpi, Pregnancy & Parenting, LMCs, Breastfeeding – Lactation and others built into the 2021/22 Quality Improvement work programme 'ensuring' Smokefree Whānau, Whare and Waka are the activities identified.	Ongoing
Wāhine Ora Hauora Tairāwhiti supports a new project that recognises the significant numbers of wāhine Māori from age 29 – 65years of age. This group represents the highest group of smokers, and those who are the longest-term smokers. Smoking lifestyles are closely linked to cancers for wāhine in our communities, in particular Breast cancer. The project will engage with the Breast and Cervical screening programmes by working with a local Māori health promotion provider and iwi to support Quitting support programmes and initiatives that are with groups, collectives or inter-club/marae specific.	Q1 Q2 – Q4
E Tipu E Rea is a pilot service to commence in Tairāwhiti from July 2021 for three years. The programme is specific to WellChild Tamariki Ora services where a Kaiawhina and WCTO Nurse will work with māmā that are first-timers, Māori, young (<30-years), living in rural areas and or high deprivation to ensure an enhanced/intensive programme to enable this cohort of māmā and whānau to complete all scheduled checks and on time. This is a three year programme to work with the cohort group between 1 – 3years as whānau require. Smokefree pregnancy, whānau, whare and waka will again be one of the quality indicators incorporated as well as it being a feature of the evaluation framework developed for the pilot.	Q1 – Q4
Rangatahi – Young People: Smokefree and Vaping a project with the Gisborne Girls High School to work toward being a Smokefree kura, and to ensure VAPING culture is framed in a quitting programme has been developing over the past year. This is student driven, and with a co-design approach we will support their undertaking a Rangatahi Survey to learn more about choices and decisions of young people in Tairāwhiti to inform the Smokefree Tairāwhiti Plan. In addition to supporting their own planned activities.	Q2 – Q3

BREAST SCREENING

Breast cancer is the most commonly diagnosed cancer for women in New Zealand. Wāhine Māori and Pacific women have higher breast cancer incidence and mortality than non-Māori/non-Pacific.

BreastScreen Aotearoa is New Zealand's free national breast screening programme for eligible women, aged between 45 and 69. Screening coverage for wāhine Māori is lower than non-Māori/non-Pacific women. 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.

Reporting will now include data for women 45 to 69 years.

Please include the actions for the upcoming year that your DHB considers to be the most important for breast screening, including the reasons why the action(s) are important and the expected impact.

- Please include one action that shows how Māori and Pacific wāhine are prioritised throughout the COVID-19 response and recovery.
- Please include one action that shows how the DHB will:
  - Eliminate equity gaps in participation between Māori and non-Māori/Non-Pacific women and between Pacific and non-Māori/Non-Pacific women.
  - Improve participation to at least 70% for Māori and Pacific women aged 45-69 years.

DHB activity	Milestone
NSU, BSA and MoH will be engaged in a local model which puts equity first and prioritises Māori and Pacific wahine Hauora Tairāwhiti and local partners will seek to develop solutions to significantly improve equity coverage disparities in screening programmes, these solution will focus on equity first and prioritise Māori as identified.	Q1
Hauora Tairāwhiti monitor breast screening coverage monthly through the NSU coverage reporting suite, information on current equity gaps and changes in coverage are reported to the Board. Tairāwhiti will continue to work towards eliminating the coverage gap currently experienced by Māori.	Q4

CERVICAL SCREENING

Cervical cancer is the fifth most registered cancer in females in New Zealand.

Māori, Pacific and Asian women have lower screening coverage compared to Other women. Māori women have a much higher incidence of cervical cancer compared to Pacific, Asian and Other women, and Māori and Pacific women have significantly higher mortality compared to Asian and Other women (Ministry of Health, National Cervical Screening Programme Annual Report 2017).

Increasing coverage and improving equitable access to screening and colposcopy services, with a particular focus on Māori and Pacific women, will reduce the burden of cervical cancer in these priority groups.

Cervical screening is a preventative health activity, and while routine screening is paused at Government Alert Level 4 (COVID-19), it resumes at Alert Level 3. Women with an identified risk are prioritised at all alert levels. However, priority groups were slower to return to screening during Government Alert Levels 3 and 4.

Please include the actions for the upcoming year that your DHB considers to be the most important for cervical screening, including the reasons why the action(s) are important and the expected impact.

- Please include one action to improve coverage in Māori and Pacific women aged 25-69 years from the baseline as at February or March 2021 (EOA). Milestone is measured in Q4.
- Please include one action to reduce the equity gap for Māori and Pacific women from baseline as at February or March 2021 (EOA). Milestone is measured in Q4.
- Please include one action to improve equitable access to diagnostic and treatment colposcopies for priority groups referred with a high-grade result (EOA). Milestone is measured in Q4.
- Optional - include an action(s) if the DHB has relevant learnings for this area. For cervical screening or colposcopy please include one or two key actions with milestones the DHB will undertake to continue to support COVID-19 recovery and/or embed key learnings from its COVID-19 response in this priority area. The actions identified in this plan should be those expected to have the most

DHB activity	Milestone
Maximise screening opportunities to eliminate Equity gap: Along with regular meetings (at least bi-monthly) with Pacific Island Community Trust key social workers and with Tongan community representatives, and the monthly clinics continuing throughout 2021 Work alongside the Pacific Island community trust and Tongan group in Tairāwhiti to: • Continue to provide outreach smear clinics specifically for Pacific Island women as were rolled out in late 2020 - Feedback from previous outreach clinics has proved that the women who access these have used the opportunity to build relationships with health professionals address other sexual and reproductive health issues / in a safe a trusted environment (EOA) • Hauora Tairāwhiti will provide surveillance through walking beside women on their colposcopy journey in partnership with Women's Health Clinic and Iwi Health Provider to support to wahine to services. • Work with iwi to develop an evaluation process which will monitor that women have been supported in a timely way and are comfortable with the experience	Minimum of 20 Pacific Women have attended outreach Q4 Ongoing Q2 and Q4

Work with PHOs in the following ways: • 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**.** • Promote extra and out of hours clinics, helping with recalls (phone or mail) as requested. (EOA)	Minimum of 50 personal care packs provided – Q4 Work with a Minimum of 5 Practices Q4
Continue to foster supportive partnerships with Primary care, iwi providers, Pacific groups, support to service partners and specialist services by a three pronged approach: • Hauora Tairāwhiti will develop a proposal to work with iwi provider(s) to address COVID backlog this will be targeted at areas with lowest coverage rates for Māori/Pacific women	Q2 - Proposal Developed Q4 - Backlog reduced Co-ordinate smeartaker update hui Q1
Cervical Screening Tairāwhiti will watch with interest the current He Tapu Whare Tangata: A Model for Empowering Rural Solutions research study launched in Feb 2021 in Ngati Porou (East coast clinics). It is planned to invite a speaker from NSU and also the lead researcher from the study to speak to local smeartakers and other related health professional in mid-2021.	

REDUCING ALCOHOL RELATED HARM

Alcohol contributes to a wide range of health and social harms, including injuries, road accidents, foetal alcohol spectrum disorder (FASD), long term addiction, cancer, violence and other crimes. Māori and people living in high deprivation areas face a disproportionate burden of disease due to alcohol availability and exposure, sale, supply and consumption. Preventing harm from alcohol is a priority, and cross-government collaborative strategies and actions are identified in the National Drug Policy 2015–2020 and 'Taking Action on Foetal Alcohol Spectrum Disorder 2016-2019'.

DHBs and their PHU have a role in contributing to the reduction of alcohol related harm and improving the equity and wellbeing of their population. Key actions include coordination and leadership, health needs assessment and data collection, primary prevention/health promotion and health protection. Under the Sale and Supply of Alcohol Act 2012, Medical Officers of Health employed by DHBs have a responsibility for regulatory functions and collaborating with Police and licensing inspectors to ensure ongoing monitoring and enforcement of the Act and the development and implementation of strategies to reduce alcohol-related harm

Please include the actions for the upcoming year that your DHB and PHU consider to be the most important for reducing alcohol related harm and improving equity, including the reasons why the action(s) are important and the expected impact.

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

DHBs are to undertake compliance and enforcement activities relating to the Sale and Supply of Alcohol Act 2012. This includes delivering on the activities and reporting on the performance measures contained in the Reducing Alcohol Related Harm: Health Protection planning and reporting document (attached). The Ministry acknowledges that this work may be impacted by the national response to COVID-19.

Please include the actions the DHB will undertake to advance activities relating to reducing alcohol related harm, including awareness of FASD and the risks of drinking during pregnancy.

- For reducing alcohol related harm please include one or two key actions with milestones the DHB will undertake to continue to support COVID-19 recovery and/or embed key learnings from its COVID-19 response in this priority area. The actions identified in this plan should be those expected to have the most significant impact on improved outcomes (only include an action(s) if the DHB has relevant learnings for this area).
- Please include specific evidence-based actions the DHB will take to reduce inequities in alcohol related harm.
- Please include one action on the DHBs compliance activities relating to the Sale and Supply of Alcohol Act 2012 in your plan. This includes reporting on performance measures contained in the Reducing Alcohol Related Harm: Health Protection planning and reporting document.

DHB activity	Milestone
Hauora Tairāwhiti will 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.	Ongoing
Hauora Tairāwhiti will continue to report through the Vital Few template which include the nine public health regulatory performance measures,	Q2 and Q4 report

Hauora Tairāwhiti will develop a group working towards alcohol harm reduction in the region, through collaborative community action and a key objective would be reducing supply. Looking at license applications and renewals and checking in with communities of that area to see how they feel/are affected, do they wish to support or oppose and support them in the process. Being in a strong local position with valid submissions and also going into hearings together with coordinated statements and data. **(EOA)**	Q2 Board Position Statement on Alcohol

SEXUAL AND REPRODUCTIVE HEALTH

Preventing and reducing risk of ill health and promoting wellness are vital to improving the wellbeing of New Zealanders. As the population grows and ages, it is important to orient the health and disability system towards a public health and prevention focus. DHBs and their PHUs have a role in contributing to improving the health and wellbeing of the population through prevention.

Sexually transmitted infections (STIs) are common in New Zealand. Associated complications include chronic pain, infertility, neonatal morbidity and genital tract cancer. Surveillance data regularly indicates that those aged less than 25 years and non-Europeans show a disproportionate burden of STIs, the highest numbers and rates for each STI are almost always seen in the 15 to 19 years and 20 to 24 years age groups.

- For sexual and reproductive health please include one or two key actions with milestones the DHB and their PHU will undertake to continue to support COVID-19 recovery and/or embed key learnings from its COVID-19 response in this priority area. The actions identified in this plan should be those expected to have the most significant impact on improved outcomes. Please include milestones for Q2 and Q4 (only include an action(s) if the DHB has relevant learnings for this area).

Please include specific actions the DHB and their PHU will take to reduce inequities in sexual and reproductive health harm, which may include actions from the National Syphilis Action Plan 2019. Please include milestones for Q2 and Q4.

DHB activity	Milestone
Sexual and Reproductive Health – Kia hiki ake nga tikanga mo te oranga o nga whakapapa The health and well-being of our whakapapa (past and future) (EOA) • Support Te Ao Māori Sexual and reproductive health learning resources that provides a Māori world view of Te Oranga o nga whakapapa: the wellbeing of our whakapapa utilising purakau i.e. Tanemahuta and the creation of Hineahuone. • 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	Ongoing
National Sexual and reproductive health resource Hauora Tairāwhiti will support the development of a National Sexual and reproductive health resource collaborating with local rangatahi and sexual health advisors across Tairāwhiti.	Ongoing
Register Nurse Prescribers Increase the number of register nurse prescribers who complete the family planning prescribing module	Q4

CROSS SECTORAL COLLABORATION INCLUDING HEALTH IN ALL POLICIES

Core function – Health Promotion.

The wider determinants of health[1] 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.

DHB activity	Milestone
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.	

[1] 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

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. **Housing:** Completion of 100 new homes in Tairāwhiti. **Prisoner Rehabilitation**: Rehabilitation plans in place for all former prisoners returning home to Tairāwhiti. **Child Health** Reduction in 0-4 ASH by a further 10%	Q4 Q4 Q4
A number of initiatives identified in the Hauora Tairāwhiti Equity investment plan partner with Manaaki Tairāwhiti and Toitū to address barriers to care within the health system. These investments will primarily focus on whānau with tamariki and rangatahi currently disadvantaged in access to care. • Missed opportunity rate for Paediatric admissions reduced by 50%	Q4
COVID-19 Vaccination programme Successful population vaccination programme require a fully engaged and motivated community. To increase community engagement a community engagement programme will be undertaken across Tairāwhiti under Iwi Leadership supported by Hauora Tairāwhiti. This programme will be lead by Māori targeted at Māori. • Māori Community Vaccination programme in place • Māori participation rate in the vaccination programme equal or better than non-Māori	Q4

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 well placed to action system-level changes by delivering Whānau-centred services to contribute to Māori health advancement and to achieve health equity, including for Pacific communities.

Please include the actions for the upcoming year that your DHB considers to be the most important for the delivery of Whānau ora, including the reasons why the action(s) are important and the expected impact.

- For Delivery of Whānau Ora please include one or two key actions with milestones the DHB will undertake to continue to support COVID-19 recovery and/or embed key learnings from its COVID-19 response in this priority area. The actions identified in this plan should be those expected to have the most significant impact on improved outcomes (only include an action(s) if the DHB has relevant learnings for this area).
- For Delivery of Whānau please include at least one and up to two evidenced-based equity actions focused on their Māori populations within each identified planning priority. The actions identified in this plan should be those expected to have the most significant impact on improving equity of outcomes.

DHB activity	Milestone
Hauora Tairāwhiti is well placed to contribute to the strategic change for Whānau centred approaches within systems and services across Tairāwhiti and to demonstrate meaningful activity to improve service delivery. The impact of COVID-19 on Tairāwhiti Māori communities has created disruption in the way systems and services previously operated and an important lesson that has been learnt has been about the success of joined up primary-secondary healthcare approaches and the trust that Māori communities have had placed in their own Māori health providers. This has reinforced the 'WhakaWhānaungatanga' 'Kanohi ki te Kanohi' and 'Wānanga' approach which have been transplanted into other promising initiatives like the Māori consumer bowel-screening. The continuing risk of COVID-19 has created an opportunity for a co-ordinated Tairāwhiti way of approaching COVID-19 and other Immunisation requirements utilising delivery by "Te Pūkenga Kaiāwhina Kaupapa" whānau by whānau. The use of the Wai 2575 Health Services and Outcomes Kaupapa Inquiry Te Tiriti Principles framework in the Immunisation Strategy will also anchor commitment to a Whānau Ora way of working. This will also be explored across other Māori Health Priorities such as Child Health, Planned/Acute Care, Mental Health and Cancer Screening. COVID-19 communication learnings for Māori communities highlighted the need for direct communications to Iwi and their communication channels so Māori communities receive accurate and timely information to make vital decisions for their whānau well-being. An "Ngā Toka" Māori communications strategy will be connected to and so enable Tairāwhiti Māori communities to benefit from immediate MoH Māori Directorate advice and also have visibility to what other Iwi/ Māori NGOs in Te Manawa are doing. This strategy includes website hub development, marketing of Māori Tūroro/Whānau portals and Rangatahi targeted health messaging through social media.	

One of the Hauora Tairāwhiti Pakeke Whānau Ora learnings has been about the need for connected hospital-community discharge planning back into the home to ensure whānau home settings are comfortable and safe for "tūroro" to minimise, avoid or remedy re-admission risk. An action will involve Te Pakeke Whānau Ora facilitator connecting hospital discharge services to Iwi Whānau Ora Navigators to ensure the test of "mauriora" in the home environment is being met.	
Immunisation Hauora Tairāwhiti and Tairāwhiti Māori health providers (Te Rōpu Matua) will apply the Wai 2575 Health Services and Outcomes Kaupapa Inquiry Te Tiriti Principles framework to the Immunisation Strategy for COVID19 and influenza vaccination programmes and also apply a 'kanohi ki te kanohi' approach utilising 'te pūkenga kaiāwhina kaupapa' to keep Tairāwhiti Māori whānau and communities safe. This framework is also to be assessed as a tool by Children Health, Planned/Acute Care, Cancer Screening and Mental Health.	Q4
Communications Hauora Tairāwhiti will facilitate, enable and connect the Ngā Toka strategy for key national, regional and local Māori COVID19 communications to go direct to Tairāwhiti Iwi communication channels (Toitū/Iwi Radio/Facebook) for the immediate benefit of Tairāwhiti Māori communities and their whānau. This integrated strategy will allow for • A website hub for direct and timely national/regional/local COVID-19 information to Iwi/Māori communities, • Marketing of Māori Patient/Whānau portals and resources such as APP, Manage My Health and Flu Tracker and • Rangatahi targeted health communications using Instagram and Snapchat.	Q4
Pakeke Whāna will lead in improving hospital discharge processes for Māori patients and their Whānau by connecting hospital services including district nurses to Iwi Whānau Ora Navigators. This will help ensure patient home environments are being assessed as culturally safe and fit for habitation thereby minimising, avoiding, remedying hospital re-admission risk.	Q2

OLA MANUIA: PACIFIC HEALTH AND WELLBEING ACTION PLAN 2020-2025

Pacific peoples are a growing, diverse and vibrant population. Improving health outcomes for Pacific families and communities is central to the wider wellbeing of Pacific populations in New Zealand. Pacific experience significant and long-standing health inequities across a range of health and socioeconomic indicators. These inequities are complex and multi-faceted, and impact directly on the comparatively poorer health outcomes of Pacific peoples (than non-Pacific people). On average Pacific people experience poorer health and higher rates of premature mortality, and a shorter life span, than non-Pacific people. Too many Pacific children and adults end up in hospital with preventable health conditions and with complications from health conditions that could be better managed at home and in the community.

Ola Manuia is the new Pacific health plan and provides the strategic framework to improve Pacific responsiveness. It gives clear direction to the health system about the fundamentals for Pacific health and it continues the momentum on what's working well, but also looks at where and how we can improve Pacific health outcomes. Ola Manuia identifies priority areas and where resources can be focused, as well as high-level actions that will contribute effectively to improving health and wellbeing for Pacific peoples. All parts of the health and disability sector are responsible and accountable for improving Pacific health outcomes and achieving health equity.

The outcomes are supported by: a focus on empowering Pacific people and their communities; changes at a systems level; and working with other agencies and sectors to target the socioeconomic determinants of health. The outcomes aim to allow innovation according to community needs and realities. The outcomes are:

1. We live independent and resilient lives - empowering Pacific people's knowledge and skills to take ownership of their health.
2. We live longer in good health - changing the healthcare system to be more responsive.
3. We have equitable health outcomes - strengthening actions with Government and across sectors to create environments that improve health equity for Pacific communities.

Ola Manuia includes a list of indicators and measures that will be used to monitor the progress of this action plan in improving outcomes for Pacific peoples (including indicators that are part of other frameworks .for example the primary care and hospital patient satisfaction surveys could be used).

Please include the actions for the upcoming year that your DHB considers to be the most important for Ola Manuia, including the reasons why the action(s) are important and the expected impact.

Ola Manuia health and disability system indicators include indicators of health system workforce, health information and quality of care, cultural safety and responsiveness capacity. Please include the most significant action the DHB will take to develop the cultural responsiveness of your services.

DHB activity	Milestone
Hauora Pacific coordinator will continue to strengthen connections with Pacific people to give voice, highlight prioritises and provide opportunities for health and wellbeing activities. This role will contribute supporting the local Pacific communities and provide health messages at regular talanoa, fono and support the Pacific annual festival. During 2020/21 main focus will be • vaccination programmes, • Bowel screening and other screening programmes. • Long term conditions through self management peer support and other lifestyle challenges The long term focus of all activities will ensure children and young people will remain at the centre.	Q1 Ongoing Ongong

CARE CAPACITY AND DEMAND MANAGEMENT (CCDM)

Detail key results for the DHB from the SSHW evaluation of fully implementing Care Capacity Demand Management (CCDM) for nursing and midwifery in all units/wards by June 2021.

- Outline key actions the DHB will undertake in 2021/22 to complete and/or maintain the implementation of CCDM in each component of the programme; governance, patient acuity data, core data set, variance response management and FTE calculations.
- Provide a quarterly milestone for each action.

Provide an update each quarter on:

- How many FTE calculations have been completed since reporting to the Ministry in Q4 2021?
- Have the FTE calculations been agreed at an executive level and is it within budget?
- What additional FTE have been recruited?

DHB activity	Milestone
Standard 1 - Governance	
• Review of TORs and membership for all working groups	Q1
• Annual Work plans developed and monitored for each working group	Q4
• Annual Partnership Assessment completed	Q3
• Complete Annual Standards Assessment	Q3
• Receipt of "Over The Line" report from SSHW Unit	Q1
• Reporting to CCDM National governance group	Ongoing
Standard 2 - Patient Acuity	
• Review TrendCare Steering Committee membership and TORs	Q1
• Annual work plan developed and endorsed	Q1
• Formal "Over the Line Assessment" completed by SSHW Unit	Q1
• Review TrendCare Operational Guidelines	Q1-Q2
• Develop annual TrendCare Education Plan	Q2
• Annual IRR Testing planned and completed	Q2-Q3
• Review TrendCare Scorecard	Q2
Standard 3 – Core Data Set	
• Review CDS Working Group Membership and TORs	Q1
• Annual work plan developed and endorsed	Q4
• Standard Operating Procedures updated	Q1
• CDS Dashboard development completed	Q1
• Education Plan developed and rolled out once CDS dashboard completed	Q1

• Annual review of CDS metrics • LDCs work programmes and reporting to CCDM Council	Q4 Monthly
Standard 4 – Staffing Methodology/FTE Calculations By the end of quarter 3 2021/22 seven FTE calculations will have been updated across all inpatient wards. These results of these FTE calculations will be agreed and included within the 2021/22 budgets. • FTE Calculations results from 2021-22 into budget • FTE Calculations results roster model in place – revisions from 21/22 calculations • Review FTE Working Group membership and TORs • Studies set up in software for 2021-2022 FTE Calculations • Business Rules for FTE calculations process reviewed and endorsed • TrendCare data loaded into software • FTE Calculations Results endorsed by Executive team	 Q4 Q4 Q1 Q1 Q1 Q2 Q4
Standard 5 – Variance Response Management • Review VRM Working Group Membership and TORs • VRM Annual Work Plan produced and endorsed • VRM Standard Operating Procedures Updated and endorsed • Complete VRM/HaaG/VIS education • HaaG Screen Review • Annual review IOC processes • Annual review of VRM associated policies/guidelines	 Q1 Q4 Q2 Q2 Q2 Q3-Q4 Q3-Q4

HEALTH OUTCOMES FOR DISABLED PEOPLE

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.

Please include the actions for the upcoming year that your DHB considers to be the most important for improving health outcomes for disabled people, including the reasons why the action(s) are important and the expected impact.

- To improve outcomes for disabled people, please include one or two key actions with milestones the DHB will undertake to continue to support COVID-19 recovery and/or embed key learnings from its COVID-19 response in this priority area. The actions identified in this plan should be those expected to have the most significant impact on improved outcomes (only include an action(s) if the DHB has relevant learnings for this area).
- To improve outcomes for disabled people, please include at least one and up to two evidenced-based equity actions focused on your Māori populations within each identified planning priority. The actions identified in this plan should be those expected to have the most significant impact on improving equity of outcomes.

DHB activity	Milestone
Hauora Tairāwhiti will undertake an audit of DHB services to ensure equity of access for people with disabilities to ensure all people are treated equitably and with dignity and respect, especially for Māori with a specific focus in the review on access for Māori with the results of that review being a part of the iwi Māori relationship process.	Q1 Audit complete
Hauora Tairāwhiti Disability Strategic Plan will be audited against the national framework and standards	Q3 Audit complete

PLANNED CARE

Planned care

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) reflect the principles of clarity, timeliness and fairness. (Planned Care Engagement support pack and FAQs is available on QUICKR)

In 2021/22 DHBs will be in the second 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.

Please include the actions for the upcoming year that your DHB considers to be the most important for planned care, including the reasons why the action(s) are important and the expected impact.

- For planned care please include one or two key actions with milestones the DHB will undertake to continue to support COVID-19 recovery and/or embed key learnings from its COVID-19 response in this priority area. The actions identified in this plan should be those expected to have the most significant impact on improved outcomes (only include an action(s) if the DHB has relevant learnings for this area).
- Please include five key actions (one for each Strategic Priority: 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) that will be undertaken in 2021/2 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.
DHBs are expected to engage with DHB Consumer Councils and other key stakeholders in the ongoing implementation of their plan.

Focus on: Planned Care Interventions (SS07)

- Please include a minimum of two key improvement actions that are expected to have the most significant impact on performance improvement, with milestones for each quarter.
- Please also include two locally selected contributory measures that will support measurement of progress. These measures may include other existing planned care measures (SS07) or other additional measures that support delivery.

Please note that contributory measures must have written documentation about the measures, including technical documents and quality assurance processes as these documents may be subject to external audits. The online measures library is one resource available for the selection of contributory measures.
https://nsfl.health.govt.nz/dhb-planning-package/system-level-measures-framework/health-quality-measures-nz

DHB activity	Milestone
The Hauora Tairāwhiti Planned Care programme reflects the national direction in relation to planned care services. It is about providing services based on clinical need within the resources available, in a timely and respectful way. It aims to consider medical and surgical activity in a way that is not limited to the hospital setting or groups of health professional. Rather than supporting just hospital-based care, Planned care refers to services delivered in the most appropriate setting, by the most appropriate person, based on a person's clinical need.	Delivery of service to the agreed Planned care improvement programme. (Q4)
System Improvement and Sustainability In 2020 commenced a 3 year whole of system review in the approach planned service delivery. This was in the context of gaining an improved understanding of local health needs, with a specific focus on addressing unmet need, consumer's health preferences, and resolution of inequities. Detailed actions to achieve the key objectives below are detailed within the plan. • 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. In year one focus has been on establishing the overall framework to support this programme of work and managing clinical risk of delay to assessment and treatment. In the 2021/22 year 5 key work streams will be progressed.	Quarterly Reporting

Equity (EOA) We continue to work with GPs consultants, nurses, and other health professionals and consumers to redesign our approach. Challenging ourselves to understand that more of the same might not necessarily do anybody better, particularly those who are worse-off by: • Making sure Māori are not disadvantaged in accessing planned care services • Effective partnerships with Māori stakeholders • Seek Māori specific advise from the outset • Resource and invest where it is required most • Explore Māori provider opportunities to address access barriers.	Data reflects an increasing volume of Māori accessing planned care services (Q4)
Service sustainability Focus on securing clinical resource within key specialities and being creative in a constrained facility footprint within the secondary care environment: • 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
System review The model of service provision and associated systems and structures will be reviewed to support change in service delivery from a transactional model to a broader whole of system approach. This is particularly relevant for the geographical isolated areas of Tairāwhiti. This will include telehealth, mobile service, hours of service provision. Undertake a focussed data quality programme of work to improve standardisation of processes and improved data quality	Q4
COVID-19 Planning Using the learning of the urgent response to COVID-19 and extend them into a BAU way of working where clinically appropriate. Initial plans developed in relation to the provision of planned care services during the peak COVID response require review to ensure that the reflect contemporary best practice. Continuing to explore and implement telehealth solutions to minimise disruption of service deliver due to pandemic levels.	Q2

ACUTE DEMAND

Acute Data Capture:

How SNOMED data will advise DHBs on improving health pathways for long term conditions e.g. Diabetes, respiratory conditions than could be managed in the community with a focus on equity.

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,
- the organisations that you will work with to plan and achieve improvements.
- percentage reduction in the standardised rate of acute bed days, while reducing the discrepancy between Māori and total population standardised bed day

Please include the actions for the upcoming year that your DHB considers to be the most important to improve the management of acute demand, including the reasons why the action(s) are important and the expected impact.

- Please include one or two key actions that identifies improvement to acute care flow and that the DHB will undertake to continue to support COVID-19 recovery and/or embed key learnings from its COVID-19 response in this priority area. The actions identified in this plan should be those expected to have the most significant impact on improved outcomes. Please include milestones for Q1 and Q3

The actions need to be explicit about how your plan will address equity in acute care for the following areas. Please include milestones for Q2 and Q4:

- Improving wait times for patients requiring mental health and addiction services who present to ED
- Identifying and address inequities when accessing emergency departments
- Better population health outcomes in partnership with primary health care

Excessive delays to admission for acute patients are associated with poor patient outcomes: adverse events incl. errors, delayed time-critical care, increased morbidity and death. Associated with better patient experience. Indicative of hospital capacity – and use of community and step-down processes.

Acute Hospital Bed Days per Capita (*refer to SLM plan*)

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 is supported by a suite of locally selected contributory measures to strengthen the ability to detect and understand factors that drive acute demand. This combination of measures avoids the risk of a single high-level measure which gives no indication of where improvements could be made. It also creates opportunities for inter-provider communication and promotes data transparency and knowledge sharing.

DHB activity	Milestone
Acute Data Capturing Following completion of SNOMED implementation, the service will be positioned to use the information to identify key areas of focus for service change including pathways of care, and redirection models.	Snomed fully implemented Q2

Acute Demand Service provision fit for community. **(EOA)** Implementation of telehealth and virtual consultations during COVID-19 occurred with urgency and necessity. It has been identified that the implementation of these systems were tolerated by the community. However as time has progressed, there has been a move back toward expecting a face to face consultation with health service staff. This has been identified as a driver of increased presentations to the ED for non-emergency complaints. A work programme is focused on reviewing how we engage the community in new delivery tools, for example building a telehealth/virtual consultation system that fits the community, provides appropriate support to users and build community confidence in these tools. Use of this technology will ensure that patients are supported in the community and reduce acute impact on health services.	Q3
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. Within Tairāwhiti the Acute Demand Group (Pharmacy, Primary Care and Secondary Care Services) lead and discuss intitiatives to manage the flow, 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.	Q4 Q1
Pilot Nurse led Cardiac Arrhythmia service (EOA) Atrial Fibrillation (AF) is now considered the leading cardiac cause for hospitalisation in New Zealand with the burden falling unequally on Māori but also at a much younger age. There is strong overseas evidence to support a nurse led integrated care model to reduce mortality and morbidity associated with AF. Hauora Tairāwhiti believes a similar nurse led community based service is needed urgently in our community with the intent of improving equity in heart health for the people of Tairāwhiti. A Nurse led Cardiac Arrhythmia service pilot funded through the Ministry of Health's DHB Sustainability funding will be • Implemented during 2021 and • Evaluated early in 2022.	Q1 Q3
Single point of entry to Allied Health Services Early and effective access to allied health services is key to proactive identification and management of risk, build confidence and strength to avoid injury or harm. Improving ease of access to these key services will reduce barriers, improve right service provision and enhance ongoing engagement in health services. This project will identify earlier the need for Allied Health led intervention to reduce functional decline and dependence. The project will address 3 key areas • Develop clinically appropriate referral guidance and pathways to inform referrers of options • Implement consistent e- referral processes across Allied Health • Support the transdisciplinary triage of referrals The project will be • Implemented during 2021 and • Evaluated early in 2022.	Q1 Q3

Primary Options Primary and secondary health care services within Tairāwhiti discuss and improve the pathway for acute patients who can be managed within the community. New and current pathways for Primary Options are discussed and agreed across the sector. These pathways include management of cellulitis, DVT, mental health and respite care.	Ongoing
Winter Programme - 2022 As per System Level Measure plan, 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. **(EoA)**	Q3 & Q4
Midland Trauma System (further details outlined in Te Manawa Taki Equity Plan) The Midland Trauma System is a network of specialised clinical personnel based in each of the 5 Midland DHBs. The clinical teams provide patient care, coordination and oversight of complex patients, provide local governance and direction through trauma committees and M&M's etc, collect and review data with an emphasis on inequities and quality improvement including regional guideline creation and implementation and pre destination matrices ensuring the right patient gets to the right facility and has the right treatment provided in a timely manner. The clinical teams are supported by a hub service that runs and administers the Midland Trauma Registry (MTR), leads quality improvement initiatives, develops regional documentation and monitoring of workplans. Completes reporting at local, regional and national levels and provides regional governance and support. The hub also comprises of the Midland Trauma Research Centre (MTRC) which identifies and monitors trauma issues translating data into knowledge whether the issues are clinical, system infrastructure or injury awareness and prevention in nature. Recent activities have included: • Regional trauma guidelines • Streamlined trauma reception protocols • Pre- and interhospital referral matrices • "Safety Net" concept development • ORAT Program (Optimised Recovery After Trauma) • Patient Diary for major trauma **Next 12 months:** Over the next 12 months there are plans to progress the following: • Extend the Trauma reach clinic to include high risk groups not under trauma admitting bed card-this will improve transition from hospital to discharge enacting the principles of Whānaungatanga. • Develop the Te Manawa Taki Trauma Task force with Nga Toka Hauora to address inequity issues affecting Māori • Engage groups to review the lack of whānau centred rehabilitation and create this as a Kaupapa of care • Reviewing responsibilities for DHBs and researchers towards consent and data sovereignty	By Q4

RURAL HEALTH

Improving access for rural health is a priority for the Government and something we expect all DHBs to be working on, closely with their rural primary care partners and community.

Please include the actions for the upcoming year that your DHB considers to be the most important for rural health, including the reasons why the action(s) are important and the expected impact.

- For Rural health please include one or two key actions with milestones the DHB will undertake to continue to support COVID-19 recovery and/or embed key learnings from its COVID-19 response in this priority area. The actions identified in this plan should be those expected to have the most significant impact on improved outcomes (only include an action(s) if the DHB has relevant learnings for this area).
- For Rural health lease include at least one and up to two evidenced-based equity actions focused on your Māori populations within each identified planning priority. The actions identified in this plan should be those expected to have the most significant impact on improving equity of outcomes.

DHB activity	Milestone
Te Tairāwhiti has a high portion of its population living and working in rural communities, Māori make up a high percentage of this population. Rural communities experience limited access to services for all healthcare. A scoping exercise of services and providers delivering in rural communities will be undertaken to identify approaches which improve the wellbeing of rural communities. This approach will seek to maximise opportunities across sectors and providers.	Q3
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
Patient Survey Ngāti Porou Mahi Tahi will agree two measures to see improvement in the next patient survey cycle	Q3
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)** Hauora Tairāwhiti will set up an agreement for services with Ngāti Porou Hauora for the provision of additional specialist clinics at the Rural Based hospital site. Agreement will specify the schedule of additional clinics and resource requirements. **(EOA)**	Q2 Q1

IMPLEMENTATION OF THE HEALTHY AGEING STRATEGY 2016 AND PRIORITY ACTIONS 2019-2022

New Zealand's population is ageing, increasingly diverse, and living longer and in better health than in the past. However, as a result of living longer there are more older people with more complex health and disability needs. Inequitable health outcomes are also evident in New Zealand amongst populations with different levels of underlying social advantage/disadvantage. The Healthy Ageing Strategy (the Strategy) was released in December 2016 and sets the strategic direction for the delivery of services to older people for the next 10 years to meet these increasingly complex needs and contribute to achieving equity and eliminating disparities in health outcomes between population groups. Cabinet agreed to Priority Actions for the next phase of the Strategy's implementation 2019 – 2022 in November 2019. Implementing these actions will contribute to delivering on the Strategy's vision that: Older people live well, age well and have a respectful end of life in age-friendly communities.

Please include the actions for the upcoming year that your DHB considers to be the most important for Implementation of the Healthy Ageing Strategy 2016 and Priority Actions 2019-2022, including the reasons why the action(s) are important and the expected impact.

- Please include the one or two key action(s) that contribute to a national process to improve preparedness for a pandemic outbreak (and COVID-19 resurgence) on services in the community for older people, using COVID-19 learnings (this may include, for example, workforce cover, staffing contingencies and education, how to provide support for vulnerable people and workers, new ways of working that can be used during BAU).
- Please include the one or two key action(s) in community and primary care settings to improve the identification of factors associated with early signs of emerging frailty, with a focus on Māori and Pacific peoples; and put interventions in place to retain and restore the function of older people.
- Please include the one or two key action(s) to implement the key priorities for dementia services identified from the 2019/20 regional stocktake and the sector's priorities in Improving Dementia Services in New Zealand – Dementia Action Plan 2020-2025, for improving equity.
- Please include the one or two key action(s) to improve the DHBs early supported discharge services and community-based support and restorative services to build older people's' resilience, with a focus on those with inequitable health outcomes.

DHB activity	Milestone
Healthy Aging Tairāwhiti Service (EOA) A new service will be established which focuses on our older population with specialist services. The service will provide clinical, allied, rehabilitation and support services with a strong community facing person centred approach. The service will have strong links with ARRC, HCSS and primary care to ensure coordinated transition between service partners. Healthy Aging Tairāwhiti Service will implement a fragility screening tool and patient pathway to manage high risk patient at home in partnership with community partners. **(EOA)**	Q1 Q2
Post Discharge Care Hauora Tairāwhiti will look to devolve care provide to patients in the urban environment following discharge/event. This will bring all short term home and community cares under one service to provide continuity of care. During 2021/22 Hauora Tairāwhiti will work with provider and ward staff to improve discharge planning services. **(EOA)**	Q3
Home Care Support Services Hauora Tairāwhiti and service partners will review and investigate the current funding model to ensure that it recognises equity of care across the district and prioritises cares provided to Māori.	Q2

Dementia Together with the Healthy Aging Tairāwhiti Service Whānau centred care practices will be employed using the Tairāwhiti Way of Working. Team members within Mental Health of Older Person team will be supported to learn and employ this way of working thereby strengthening cross team and sector partnering in support of strengthened outcomes for Whānau and am emphasis on early intervention and Whānau led decision making.	Q1-4
COVID-19 Through a collaborative approach Tairāwhiti will prioritise the rollout of the COVID-19 vaccination programme to our older population. Programme will prioritise rural areas and Māori through an approach utilising staff from a number of providers working together to reach the most vulnerable within and across te Tairāwhiti. (**EoA**)	Q1

HEALTH QUALITY & SAFETY (QUALITY IMPROVEMENT)

Please include the actions for the upcoming year that your DHB considers to be the most important for improving quality, including the reasons why the action(s) are important and the expected impact.

Spreading hand hygiene practice
As a result of learnings from COVID-19 please identify one or two 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.

Improving equity
Specify improvement action to improve equity of outcomes in one of the three identified topics diabetes, gout or asthma.

Improving Consumer engagement
Progress the implementation of the quality and safety marker (QSM) for consumer engagement by:
Continuing to support the governance group (or oversight group) of staff and consumers guiding implementation of the marker.
Report against this QSM twice-yearly (Q1 and Q3) via the online form on the Commission's website using the SURE framework as a guide.

DHB activity	Milestone
Spreading hand hygiene practice • Infection control will work across the health section to review policies and procedures around hand hygiene. • Regular hand hygiene audits with hospital services • Hauora Tairāwhiti has achieved an average of 80% across its services in the latest quarterly audit and learnings from these and subsequent audit, including Best Practice will be spread across the local health sector	Q1
Improving equity (EoA) As part of the Tairāwhiti equity investment approach an agreed work programme will be agreed with Iocal Iwi and Māori health providers to improve both the self-management of diabetes and long term strategies to reduce the burden of diabetes on the local community.	Q1
Korero Mai[2] (EoA) Patients, families and whānau often recognise subtle signs of patient deterioration even when vital signs are normal. Failures to adequately respond to concerns raised by patients, families and whānau are commonly highlighted in adverse event reports from the Health and Disability Commissioner associated with clinical deterioration. Hauora Tairāwhiti will roll out a patient, family/Whānau led escalation process when patients condition changes across the inpatient wards.	Q1
Shared Goals of Care[3] Unwanted or unwarranted treatments at the end of life can contribute to suffering for patients, families and whānau, moral distress for clinicians, and unnecessary expenditure for the health system. Effective communication is necessary to elicit patients' values and preferences for care and ensure informed choices can be made about complex medical	Q2

[2] https://www.hqsc.govt.nz/our-programmes/patient-deterioration/workstreams/patient-family-and-Whānau-escalation/
[3] https://www.hqsc.govt.nz/our-programmes/patient-deterioration/workstreams/shared-goals-of-care/

treatment options. Ideally these conversations occur prior to episodes of acute deterioration without the pressures of an evolving and emergent clinical crisis. Hauora Tairāwhiti will look to roll out the program to inpatient wards during 2021/22. **(EOA)**	
Improving Consumer engagement Progress the implementation of the quality and safety marker (QSM) for consumer engagement by: Continuing to support the governance group (or oversight group) of staff and consumers guiding implementation of the marker. Report against this QSM twice-yearly via the online form on the Commission's website using the SURE framework as a guide**.**	Q1 & Q3
Advanced Care Planning Advance care planning (ACP) is the process of thinking about, talking about and planning for future health care and end of life care. Hauora Tairāwhiti will continue to increase the number of health professionals trained in discussing ACP with patients and whānau to identify share care goals supporting understanding of their condition, improve their comfort, and reduce stress, anxiety and depression for whānau after a person dies. Hauora Tairāwhiti will • ensure that ACP training is incorporated into its orientation process • Provide four level one ACP training courses per year across Tairāwhiti • Increase the number of patients ACPs registered on the Hauora Tairāwhiti alert system	 Q1 Q4 Q4
Serious Illness Conversation Serious Illness Conversation training helps health professionals feel more confident to have quality conversations with seriously ill people. It provides health professional with tools to have difficult conversations with patients around the patient's illness and prognosis in a way which allows the patient to really understand what they are being told. Four training sessions held annually in Tairāwhiti to present health professionals with a set of structured questions drawn from best practices in basic palliative care which will serve as a framework for health professional to explore topics that are crucial to gaining a full understanding about what is most important to patients. **(EOA)** Hauora Tairāwhiti will • Provide four Serious Illness Conversation training courses per year for Health Professionals	 Q4

TE AHO O TE KAHU – CANCER CONTROL AGENCY

Te Aho o Te Kahu is a stand-alone departmental agency hosted by the Ministry of Health reporting directly to the Minister of Health. These new arrangements provide the foundations for strong central leadership and oversight of cancer control, and better recognise the impact that cancer has on the lives of New Zealanders.

Te Aho o Te Kahu is equity-led, knowledge driven, person and whānau-centred and outcomes focused, taking a whole-of-system focus on preventing and managing cancer. Our commitment to the goal of achieving equity is central in all Te Aho o Te Kahu processes and work programmes.

Cancer is the leading cause of death in New Zealand and presents unique challenges to the health system. The number of people diagnosed with cancer is projected to double in the next two decades, the costs and complexity of care and the pace of change present major challenges for our system and services. Cancer survival is improving in New Zealand, but our rate of improvement is slower than other comparable countries, so we are at risk of falling behind.

When diagnosed with cancer, survival is poorer for Māori than for non-Māori. Te Aho o Te Kahu is committed to an equity first approach to our work. This will ensure improved health outcomes for those disadvantaged.

DHBs are required to monitor the impact of COVID-19 on cancer diagnostic and treatment services and use this information to plan and manage service volumes. In the event of a resurgence of COVID-19, DHBs are required to implement the guidance developed by Te Aho o Te Kahu on service delivery expectations at each of the hospital alert levels to ensure minimal impact on cancer patients.

It is expected that all actions and quality improvement resulting from the annual planning process will be inclusive of actions that improve outcomes for Māori, Pacific and those who are disadvantaged.

NEW ZEALAND CANCER ACTION PLAN 2019 – 2029

The New Zealand Cancer Action Plan has four main goals

- New Zealanders have a system that delivers consistent and modern cancer care – He pūnaha atawahi
- New Zealanders experience equitable cancer outcomes – He taurite ngā huanga
- New Zealanders have fewer cancers – He iti iho te mate pukupuku
- New Zealanders have better cancer survival, supportive care and end-of-life care – He hiki ake i te o ranga.

Te Aho o Te Kahu are responsible for setting the direction for change that delivers improved outcomes for New Zealanders. District Health Boards will have key responsibility for the successful achievement of these outcomes locally and regionally. Te Aho o Te Kahu also works closely with the Ministry of Health to ensure were there are synergies in our expectations of DHBs that these are aligned i.e. prevention strategies, tobacco control, screening services and palliative care.

New Zealanders have a system that delivers consistent and modern cancer care – He pūnaha atawahi

- To better understand the national provision of chemotherapy, Te Aho o Te Kahu is developing nationally agreed treatment regimens and associated data standards – the ACT-NOW project. This initiative will inform our knowledge of treatment delivery, identify issues relating to equity, and support resource planning and cost savings
    - To realise these gains, it is necessary that DHBs implement ACT-NOW data standards in their oncology e-prescribing systems and the ability to message data to a national repository.
- DHBs will implement cancer specific Health Information Standards Organisation (HISO) standards issued by the Ministry of Health, including but not limited to:
    - HISO:10038.4:2021 Cancer Multidisciplinary Meeting Data Standards

- HISO: 10080:2021 Systemic Anti-Cancer Therapy Regimen Standard
- And associated FHIR messaging standards (to be released 2020/2021) of service.

DHB Cancer Centres providing Radiation Oncology Services will work with Te Aho o Te Kahu Regional Hubs to contribute to, and implement the recommendations of, the national Radiation Oncology Service Plan.

- Additionally, please include the most significant two or three actions being taken by individual DHB Cancer Centres to ensure the regional Radiation Oncology Model of Service, including capital and workforce planning, is fit for purpose to meet the current and future needs. (Radiation Oncology providers only)
- DHB Cancer Centres participating in the LINAC replacement capital programme (Auckland, Waikato, MidCentral, Capital and Coast, Christchurch DHBs) please also include the key process steps and timelines to develop business cases for approval and/or to complete linac replacement.
- DHB Cancer Centres implementing outreach radiation treatment services (through the placement of LINACs in locations remote to the Centre) and those DHBs recipient of these outreach services, please include key process steps and timelines to develop the satellite business cases and/or commence service delivery. All actions to highlight a partnership approach to the implementation of these new models of service.

New Zealanders experience equitable cancer outcomes – He taurite ngā huanga

Te Aho o Te Kahu has an equity first approach to improving health outcomes. It is expected that all deliverables against the annual planning process will be demonstrate inclusive actions to improve outcomes for Māori, Pacific and those who are disadvantaged.

- DHBs will participate, as requested, in Te Aho o Te Kahu travel and accommodation project that aims to improve cancer patient equity of access and support to cancer services/treatment for your district and inter-district patient flow.
- DHBs are expected to identify at least two actions they are taking to specifically address inequalities and access to diagnosis and care for Māori and Pacific patients. Te Aho o Te Kahu will support DHBs to identify key actions by providing a report of recommended actions based on feedback from 15 Māori community hui later in 2021.

New Zealanders have fewer cancers – He iti iho te mate pukupuku

Preventing cancer is the best strategy for controlling cancer and reducing inequities. It is estimated that around 40 percent of health loss from cancers is potentially preventable. The modifiable risk factors can be influenced by socioeconomic and physical environments.

- Please identify in relevant sections of your Annual Plan how you will include a focus on cancer prevention within key actions to address:
  - delivery against tobacco control objectives with an emphasis on activities to improve stop smoking for Pacific People and wāhine Māori
  - the impact of alcohol related harm
  - the impact of poor nutrition, insufficient physical activity and unhealthy body weight
  - inequities in Māori and Pacific participation in National Screening Programmes

(*Te Aho o Te Kahu will work in partnership with the related MOH – Population Health, Public Health and National Screening Unit - to support the delivery and evaluation of these programmes – separate actions and reporting is not required in this section*)

New Zealanders have better cancer survival, supportive care and end-of-life care - He hiki ake i te o ranga

Te Aho o Te Kahu is committed to work in partnership with DHBs to undertake quality improvement (QI) activities to address unwarranted variation in cancer care. Quality Performance Indicators (QPIs), both existing and yet to be developed, that measure performance against best practice, will be the foundation for improvement activity.

Te Aho o Te Kahu will develop tumour specific Quality Improvement Action Plans. DHBs are expected to use these plans as guides for their quality improvement activity and, where appropriate, Te Aho o Te Kahu will support them to do this. For example, where DHBs perform poorly against the national average, remedial action to address unwarranted variation is expected.

Te Aho o Te Kahu expects DHBs to develop or evolve existing clinical practice to ensure continuous improvement in their QPI results. It is also expected that DHBs will maintain their performance against any indicators where they perform well or highly.

Opportunities for improvement are to be developed utilising the national cancer QPI monitoring reports, the national QPI action plans and internal DHB quality systems.

Where relevant, DHBs will align their improvements with actions undertaken to improve performance in screening services i.e. bowel, breast, cervical.

Additionally, DHBs will ensure their improvement activity demonstrates effective engagement with Māori, Pacific, DHB Consumer Councils and other key stakeholders.

As part of the development of the national QPI programme, Te Aho o Te Kahu expects that DHBs will support clinician participation in the appropriate tumour-specific quality forums.

Please include a minimum of two improvement actions that are expected to have the most significant impact on performance, with milestones, based on the:

- Bowel Cancer Quality Improvement Plan 2020
- Lung Cancer Quality Improvement Monitoring Report (February 2021) – The Lung Cancer Quality Improvement Plan will be published in quarter 4 2020/21.
- Prostate Cancer Quality Improvement Monitoring Report (draft March 2021) - This draft report was released and will be finalised and published in quarter 4 2020/21.
- Quarterly Faster Cancer Treatment (FCT) reporting (31-day and 62-day cancer waiting time measures) including one action to improve FCT data quality. (See definitions and business rules in the DHB non-financial monitoring framework and performance measures - reporting section).
- Monitoring of the impact of COVID-19 on cancer diagnostic and treatment services. Please provide any key actions you are undertaking specifically in response to the impact of COVID-19 on cancer detection and/ or intervention rates.[1]

DHB activity	Milestone
Overseas experience has shown that people with reduced immunity are at higher risk from this virus. This includes people with cancer and those who have recently received chemotherapy or other treatments that weaken the immune system. People in these groups might also be infectious with the virus for longer. Hauora Tairāwhiti will monitor and address any impact of COVID-19 resurgence on maintaining cancer diagnostic and treatment services.	Ongoing

Hauora Tairāwhiti will continue to focus on achieving equity, Faster Cancer Treatment (FCT) wait times, the identification of specific local issues and continuously implement service improvement initiatives
• Develop, implement and report improvement plan initiatives based on national quality performance indicators (QPI) reports for bowel, lung and prostate cancer (both yet to be published) with a focus on QPI's that are outside the national average (underperforming) **(EOA)**
  ○ Explore the opportunities to increase the number of patients diagnosed with cancer in the elective pathway (and therefore reduce emergency department presentations)
  ○ Undertake an audit to understand reasons for colorectal cancer emergency presentations and implement improvements alongside local bowel screening initiatives such as community / primary care awareness and engagement, and GP prompt.
  ○ Implement national lung cancer follow-up and supportive care guidance following curative treatment
  ○ Explore feasibility and implement earlier detection of lung cancer initiatives within available resourcing **(EOA)**
  ○ Participate in regional development of prostate cancer community health pathway and e-referral
	Q1- Q4

• Continue regular FCT reporting (including equity-based reporting) and monitoring against the performance measures **(EOA)**	Ongoing
• Work in partnership with Te Aho o Te Kahu and HealthShare to improve FCT data quality and business rule changes as required	Ongoing
• Continue to participate and implement the Te Manawa Taki Clinical Pathway and MDM management solution project (achieve compliance with HISO MDM Standards) **(EOA)**	Ongoing
• Depending on the outcome of the 2020-21 Te Manawa Taki oncology e-prescribing feasibility project, implement recommendations that enable implementation of the Te Aho o Te Kahu ACT-NOW treatment regimens within available resources	Ongoing
• Support Kia Ora E te Iwi community-based programme for Māori led 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 and to support driving patient/whānau identified improvement to services **(EOA)**	Q2
• Hauora Tairāwhiti will consider findings and implement recommendations from the local community-based Māori Community Hui (2021 date TBC) in partnership with Te Aho o Te Kahu. From this engagement, the DHB can also facilitate locally driven community-based initiatives with people with cancer, whānau and providers to drive service improvements **(EOA)**	Q1
• Work with local providers to develop strategies to increase coverage of local breast and cervical screening, see breast screening and cervical screening components of the Plan **(EOA)**	Ongoing
Hauora Tairāwhiti will participate in the Te Aho o Te Kahu travel and accommodation project	Ongoing

BOWEL SCREENING AND COLONOSCOPY WAIT TIMES

New Zealand has one of the highest rates of bowel cancer in the world. Bowel cancer is the second most common cause of cancer death in New Zealand, after lung cancer, with the third highest bowel cancer death rate in the OECD for women and the sixth highest for men. The National Bowel Screening Programme aims to reduce the mortality rate from bowel cancer by diagnosing and treating cancers at an earlier more treatable stage. Early identification and removal of precancerous advanced bowel adenomas aims to reduce bowel cancer incidence over time.

Achieving equitable access is a key priority for the bowel screening programme because participation rates for Māori, Pacific and people living in our most deprived areas remain lower than other groups. The Ministry of Health, DHBs and the National Coordination Centre all have an important role in ensuring all participation targets are achieved with a dedicated focus on eliminating equity gaps between Māori and non-Māori, Pacific and non-Pacific/non-Māori.

The National Screening Unit has implemented an Equity and Performance Matrix in the annual planning reporting process. The Matrix measures both performance against a target and the equity gap between population groups notably, but not limited to, Māori and non-Māori.

To ensure all patients requiring diagnostic procedures are treated fairly, the Ministry uses a dedicated monitoring framework to measure symptomatic colonoscopy wait time performance alongside bowel screening colonoscopy performance. This process ensures both the recommended colonoscopy wait times and the number of people waiting longer than maximum wait times receive equal focus.

All DHBs preparing to implement bowel screening must be

- consistently meeting all diagnostic colonoscopy wait times and
- have no patients waiting longer than maximum 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 must ensure:

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

Note: DHBs should report quantitative data under the SS15 Improving waiting times for colonoscopies framework. DHBs should provide qualitative narrative to support SS15 performance reporting here.

Note: DHBs preparing to implement the bowel screening programme should report on boarding progress via the readiness process.

Please include the actions for the upcoming year that your DHB considers to be the most important for improving bowel screening and colonoscopy wait times, including the reasons why the action(s) are important and the expected impact.

- For bowel screening and colonoscopy wait times please include one or two key actions with milestones the DHB will undertake to continue to support COVID-19 recovery and/or embed key learnings from its COVID-19 response in this priority area. The actions identified in this plan should be those expected to have the most significant impact on improved outcomes (only include an action(s) if the DHB has relevant learnings for this area).
- All DHBs providing the bowel screening programme must describe key actions to ensure:
    - Participation rates for bowel screening priority population groups are at least 60% (EOA) AND
    - An overall participation rate of at least 60% in the most recent 24 month period (EOA)

Bowel screening indicator 306 is consistently met.

DHB activity	Milestone
Hauora Tairāwhiti is committed to the roll out of the NBSP alongside our Te Tairāwhiti NBSP Model, this is detailed within the Service Delivery Model for Community Approach for Priority Populations. The trial is dependent on the Ministry of Health (MoH) and the NBSP register being able to accommodate the localised service delivery model which has prioritised equity of access. While the roll out of the programme is occurring to ensure progress in line with the national programme, the current rollout is not in line with the local our model. Hauora Tairāwhiti will continue to engage with MoH and NBSP to resolve the divergence from the local model. Projection planning is underway to achieve waitlist compliance across all categories. The local service delivery model document describes the key actions Hauora Tairāwhiti will take to ensure: • Participation rates for bowel screening priority population groups are at least 60% **(EOA)** and • An overall participation rate of at least 60% in the most recent 24 month period **(EOA)** • Bowel screening indicator 306 is consistently met. Initial plans will be developed in relation to the provision of endoscopy services during the peak COVID response are these are under review/development where applicable.	All KPIs for the NBSP will be achieved by Q4

HEALTH WORKFORCE

Strengthening the workforce should be a high priority for DHBs. Workforce accounts for nearly 70 percent of total public health expenditure. It is important to ensure there is a sufficient and sustainable supply of skilled workers to deliver high-quality health services in a timely manner, driving equity and system improvement.

- Please include the actions for the upcoming year that your DHB considers to be the most important for health workforce, including the reasons why the action(s) are important and the expected impact.
- Please include the one or two key actions being planned/undertaken to use your health workforce differently, both locally and regionally, as a result of the learnings from your COVID-19 response (e.g. utilisation of the Kaiāwhina workforce).
- Please include the one or two key actions being planned/undertaken to engage with unions when considering or developing any new initiatives to increase workforce flexibility and mobility in order to respond to COVID-19.
- Please include at least one action relating to developing/using the swabbing and vaccinator workforces, and any actions being planned or taken to address concerns already raised by the DHB related to workforces under pressure due to pandemic response/planning. Specifically how/could your DHB be using the workforce differently in response to or as a result of learnings from COVID-19 to sustainably build and/or support swabbing/vaccinator workforces?
- Please include the one or two key actions being planned/undertaken to increase the diversity of representation in leadership or decision-making roles.
- Please include the one or two key actions being planned/undertaken to drive sustained improvement in the number of professionals meeting standards of cultural competence and safety.
- Please include the one or two key actions being planned/undertaken to support the sustainability, and the health and safety/wellbeing including mental wellbeing of your workforce.

DHB activity	Milestone
Future Workforce Planning Hauora Tairāwhiti employs 1,077 staff, 35.1% of its employees are Māori, in 2021/22 Hauora Tairāwhiti will improve current trajectory of increasing Māori participation in the workforce across all groups so that by • 2030 Māori workforce that reflects the Māori population proportionality for Te Tairāwhiti. • 2040 Māori workforce with occupational groupings that reflect the Māori population proportionality for Te Tairāwhiti.	Progress reported Q4
To ensure that the future health workforce within Tairāwhiti reflects its population, Hauora Tairāwhiti will utilise available databases to identify and access opportunities to engage with future graduates and others interested a career in Health. Success will be measured through new employees who have participated in the KoH programme.	Q3
Tairāwhiti will establish a Hauora Tairāwhiti Gateway programme working with local secondary schools to introduce students to health careers.	Q4
Hauora Tairāwhiti will be hosting • Coordinated Incident Management System training to increase the capabilities within the organisation to manage any incident. Reporting will show the proportion of staff trained by level. Q2 will establish baseline of those already trained.	Q2 –Q4
To ensure that current and future leaders are equipped with the skills and tools they require, Hauora Tairawhiti will report on the proportion of • New team leaders / managers will attend courses to support the development of their leadership skills • Increase proportion of senior managers / leaders who have participated in the regional courses.	Q4 Q4
Hauora Tairāwhiti will continue to work towards increasing the proportion of its leadership who are Māori, 2021/22 will see an improvement on 2020/21.	Q4

Changing Models of Care (EoA) Within Tairāwhiti, models of care and service delivery are changing specifically in Mental Health and Addiction Services, the development and expansion of telehealth and transdisciplinary care. To ensure the new models are rolled out effectively Hauora Tairāwhiti and Health sector partners will progress training to support staff in the delivery of care in these changing models of care delivery. Reporting will be through specific activities identified elsewhere in the plan.	Ongoing
Changing Health Sector Hauora Tairāwhiti will engage with Staff and Unions on the implementation of the changes to the Health Sector as a result of Health Sector review. Engagement will be through meetings with staff and unions, provided through the weekly all staff newsletter WAKA weekly and information sites located across the hospital. **COVID-19** In times of escalation of alert level in COVID-19 response meetings will be held with unions to provide opportunity to engage with proposed pandemic response changes which include staff redeployment.	As changes occur As changes occur
Workforce Development (EoA) A new Workforce Development Lead within Hauora Tairāwhiti will focus on workforce development, refining of recruitment practices and reconfiguring roles to grow and attract an increased Māori workforce at all levels. This position will also target basic training opportunities, and work to expand on collaboration with other organisations, for example MSD, to create opportunity for work experience and return to work opportunities. These activities will increase proportion of Māori within the workforce which is reported at the end of the year. Hauora Tairāwhiti has a high proportion of Māori within its community. To improve the experience of Maori accessing services, employees will be supported through resources and training with the following courses with reporting on staff engagement with the programmes provided annually • Te Reo Māori courses - Hauora Tairāwhiti will monitor and report the proportion of staff undertaking Te Reo Māori training • Cultural training – mandatory for all new staff Training opportunities are made available for staff to learn and grow in leadership roles. In house training programmes in relation this topic are scheduled monthly and other training programmes by external facilitators are also scheduled from time to time. Participation in the following training course will be reported annually: • Advanced Leadership • Leading Through Change Setting Your Staff Up To Succeed	Q1 Q4 Q4 Q4 Q4 Q4
Supporting Staff Hauora Tairāwhiti continues to provide and monitor participation in the following recently implemented training course • psychological first aid • Self-care in Health Care • Putting the Patient First (Customer Service) • Defensive Driving FIT Testing (respiratory protection)	 Q4 Q4 Q4 Q4 Quarterly
Recruitment and retention Hauora Tairāwhiti will undertake a review of occupational health and health and safety with the aim of ensuring we have an appropriate structure to support staff and the organisation going forward. Review will be completed March 2022 with recommend changes implemented from 2022/23.	Q3

Workforce Sustainability Staff are supported to use Employee Assistance Programme (EAP) as and when required. Contact details for having a private and confidential chat is widely distributed to use as and when required. Those are services provided in partnership with Ministry of Health and Health Care New Zealand. Hauora Tairāwhiti is working to improve its Safe365 result, improvement will reflect increased engagement of employees through a range of initiatives, i.e. • Regular Health and Safety meetings • Health and Safety training. • Health and Safety training for the Governance group. We have also implemented Cognitive Institute's 'Speaking Up For Safety' (SUFS) and we are in the process of exploring the next stage i.e. implementing the 'Promoting Professional Accountability' (PPA). Stage approach will be implement with timeline confirmed in Q2.	Ongoing Q3 Q2

DATA AND DIGITAL

A modern, digitally and data enabled health and disability system can realise the potential of information and digital services to support people to look after their own health and improve decision-making across the system to improve experience, care and outcomes. It is a priority for the Government, and something we want all DHBs to be working on, in partnership with other agencies, industry and consumers. It is expected that all DHBs follow the standard guidance detailed in Operational Policy Framework in relation to Data and Digital.

Please include the actions for the upcoming year that your DHB considers to be the most important for data and digital enablement, including the reasons why the action(s) are important and the expected impact.

We are asking DHBs to identify how digitally enabled changes to ways of working and the delivery of services as part of the COVID-19 response, will be adopted and normalised.

Initiatives should consider telehealth, changes to workforce practices including remote working, increased access to and sharing of data, increased use of data for reporting and analytics, acceleration of the use of cloud services and supporting the COVID-19 response such as electronic ordering of tests and results reporting and electronic tools for CBACs.

- Please include those initiatives that demonstrate data and digital enabled integrated care and collaboration across community, primary and secondary care in order to improve the pandemic response in the event of a resurgence.
- Please include the one or two key actions with milestones that will digitally enable health services to support COVID-19 recovery, sustain changes to service delivery models and/or embed key learnings from your COVID-19 response.
- Please identify actions undertaken to address and resolve significant digital initiatives delayed by COVID-19.
- Please include the one or two actions (with milestones) with the most significant impact on improved outcomes.
- Please include one or two actions for the upcoming year that your DHB considers to be the most important for improving digital inclusion with regard to health services, including the reasons why the action(s) are important and the expected impact.

Please include one or two actions for the upcoming year that your DHB considers to be the most important for improving equity of access to health services through digitally enabled means (e.g. telehealth).

DHB activity	Milestone
Refer Section four: Stewardship - IT section for details.	
Data and digital enabled integrated care and collaboration across community, primary and secondary care in order to improve the pandemic response in the event of a resurgence.	
Hauora Tairāwhiti will work on	
• Improving the integration with the Primary care partners' systems and information exchange levels. Augmenting and facilitating BPAC integration with the additional data exchange for more timely responses. Specific activities include	
○ The rollout of the BPAC, including Planned Care focus services, and with the triage capabilities to be completed	Q2
○ Additional reporting to be delivered to the Primary care partners	Q1
• Pursuing better access to the clinical information held in the region as part of the interoperability programme of work in the region, with better integration between 3DHB's Te Manawa Taki Clinical Portal and the rest of the region. This includes	
○ Interoperability platform to replace the legacy API	Q1
○ Provide additional clinical documentation (clinic letters, documents upload, additional reporting)	Q2

Digitally enable health services to support COVID-19 recovery, sustain changes to service delivery models and/or embed key learnings from your COVID-19 response.
Hauora Tairāwhiti will work to
• Integrated (with the degree of automation) referral pathways between BPAC and Patient Administration Systems (both Primary and Secondary) by the end of calendar year 2021
  ○ HL7 BPAC support for the Primary care systems
  ○ BPAC integration with the DHB systems
• Improve intelligence capabilities and insight on Laboratory and other diagnostics reporting, extending the COVID-19 approach across other sets of the clinical data. Implementation of the Business Intelligence platform in 21/22
  ○ Power BI Foundation
  ○ Power BI Foundation - Stage two
  ○ Focus Pro BI platform (upgrade)
	
	Q1
	Q2
	
	Q1
	Q4
	Q2

Digital initiatives delayed by COVID-19.
To address those initiatives delayed by COIVD-19 Hauora Tairāwhiti will work to repriotisation and focus on the key initiatives while addressing the cause of the delays, such as resource constraints
  ○ Recruitment,
  ○ Portfolio Management,
  ○ Budget repriotisation
	
	Q4
	Q4
	Q4

Data and digital improving outcomes Hauora Tairāwhiti will work on • Introduction of the ePrescribing capabilities with the Clinical Portal, • Implementation of the eMedicines management subject to the outcomes of the regional trials • Clinic Letters “phase 2” to build on the initial success and improve functionality as well as retrospective digitisation	 Q2 Q2 Q2
Improving digital inclusion with regard to health services • Telehealth/Virtual Consult/Virtual Clinics – the Telehealth project is in active stages with the focus shifting from the DHB aspects in the community and with our partners. Addressing the inequity and improving access to the care in technology-scarce areas and communities **(EoA)** • Automation and streamlining of the referral processes, tighter integration and interoperability between the systems together with addressing the business process transformation	 Q2 Q2

Major digital initiatives, and associated milestones, and indicate multi-year initiatives.	
• With the Te Manawa Taki Clinical Portal go-live March 2021, the focus shifts to the next stages of the programme including the eMedicines Management, ePrescribing, Mental Health AS (*Regional programme, delivered out of HealthShare -refer Regional ICT programme of work*)	Q4
• BPAC Referrals incl. Responses – direct electronic link back to primary care on referrals for care (*completed for all services operating external referrals with sequential service by service roll-out*)	Q2
• Supporting Mobile and Flexible Workforce. Technology and Application refresh with access to data, information, and systems regardless of physical location. (*Continuous mobilisation of the workforce, improving access and alignment with the requirements and service models, the focus area for 2021) (part of the hardware lifecycle programme*)	Ongoing
○ 33 percent of the fleet to deliver mobile capabilities	Q2
• Business Intelligence and Analytics, Building and improving on augmenting analytics and intelligence capabilities. The product refreshes and upgrades, engaging with the data analytics and decision support function *(Microsoft Power BI implementation rescheduled, CBS CostPro to FocusPro upgrade (and cloud transition)*) **(EoA)**	
○ Power BI Foundation	Q1
○ Power BI Foundation - Stage two	Q4
○ Focus Pro BI platform (upgrade)	Q2
• 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	Q1
○ Microsoft Teams, Power BI, Office 365	Q2
○ Microsoft M365 transition	Q2
• Public Holidays Act Remediation/Payroll and HR Information system upgrade. Review of the systems capabilities and capturing current and future requirement in light of the sunset notices of the core products	Q1
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. Midland Clinical Portal together with associated projects and initiatives, implementation of Regional Echocardiography system, review of the Regional RIS/PACS)	Ongoing
Digital systems/investments that will improve equity of access to services.	
• Ensuring the accurate data capture in the existent systems, supporting decision making with accurate data including ethnicity information.	
○ Overhaul of the existent reporting capabilities, focus on the equity and access to the services “by design”.	Ongoing
○ Exploration of the GIS as a platform to provide more insight and the pressure areas, where our patients to match the delivery model.	Q4
○ Augmenting the BI and Analytics capabilities.	Q2
• 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	
○ Improving the telehealth capabilities - Complete Telehealth project	Q2
○ Equipping the workforce with the mobile technologies to improve access to the information at the point of care, both on campus and in the field.	
▪ 33 percent fleet/workforce with mobile capabilities	Q2

Note the initiatives that demonstrate collaboration across community, primary and secondary care. • 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	 Q2 Q2 Q2
Describe plans/initiatives that will enable the delivery of health services via digital technology for example telehealth, integrated care and working remotely. • Rollout of ZOOM as the preferred Videoconference/Telehealth platform • Augmenting remote access capabilities, communications links upgrade and technology refresh • Implementation of collaboration toolsets and applications (Office 365, Teams, SharePoint)	 Q2 Q2 Ongoing
Indicate plans for providing consumers with access to their health information. • 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	 Ongoing
Indicate plans for taking part in the digital maturity assessment programme and/ or implementing an action plan following the assessment. • The plan to (re)engage with Data and Digital to take part in the maturity assessment programme is currently delayed due to conflicting priorities.	 Ongoing
Indicate plans for implementing/maintaining Application Portfolio Management to improve asset management. • Local Portfolio Management is continuously refine to appropriately prioritise, select and control Hauora Tairāwhiti programmes and projects, in line with our strategic objectives and capacity to deliver.	 Ongoing
Indicate 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) o Audit against the compliance led by CTAS • NZ Health Information Governance Guidelines (HIGG)	 Q2
Indicate how 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 o Audit against HISF compliance led by CTAS	 Q2
Indicate plans for 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.	
Indicate plans for 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.	

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. In 2021/22, the Ministry expects that DHBs continue to build on the progress made in the previous year towards enabling a strong, supportive and collaborative environment for research.

- Please include the actions for the upcoming year that your DHB considers to be the most important for implementing the New Zealand Health Research Strategy, including the reasons why the action(s) are important and the expected impact.
- For Implementing the New Zealand Health Research Strategy please include one or two key actions with milestones the DHB will undertake to continue to support COVID-19 recovery and/or embed key learnings from its COVID-19 response in this priority area. The actions identified in this plan should be those expected to have the most significant impact on improved outcomes (only include an action(s) if the DHB has relevant learnings for this area).
- Please include one action that highlights how the DHB will continue working with the Ministry of Health to co-design and co-invest in a programme of work to build the capacity and capability across DHBs to enhance research and innovation.
- Please include one action that identifies how you will work with research networks in your region to support staff engaged with research and innovation and build capacity and capability.
- Please include one action on how you will continue to build a supportive environment for clinical staff to engage in research and innovation activities, e.g., through the development and implementation of research policies and procedures.
- Please include one action on how you will provide opportunities for staff to undertake professional development to strengthen research capability.

The Ministry will request a one-page summary update on progress in Q4 to the Ministry and your DHB Board.

DHB activity	Milestone
Support COVID-19 recovery/embed learnings Action 1 Complete all the actions in the COVID-19 review action plan.	Q1
Working with regional research networks to support research and innovation staff Action 1 Establish 2021/2022 work plan for the national DHB research officers' collaboration (ROMA). Knowledge resources and roadmaps created to enhance DHB researchers' capability to collaborate cross-regionally and nationally.	Q4
Building DHB capacity and capability to enhance research and innovation **Action 1** Coordinate Māori participation in the Research Committee and consultation to guide local proposal developments. Involvement of Māori at the earliest stage (and throughout) will enhance potential for research to achieve Māori health advancement. **Action 2** Establish a priority setting framework for research approval that is based on contribution to equity improvement. **Action 3** Build links with research activities outside the DHB but aligned e.g. Mātai Research Institute, DHBs, Universities	Q2 Q2 Q4
Building a supportive environment for clinical staff to engage in research and innovation Action 1 Partner with HRC and MoH to gain funding to actually create a research support function in Tairāwhiti that isn't just the CE doing it in his spare time.	Q1
Providing staff with professional development opportunities Action 1. Support 2 or more Tairāwhiti applications for Health Research Council Career Development Awards. Promising individuals nurtured through the HRC programme will be future research leaders in their specialties.	Q1

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

PRIMARY CARE

Improving access to primary care services is a priority for the Government and something we expect all DHBs to be working on, closely with their primary care partners.

Please include the actions for the upcoming year that your DHB considers to be the most important for primary care, including the reasons why the action(s) are important and the expected impact.

- For primary care please include one or two key actions with milestones the DHB will undertake to continue to support COVID-19 recovery and/or embed key learnings from its COVID-19 response in this priority area. The actions identified in this plan should be those expected to have the most significant impact on improved outcomes (only include an action(s) if the DHB has relevant learnings for this area).
- For primary care please include at least one and up to two evidenced-based equity actions focused on their Māori populations within each identified planning priority. The actions identified in this plan should be those expected to have the most significant impact on improving equity of outcomes.

DHB activity	Milestone
To improve access to general practice Primary Care will be implementing a programme of work to reduce the number of Māori not currently engaged with their primary care provider. Emphasis will be placed on those with LTC or multi morbidity where early engagement with primary care is likely to reduce ED/ASH presentations. **(EOA)**	Q3
To improve access to service and increase the ability for self-care the increased utilisation of Patient Portal across all local primary care practices will improve patient access. • 100% of practices registered • 35% of enrolled population utilises patient portal	Q2

The provision of flexible primary care clinics to offer a range of services across all clinics to the population these include • immunisation, • work place assessment • After hour clinics for people who work and cannot attend during normal regular hours • Men's Health Clinics • Cervical Screening	Q3

PHARMACY

Over recent years we have focused on developing pharmacist services, making better use of pharmacists' skills, within an integrated health and disability system that supports people to stay well throughout their lives. For 2021/22 we ask all DHBs to consolidate this work with an emphasis on immunisation and the expansion of one DHB nominated pharmacy service development.

Please include the actions for the upcoming year that your DHB considers to be the most important for pharmacy, including the reasons why the action(s) are important and the expected impact.

- For Pharmacy please include one or two key actions with milestones the DHB will undertake to continue to support COVID-19 recovery and/or embed key learnings from its COVID-19 response in this priority area. The actions identified in this plan should be those expected to have the most significant impact on improved outcomes (only include an action(s) if the DHB has relevant learnings for this area).
- Please include the one key action from the local strategies the DHB has initiated, or plans to initiate in 2021/22, that support pharmacy and other immunisation providers to work together to improve influenza vaccination rates in Māori, Pacific, refugee, or other locally targeted populations. We are interested in hearing how you are increasing overall vaccination rates, and how you are closing the equity gap between populations using your pharmacist vaccinator workforce.

Please build on and consolidate the DHB's 2020/21 work, taking forward one or two pharmacy service actions described in the DHB's annual plan 2020/21, including how the action will be embedded, integrated and sustained at scale across the DHB's pharmacy providers as an integrated community pharmacy services agreement schedule 3C service.

DHB activity	Milestone
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.	Q2
Local Tairāwhiti Pharmacy Strategy will be developed and agreed with local pharmacy partners as the basis for future Pharmacy service delivery and other considerations.	Q1
In response, to COVID-19 local community pharmacies across Tairāwhiti have extended their ability to delivery services to the home for our vulnerable populations. We will work with community pharmacy to maintain, monitor and update this COVID19 action in their Health Business Continuity and Emergency Plans and establish as Business as Usual.	Ongoing
To increase vaccination coverage for priority populations Tairāwhiti will increase the number of community pharmacies providing influenza vaccinations in Tairāwhiti to at least 75% of Community pharmacies. Pharmacies role in the rohe vaccination coverage will be monitored through monthly NIR reporting during vaccination period. This reporting will focus on ensuring equity across ethnicities and deprivation quintiles. **(EoA)**	Q4

Reconfiguration of the National Air Ambulance Service Project – Phase Two

Air ambulance services are a critical part of how we respond to health emergencies in New Zealand. This service contributes to equity by enabling timely access to specialist clinical interventions regardless of where you live. Cabinet have endorsed a two-phased 10-year reconfiguration of the national air ambulance service. Phase one is complete, preparation for phase two has begun.

Phase Two seeks to achieve the following:

1. A nationally integrated aeromedical service that is coordinated and interoperable across ambulance services and supports the wider health service into the future.
2. A service which ensures that an aeromedical asset is dispatched with a crew capable to save a life, in the time needed to save that life.
3. A service that is optimised to improve clinical effectiveness and standards and achieve better patient outcomes.
4. A service that is financially sustainable with transparent funding flows.
5. A national network of bases, aircraft and crew that provide optimal coverage across New Zealand, which is fully compliant with Civil Aviation Rules and based on world-class aeromedical standards.
6. An appropriate infrastructure ownership model that achieves the best public value for money and supports better service delivery and patient outcomes

Project workstreams include:

1. Centralised tasking and clinical coordination
2. Service system performance
3. Infrastructure ownership and service configuration
4. Provider operational funding

DHBs are expected to actively support and participate in the above project, led by the National Ambulance Sector Office (NASO). More information is available here.

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

- Please include one or two key actions with milestones the DHB will undertake to continue to support COVID-19 recovery and/or embed key learnings from its COVID-19 response in this priority area. The actions identified in this plan should be those expected to have the most significant impact on improved outcomes (only include an action(s) if the DHB has relevant learnings for this area).
- Please include one or two key actions for the upcoming year that your DHB considers to be the most important for Reconfiguration of the National Air Ambulance Service Project – Phase Two, including the reasons why the action(s) are important and the expected impact.

(Actions may include identification of nominated attendees, participation in meetings and workshops, responding to information requests in a timely manner. All activities should be viewed with an equity lens, and diversity of nominations is encouraged.)

DHB activity	Milestone
As an isolated provincial DHB Hauora Tairāwhiti has specific requirements around air ambulance. Hauora Tairāwhiti will actively engage in the national process to ensure that the best service option is identified but will carefully consider the ramifications of any national programme on its specific local environment.	

LONG-TERM CONDITIONS INCLUDING DIABETES

Long term conditions comprise the major health burden for New Zealand now and into the foreseeable future. This group of conditions is the leading cause of morbidity in New Zealand, and disproportionately affects Māori and Pacific peoples and people who experience mental illness and addiction. As the population ages and lifestyles change these conditions are likely to increase significantly. The long-term conditions approach should focus on improving primary and community services to prevent, identify and manage behaviours to achieve wellbeing for people with, or at risk of, long term conditions. Gout and chronic kidney disease will be a focus for 21/22, as well as heart health, stroke, diabetes services and Hepatitis C

System outcome to support the priority area: We live longer in good health.

For long-term conditions please include actions that your DHB considers to be the most important, including the reasons why the action(s) are important and the expected impact.

- For Long term conditions please include one or two key actions with milestones the DHB will undertake to continue to support COVID-19 recovery and/or embed key learnings from its COVID-19 response in this priority area. The actions identified in this plan should be those expected to have the most significant impact on improved outcomes (only include an action(s) if the DHB has relevant learnings for this area).
- Please include one action on how prevention is improved though evidence-based nutritional and physical activity advice provided to at-risk population groups (e.g. Green Prescription) and how DHBs work with population groups to identify the most effective advice or activity for prevention.
- Please include one action on how identification, intervention and recall of people with high and moderate risk is being strengthened, such as through early risk assessment, and how PHO/practice level data is used to inform quality improvement and improve equitable access to services.
- Please include one action on how the DHB is improving the management of people with long term conditions through actions such as those provided by multi-disciplinary teams (including allied health and kaiawhina) to support improved service delivery in primary care, with self-management, equitable access, identification and prioritisation of high-risk groups, support and education and the impact this will have.
- Please include one action on how the DHB will support the delivery of the regional hepatitis C work and objectives including how you will work collaboratively to increase access to care and promote primary care prescribing of hepatitis C treatments and support implementation of key priorities in the National Hepatitis C Action Plan (once the plan is published).

Focus on: Ambulatory sensitive hospitalisations (ASH adult) (SS05)

A focus on improving ASH rates through improved system integration will contribute to a reduction in the total number of unplanned hospital admissions, a substantial proportion of which are ambulatory sensitive.

- Please include a minimum of two key improvement actions that are expected to have the most significant impact on performance improvement, with milestones for each quarter.
- Please also include two locally selected contributory measures that will support measurement of progress.

Please note that contributory measures must have written documentation about the measures, including technical documents and quality assurance processes as these documents may be subject to external audits. The online measures library is a resource for the selection of contributory measures.

https://nsfl.health.govt.nz/dhb-planning-package/system-level-measures-framework/health-quality-measures-nz

DHB activity	Milestone
Tairāwhiti Diabetes Leadership Group Mahi Tahi Maintenance of HBa1C levels is necessary to ensure good self-management. Hauora Tairāwhiti and partners will prioritise initiatives to support Whānau to control blood sugar and reduce HBa1C levels for those with diabetes. These initiatives will focus on equity first and priorities Māori and monitored by the group.	Q1-Q4
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 2021/22 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.	Q2 & Q4 Q2
Cardiovascular Current coverage of CVD risk assessments for Māori males under 45 is low, Tairāwhiti primary care services will focus on improving this coverage through a range of initiatives. This increase in opportunities to access care alongside a shared language that is meaningful, practical and relevant to this target population.	Q1
Hepatitis C Hauora Tairāwhiti will work across primary care and the wider sector to provide free access to Hep C screening and treatment at practices and pharmacies. Tairāwhiti Hepatitis C working group continues to work across the sector to continue to identify and monitor progress of the local programme, messages and other communication provided to our wider community on these free services.	Ongoing

FOCUS ON: AMBULATORY SENSITIVE HOSPITALISATIONS (ASH ADULT) (SS05)

A focus on improving ASH rates through improved system integration will contribute to a reduction in the total number of unplanned hospital admissions, a substantial proportion of which are ambulatory sensitive.

- Please include a minimum of two key improvement actions that are expected to have the most significant impact on performance improvement, with milestones for each quarter.
- Please also include two locally selected contributory measures that will support measurement of progress.

Please note that contributory measures must have written documentation about the measures, including technical documents and quality assurance processes as these documents may be subject to external audits. The online measures library is a resource for the selection of contributory measures.

https://nsfl.health.govt.nz/dhb-planning-package/system-level-measures-framework/health-quality-measures-nz

DHB activity	Milestone
Tui Te Ora Review A review of the specialist long term conditions service which incorporates Cardiology, Renal, Respiratory, Medical Technical and Oncology services will be undertake to strengthen the relationship with community partners. This will enable community partners increased access to services to manage long term conditions and enable the earlier identification of risk and management of those patient in the community setting.	Q2
Strengthening Community Cardiology Service (EOA) Increased capacity to diagnose and treat atrial fibrillation within the community setting across the district. This will increase the capability within the district to identify and treat cardiovascular risk to avoid significant cardiovascular and strokes events and prevent death and longer term disability.	Q1

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

Prospective Summary of Revenues and Expenses by Output Class	2019/20 Actual $'000	2020/21 **Forecast** $'000	2021/22 **Plan** $'000	2022/23 **Plan** $'000	2023/24 **Plan** $'000	2024/25 **Plan** $'000
Prevention						
Total Revenue	$56,633	$63,879	$66,197	$70,593	$72,711	$74,892
Total Expenditure	$60,567	$65,689	$68,729	$70,593	$72,711	$74,892
Net Surplus / (Deficit)	**($3,934)**	**($1,810)**	**($2,532)**	**$0**	**$0**	**$0**
Early Detection						
Total Revenue	$120,213	$135,593	$140,514	$149,845	$154,340	$158,970
Total Expenditure	$128,565	$139,436	$144,490	$148,398	$152,850	$157,435
Net Surplus / (Deficit)	**($8,352)**	**($3,843)**	**($3,976)**	**$1,447**	**$1,490**	**$1,535**
Intensive Assessment & Treatment						
Total Revenue	$7,554	$8,520	$8,829	$9,416	$9,698	$9,989
Total Expenditure	$8,079	$8,761	$9,167	$9,416	$9,698	$9,989
Net Surplus / (Deficit)	**($525)**	**($241)**	**($338)**	**$0**	**$0**	**$0**
Rehabilitation & Support						
Total Revenue	$23,201	$26,169	$27,119	$28,919	$29,788	$30,681
Total Expenditure	$24,813	$26,199	$28,157	$28,919	$29,788	$30,681
Net Surplus / (Deficit)	**($1,612)**	**($30)**	**($1,037)**	**$0**	**$0**	**$0**
Consolidated Surplus / (Deficit)	**($14,423)**	**($5,924)**	**($7,883)**	**$1,447**	**$1,490**	**$1,535**

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

$000		**2019/20 Audited**	**2020/21 Forecast**	**2021/22 Plan**	**2022/23 Plan**	**2023/24 Plan**	**2024/25 Plan**
REVENUE	Ministry of Health Revenue	196,206	217,684	229,819	245,597	252,965	260,554
	Other Government Revenue	8,771	13,254	11,779	12,082	12,444	12,818
	Other Revenue	2,623	3,224	1,062	1,094	1,127	1,160
	Total Revenue	**207,600**	**234,162**	**242,660**	**258,773**	**266,536**	**274,532**
EXPENDITURE	Personnel	84,756	86,353	96,612	98,785	101,749	104,801
	Outsourced	9,372	11,114	7,241	7,456	7,680	7,910
	Clinical Supplies	17,655	18,974	19,197	19,773	20,367	20,978
	Infrastructure and Non Clinical	9,457	11,382	10,817	11,196	11,589	12,002
	Payments to Non-DHB Providers	95,521	107,526	110,837	114,162	117,586	121,114
	Interest	69	62	64	65	67	69
	Depreciation and Amortisation	3,296	3,375	3,875	3,989	4,108	4,223
	Capital Charge	1,898	1,300	1,900	1,900	1,900	1,900
	Total Expenditure	**222,024**	**240,086**	**250,543**	**257,326**	**265,046**	**272,997**
	Other Comprehensive Income	0	0	0	0	0	0
	Revaluation of Land and Building	0	0	0	0	0	0
	Total Comprehensive Income/(Deficit)	**(14,424)**	**(5,924)**	**(7,883)**	**1,447**	**1,490**	**1,535**

SECTION 3– Whirihoranga
Ratonga | Service Configuration

Ratonga Rohe | Service Coverage

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.

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.

Hauora Tairāwhiti has recently completed a review of the model of care being utilised in Mental Health and Addiction service across the District. Following final community consultation of this review, the implementation of the new district wide model of care for Mental Health and Addiction services will being from 1 July. The phased approach to service redesign will see changes implemented over the next three years.

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

Hauora Tairāwhiti is committed and supports the intended direction of the anticipated service change programme. During the 2021/22 Hauora Tairāwhiti will managing its responsibilities and function in will manage its functions in a way that supports these changes.

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 2021/22 year.

Description of change	Benefits of change	Change due to Local or national reasons?
Equity Hauora Tairāwhiti is working with local Iwi, Manaaki Tairāwhiti and other social sector partners to implement a number of initiatives which will improve access to services across Tairāwhiti.	Reduce disparities, improved access, earlier intervention, improvement of long term outcomes	Local
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
Post Discharge Care Hauora Tairāwhiti is locally looking to procure a new approach to home care support services for patients discharged from hospital. During 2021/22 we will begin the process of integrating urban short term cares for patients post discharge into the wider model for those receiving 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 2021/22 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
Mental Health and Addiction Services The completion of the review of the existing Model of Care will be completed in 2020/21. The next step in this process is to ensure that	Improved outcomes, increased quality and improvement of long term outcomes.	Local

Description of change	Benefits of change	Change due to Local or national reasons?
existing and new MHAS services reflect this Model of Care. This process will start in 2021/22.		
Bowel Screening During 2021/22 the Tairāwhiti population will participate in the national bowel screening programme.	Reduce disparities, improved access and Improved outcomes.	National

PERSONEL CHANGES

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 21/22 year. In the main this growth is part of the full implementation of Care Capacity Demand Management. The Full Time Equivalent (FTE) calculations for each ward area of Gisborne Hospital have been completed with acuity data captured prior to the COVID-19 period in order to ensure the staffing levels required are accurate. This has then been translated into the staffing requirements mandated in the CCDM programme which fully address every staffing need of a ward or department and budget for it. As a result there has been an increase over 25 full time equivalents in nursing alone. At the same time, as a DHB we continue to seek to convert outsourced medical staff to employed roles which has workforce benefits and cost savings, for the savings plan of the organisation. There are also funded service improvements in Healthy Aging Tairāwhiti, Rehabilitation and equity improvement actions which all increase staffing.

FTE Change Reason	Medical	Nursing	Allied Health	Mgt/Admin	Total
Conversion of outsourced to insourced	Medicine (1) Psychiatry (2) ED (3)		Anaesthetic Tech (1)		**7**
Service development (funded)	Psychiatry Registrar (1)	Registered Nurses (1.5)	Therapist/Social Worker (3.5)	Administrator (1)	7
Service Development (sustainability)	Obstetrics and Gynaecology (1)	CCDM (25) Atrial Fibrillation Pilot (0.5)	Discharge Outreach (1.0)	AF/Discharge (0.5) Sustainability Business Analysts (5)	33
Total	**8**	**27**	**5.5**	**6.5**	**47**

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

PERSONEL CHANGES - COVID-19 VACCINATION PROGRAMME

While in some areas FTE numbers will decrease as the effects of COVID-19 preparedness dissipate, the number of staff involved in the vaccination programme will vary as the campaign progresses.

	Medical	Vaccinators	Mgt/ Admin
COVID Vaccination team (FTE)	Public Health (0.5)	Nursing/ Vaccinators (50)	Manager/Coordinator/ Administrator (6)

Numbers presented above are the maximum FTE at any one time and given the nature of the undertaking FTE staff will vary during the rollout of the vaccination programme, and is expected to minimal levels during October/November 2021.

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 2021/22 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 update 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 2021/22 Hauora Tairāwhiti will continue 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:

- Supporting CCDM/VRM

- Hospital at a Glance and CDS Dashboards
- 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
- Mobile device and application ecosphere management

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
- Enriching interop between Secondary and Primary with more data

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
- Microsoft Azure transition, from the on premise model onto the hybrid where appropriate
- 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 2021-22
Primary Care Integration	
BPAC Referrals Response – direct electronic link back to primary care on referrals for care	Ongoing rollout across the disciplines and services. Improving access and enriching pathways. More interaction focused (beyond the initial response)
Service Efficiency & Effectiveness	
Business Intelligence	Power BI establishment (commencing first half 2021, into 2022). CBS portfolio review and upgrade, the focus is on BI/BA value
Telehealth incl. Virtual Health, Video Consult	The project is in the active phase, the intent to conclude November 2021
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	Seeking the value out of 3DHB Clinical Portal (due to be implemented March 2021) and implementation of the additional functionality such as ePrescribing, eMedicine management, Mental Health
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.	BaU
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	Technology refresh and evaluation
Communications links and services	Ongoing review of VPN services diversification of the media to be used to access applications. Technology refresh
Electronic Medical Record (EMRAM	
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 provided 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 2021/22 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 is committed to providing a safe and healthy workplace, promoting the welfare of all staff, persons contracted to complete work at Hauora Tairāwhiti sites or owned premises, patients and the general public. Hauora Tairāwhiti will comply with all relevant legislation, safe work instruments (SWI), codes of practice (CoP) standards and safe operating procedures (SoPS). It will also do all that is reasonably practicable to ensure a healthy and safe workplace with practices to support the elimination, isolation or minimisation of any conditions or risks that could result in personal injury and/or ill health.

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.

2021/22 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 2021/22.

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	55% of new-borns enrolled in general practice by 6 weeks of age		
		85% of new-borns enrolled in general practice by 3 months of age		
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 and support to quit smoking.		
CW10	Raising healthy kids	95% of obese children identified in the Before School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions.		
CW12	Youth mental health initiatives	Focus area 1 (Youth SLAT): Provide reports as required		
		Focus area 2 (School Based Health Services): Provide reports as required		
		Focus area 3: (Youth Primary Mental Health services) refer MH04		
MH01	Improving the health status of people with severe mental illness through improved access	Age (0-19) Māori, other & total	6%	
		Age (20-64) Māori, other & total	8%	
		Age (65+) Māori, other & total	4%	
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 mental health services for under 25-year olds		Provde report as specified	
MH04	Rising to the Challenge: The Mental Health and Addiction Service Development Plan	Provide reports as specified		
MH05	Reduce the rate of Māori under the Mental Health Act: section 29 community treatment orders	Reduce the rate of Māori under the Mental Health Act (s29) by at least 10% by the end of the reporting year.		

Performance measure		Expectation		
MH06	Output delivery against plan	Volume delivery for specialist Mental Health and Addiction services is within 5% variance (+/-) of planned volumes for services measured by FTE; 5% variance (+/-) of a clinically safe occupancy rate of 85% for inpatient services measured by available bed day; actual expenditure on the delivery of programmes or places is within 5% (+/-) of the year-to-date plan.		
MH07	Improving the health status of people with severe mental illness through improved acute inpatient post discharge community care	Provide reports as specified		
PV01	Improving breast screening coverage and rescreening	70% coverage for 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.		
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 45-64 years) (rate per 100,000 population)	Total 4,259 per 100,000		
SS07	Planned Care Measures	Planned Care Measure 1:		TBC
		Planned Care Measure 2: Elective Service Patient Flow Indicators	ESPI 1	100% (all) services report Yes (that more than 90% of referrals within the service are processed in 15 calendar days or less)
			ESPI 2	0% – no patients are waiting over four months for FSA
			ESPI 3	0% - zero patients in Active Review with a priority score above the actual Treatment Threshold (aTT)
			ESPI 5	0% - zero patients are waiting over 120 days for treatment
			ESPI 8	100% - all patients were prioritised using an approved national or nationally recognised prioritisation tool
		Planned Care Measure 3: *Diagnostics waiting times*	Coronary Angiography	95% of patients with accepted referrals for elective coronary angiography will receive

Performance measure		Expectation		
				their procedure within 3 months (90 days)
			Computed Tomography (CT)	95% of patients with accepted referrals for CT scans will receive their scan, and the scan results are reported, within 6 weeks (42 days).
			Magnetic Resonance Imaging (MRI)	90% of patients with accepted referrals for MRI scans will receive their scan, and the scan results are reported, within 6 weeks (42 days).
		Planned Care Measure 4: 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 2020/24 year.	
SS09	Improving the quality of identity data within the National Health Index (NHI) and data submitted to National Collections	Focus Area 1: Improving the quality of data within the NHI	New NHI registration in error (causing duplication)	>1.5% 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	NPF collection has accurate dates and links to NNPAC	Greater than or equal to

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

Performance measure		Expectation	
			QI ACS and Cath/PCI registry data collection within 30 days of discharge and **Indicator 2b:** ≥ 99% within 3 months.
			Indicator 3: ACS LVEF assessment- ≥85% of ACS patients who undergo coronary angiogram have pre-discharge assessment of LVEF (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: 80% patients admitted with acute stroke who are transferred to in-patient

Performance measure		Expectation	
			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.	
SS17	Delivery of Whānau ora	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: 2021/22 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.

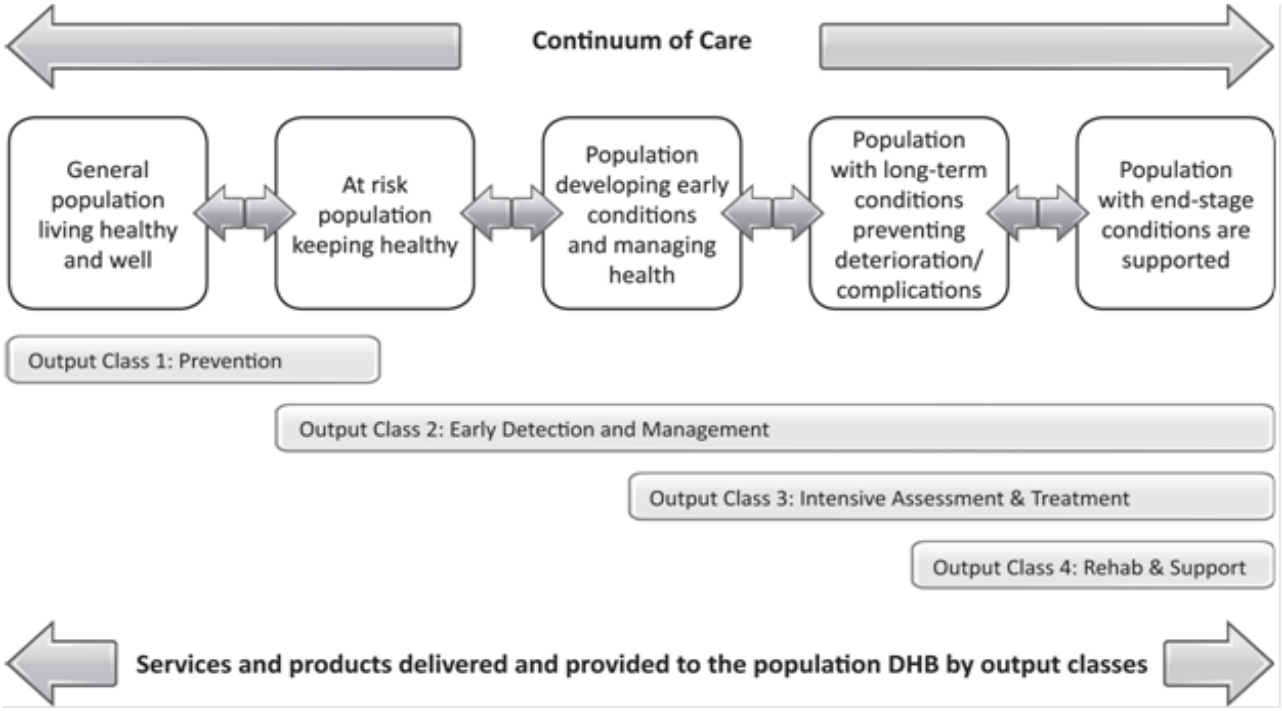
We have worked with other DHBs in the Te Manawa Taki region, our primary care partners as well as other key stakeholders to develop the Statement of Performance Expectations (SPE) in which we provide measures and forecast standards of our output delivery performance. The actual results against these measures and standards will be presented in our Annual Report 2021/22. 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:

- Baseline and national/regional figures for the output performance measures are for the 2019/20 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.

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	2019/20 Actual $'000	2020/21 **Forecast** $'000	2021/22 **Plan** $'000	2022/23 **Plan** $'000	2023/24 **Plan** $'000	2024/25 **Plan** $'000
Prevention						
Total Revenue	$56,633	$63,879	$66,197	$70,593	$72,711	$74,892
Total Expenditure	$60,567	$65,689	$68,729	$70,593	$72,711	$74,892
Net Surplus / (Deficit)	**($3,934)**	**($1,810)**	**($2,532)**	**$0**	**$0**	**$0**
Early Detection						
Total Revenue	$120,213	$135,593	$140,514	$149,845	$154,340	$158,970
Total Expenditure	$128,565	$139,436	$144,490	$148,398	$152,850	$157,435
Net Surplus / (Deficit)	**($8,352)**	**($3,843)**	**($3,976)**	**$1,447**	**$1,490**	**$1,535**
Intensive Assessment & Treatment						
Total Revenue	$7,554	$8,520	$8,829	$9,416	$9,698	$9,989
Total Expenditure	$8,079	$8,761	$9,167	$9,416	$9,698	$9,989
Net Surplus / (Deficit)	**($525)**	**($241)**	**($338)**	**$0**	**$0**	**$0**
Rehabilitation & Support						
Total Revenue	$23,201	$26,169	$27,119	$28,919	$29,788	$30,681
Total Expenditure	$24,813	$26,199	$28,157	$28,919	$29,788	$30,681
Net Surplus / (Deficit)	**($1,612)**	**($30)**	**($1,037)**	**$0**	**$0**	**$0**
Consolidated Surplus / (Deficit)	**($14,423)**	**($5,924)**	**($7,883)**	**$1,447**	**$1,490**	**$1,535**

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 2019/20	Target 2021/22	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 2019/20	Target 2021/22	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 2019/20	Target 2021/22	3 Year Planned Rate	National
Percentage of eligible girls and boys[9] fully immunised with HPV vaccine	1	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%
Percentage of the population ≥16 years who have received the COVID-19 Vaccination	1	QN/T				
Māori			-	≥75%	-	-
Non Māori[12]				≥75%		
Total				≥75%		

Improving Health Behaviours

Outputs	Output Class	Measure Type	Tairāwhiti 2019/20	Target 2021/22	3 Year Planned Rate	National
Percentage of infants who are exclusively/fully breastfed at 3 months (PP37, CW06[13])	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[14]	≥1024	≥1024	NA
Reduce the prevalence of gonorrhoea (local indicator)	1	QN/T	112 per 100,000[15]	≤60 per 100,000	≤60 per 100,000	104 per 100,000

[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] Non-Māori is sum of New Zealand European, Pacific, Asian and Other ethnicity group
[13] Percentages are calculated by summing the numbers of the two six month reports.
[14] Number of green prescription referrals received by Sport Tairāwhiti in 2018/19. Source: Annual Report Sports Tairāwhiti.
[15] 55 cases in 2018/19 for population of 49,000. Source: Public Health Surveillance reports

People Stay Well in Their Homes and Communities

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 2019/20	Target 2021/22	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 2019/20	Target 2021/22	3 Year Planned Rate	National
Percentage of assessed high risk patients who have had an annual review (SS13 FA3)[16]	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) [17]	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%

[23] New indicator
[24] New indicator

Percentage of eligible women (50-69) who have had a breast screening mammogram in the last 2 years (PV01, SL11)[18]	1	QN/T				
Māori			67%	≥70%	≥70%	65%
Non Māori			73%	≥70%	≥70%	72%
Total			70%	≥70%	≥70%	72%

Fewer People are admitted to Hospital for Avoidable Conditions

Outputs	Output Class	Measure Type	Tairāwhiti 2019/20	Target 2021/22	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 eligible population who have had their B4 school checks completed[19]	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[20]	3.4[21]
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)22	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 days23	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

18 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
[19] Ministry of Health B4 School Check data only contains percentages which do not allow for regional rates to be calculated.
[20] Although the national target is 1.4, the local target is still higher as our region historically has a high incidence of rheumatic fever.
21 Rate for December 2017. https://www.health.govt.nz/our-work/diseases-and-conditions/rheumatic-fever/reducing-rheumatic-fever
[22] 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.
[23] 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 2019/20	Target 2021/22	3 Year Planned Rate	National
Acute Readmission rate (OS8)[24]	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[25] **(SS01, PP30)**[26]	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[27]						
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 2019/20	Target 2021/22	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%[28]	0%	0%	NA
Number of surgical discharges under the elective initiative	3	QN	2,556[29]	≥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

[24] Standardised readmission Rate for readmission within 28 days.
[25] Performance measure PP30 uses the criterium 'decision to treat' instead of diagnosis.
26 National target is 85%
27 Hospital reporting – Outpatients 2018/19
28 Number of patients waiting in June 2019.
29 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 2019/20	Target 2020/20	3 Year Planned Rate	National
Percentage of people referred for non-urgent mental health services seen within 3 weeks 0-24 yr. olds	3	QN/T	90%	≥80%	≥80%	
Percentage of people referred for non-urgent addiction services seen within 3 weeks 0-24 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 2019/20	Target 2021/22	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[30] (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[31]	4	QN/T	49%	60%	60%	N/A

People with end stage Conditions are supported

Outputs	Output Class	Measure Type	Tairāwhiti 2019/20	Target 2021/22	3 Year Planned Rate	National
Number of hospital admissions under Health Speciality Code M80 (Palliative Care)	4	QL	8	Increase	Increase	-
Number of falls Aged Residential Care Facility resulting in admission Hospital	4	QL	- 12	Decrease	Decrease	-
Number of pressure injuries	4	QL	New Measure	Decrease	Decrease	-

[32] 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%.

[30] 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.

[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/

2021/22 FINANCIAL PERFORMANCE PLAN

STATEMENT OF SIGNIFICANT UNDERLYING ASSUMPTIONS

The DHB continues its commitment to manage expenditure and live within our means.

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. The DHB has based its revenue increase for 2022 on the prior year percentage increase, as reported in our 2020 - 2021 Annual Plan. In relation to this, the key points that underpin the financial budgets are:

- **Revenue** – The base funding package provides a 5.48% increase after allowing for top slices, etc. The total revenue increment available for 2021-22 is calculated to be approximately $17.623M.
- **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 – 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	**2019/20**	**2020/21**	**2021/22**	**2022/23**	**2023/24**	**2024/25**
		Audited	**Forecast**	**Plan**	**Plan**	**Plan**	**Plan**
REVENUE	Ministry of Health Revenue	196,206	217,684	229,819	245,597	252,965	260,554
	Other Government Revenue	8,771	13,254	11,779	12,082	12,444	12,818
	Other Revenue	2,623	3,224	1,062	1,094	1,127	1,160
	Total Revenue	**207,600**	**234,162**	**242,660**	**258,773**	**266,536**	**274,532**
EXPENDITURE	Personnel	84,756	86,353	96,612	98,785	101,749	104,801
	Outsourced	9,372	11,114	7,241	7,456	7,680	7,910
	Clinical Supplies	17,655	18,974	19,197	19,773	20,367	20,978
	Infrastructure and Non Clinical	9,457	11,382	10,817	11,196	11,589	12,002
	Payments to Non-DHB Providers	95,521	107,526	110,837	114,162	117,586	121,114
	Interest	69	62	64	65	67	69
	Depreciation and Amortisation	3,296	3,375	3,875	3,989	4,108	4,223
	Capital Charge	1,898	1,300	1,900	1,900	1,900	1,900
	Total Expenditure	**222,024**	**240,086**	**250,543**	**257,326**	**265,046**	**272,997**
	Other Comprehensive Income	0	0	0	0	0	0
	Revaluation of Land and Building	0	0	0	0	0	0
	Total Comprehensive Income/(Deficit)	**(14,424)**	**(5,924)**	**(7,883)**	**1,447**	**1,490**	**1,535**

Prospective Statement of Changes in net assets /equity

$000	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	Audited	Forecast	Plan	Plan	Plan	Plan
Crown equity at start of period	36,633	41,832	35,526	35,261	36,326	37,434
Surplus/(Deficit) for the period	(14,424)	(5,924)	(7,883)	1,447	1,490	1,535
Contributions from Crown	20,000		8,000			
Distributions to Crown	(382)	(382)	(382)	(382)	(382)	(382)
Revaluation & other movements	5					
Crown Equity at end of period	**41,832**	**35,526**	**35,261**	**36,326**	**37,434**	**38,587**

Consolidated Prospective Statement of Financial Position as at 30 June

$000	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	Audited	Forecast	Plan	Plan	Plan	Plan
CROWN EQUITY						
Current Assets	20,889	12,664	11,599	12,664	13,772	14,925
Non-Current Assets	65,117	67,036	67,836	67,836	67,836	67,836
TOTAL ASSETS	**86,006**	**79,700**	**79,435**	**80,500**	**81,608**	**82,761**
Current Liabilities	33,495	33,495	33,495	33,945	33,945	33,945
Non-Current Liabilities	10,679	10,679	10,679	10,679	10,679	10,679
TOTAL LIABILITIES	**44,174**	**44,174**	**44,174**	**44,174**	**44,174**	**44,174**
NET ASSETS	**41,832**	**35,526**	**35,261**	**36,326**	**37,434**	**38,587**

Consolidated Statement of Prospective Cash Flows

$000	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
	Audited	Forecast	Plan	Plan	Plan	Plan
CASH FLOWS FOR THE PERIOD						
Operating cash flows	(3,159)	(2,982)	(4,054)	5,322	5,482	5,638
Investing cash flows	(2,674)	(4,798)	(4,565)	(3,875)	(3,992)	(4,103)
Financing cash flows	**19,398**	**(444)**	**7,554**	**(382)**	**(382)**	**(382)**
NET TOTAL CASH FLOWS						
Net increase/(decrease) in cash held	13,565	(8,224)	(1,065)	1,065	1,108	1,153
Add opening cash balance	(406)	13,159	4,935	3,870	4,935	6,043
CLOSING CASH BALANCE	**13,159**	**4,935**	**3,870**	**4,935**	**6,043**	**7,196**
made up from						
Balance Sheet Cash, Bank, and Short Term Investments	**13,159**	**4,935**	**3,870**	**4,935**	**6,043**	**7,196**

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 2021/22 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 from depreciation for the 2021/22 year is $3.8M, after allowing for capital repayments and finance lease principal. Given service level expectations, and deferred capital works 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	2020/21	2021/22	2022/23	2023/24
Crown CFA Revenue	9.0%	9.0%	2.5%	2.5%
Sector Cost Increases	2.0%	3.0%	2.5%	2.5%
Staff Costs (average movement)	3.0%	2.0%	2.0%	2.0%
Staff Costs (numbers)	823	869	869	869
Interest Rate	0.25%	0.25%	1.0%	1.0%
Interest Rate - Working Capital	3.9	3.9	3.9	3.9
Capital Charge Rate	5%	5%	5%	5%
NZD[1]/AUD[2]	0.93	0.93	0.93	0.93
NZD/USD[3]	0.73	0.73	0.73	0.67

[1] New Zealand Dollar
[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 $249M. For every 1% that revenue is lower than the budgeted levels, there is a potential financial detriment to Hauora Tairāwhiti of $2.49M.
	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 $957k 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 ~$361k. 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. 11.0% of our expenditure is budgeted to IDF's, and there are very significant risks in this line, a 10% variation reflects a risk of 2.7m. 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 2019/20 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 2019/20 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.

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.

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 2021/2022 plan

KOTAHITANGA - Unity & Togetherness
Hoe (paddles) in a row, symbolising unity and togetherness.

NGĀTI POROU HAUORA

Pinnacle Midlands Health Network

Hauora Tairāwhiti

SYSTEM LEVEL MEASURES 2021/22

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	4,718	458	NA	196.1	3.8%/6.7%	44%
2021/22 Milestones	5% 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)[33]

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

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 September 2020**[34]	**Milestone 21/22**
	Māori 4,718	4,482

Improvement Milestone	**Actions/Activities**	**Contributory Measures**
A reduction of 5% 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. • Develop strong integration between LMC and smoking cessation service. 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 readmissions 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 3 months for Maōri tamariki. Number of pregnant women engaging in smoking cessation services.

[34] Updated Feb 2021

Acute Hospital Bed Days[35]

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[36]**	**Milestone 21/22**
	Māori	458	439.6
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

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

[36] Updated Feb 2021

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**
92% of respondents will have been involved in making decisions about their treatment and care when visiting their general practice.	PHOs will share PES results with practices and providers and run peer group sessions to reflect on the PES questions by ethnicity 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[37]

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

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**[38]	**Milestone 21/22**
	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 prescribing (Bp and lipid lowering) for those with a risk >15% within our target population of Māori male 35-44yrs.
	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.
	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

[38] Updated Feb 2021

YOUTH ACCESS TO AND UTILISATION OF YOUTH APPROPRIATE HEALTH SERVICES[39]

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 2021/22 year.

	Hauora Tairāwhiti			
	31 December 2019[40]		Milestones 21/22	
Percentage of coverage of chlamydia testing of Māori male from 15-24 years of age.	**15-19yrs**	**20-24yrs**	**15-19yrs**	**20-24yrs**
Māori Male	**3.3%**	**6.1%**	**8.3 %**	**11.1%**

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. PHOs will work with general practice to ensure each practice has accredited sexual health trained staff.	PHO enrolment rate for Māori males 15-24 years of age Number of Māori males accessing free sexual health consultations Number of staff completed sexual health training.

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

[40] Updated Feb 2021

PROPORTION OF PĒPI WHO LIVE IN A SMOKEFREE HOUSEHOLD AT SIX WEEKS POSTNATAL[41]

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 2020[42]**	**Milestones 21/22**
	Māori	44%	55%
Improvement Milestone	**Actions/Activities**		**Contributory Measures**
A further 11% of Māori babies will be living in a smoke free home.	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 2022, 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.

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

[42] Updated Feb 2021

The Partners committed to achieving the mil estones identified in this Nga Whaainga Taumaha Pūnaha/System Level Measures Improvement Plan.

On behalf of Ngāti Porou Hauora:

Signed: **Rose Kahaki, Chief Executive**

Dated: 5 / 8 / 21

On behalf of Pinnacle Te Manawa Takis Health Network:

Helen Gregson

Signed: **Helen Parker, Chief Executive**

Dated: 04 / 08 / 2021

Immunisa

On behalf of Hauora Tairāwhiti:

Signed: **Jim Green, Chief Executive**

Dated: 04 / 08 / 2021

APPENDIX C - 2021-22 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