HAWKE'S BAY
District Health Board
Whakawāteatia

E83

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

2021/22 **Annual Plan**

incorporating the

2021/22 Statement of Performance Expectations

Hawke's Bay District Health Board

Our vision

"Whānau ora, hāpori ora"

"Healthy families, healthy communities"

Our mission

Working together to achieve equitable holistic health and wellbeing for the people of Hawke's Bay.

Our values

HE KAUANUANU

Showing respect for each other, our staff, patients and consumers

ĀKINA

Continuously improving everything we do

RARANGA TE TIRA

Working together in partnership across the community

TAUWHIRO

Delivering high quality care to patients and consumers

Hawke's Bay District Health Board
Annual Plan 2021/22

DHB contact information:

Planning

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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

Shayne Walker
Chair
Hawke's Bay District Health Board
Shayne.Walker@hbdhb.govt.nz

Tēnā koe Shayne

Hawke's Bay District Health Board 2021/22 Annual Plan

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

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

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

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

More broadly, we also confirm the importance of your Board delivering on the Plan in a fiscally prudent way and acknowledge that an intensive support programme will be established for Hawke's Bay DHB.

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

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

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

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

Nāku noa, nā

Hon Andrew Little
Minister of Health

Hon Grant Robertson
Minister of Finance

Cc Keriana Brooking
Chief Executive of Hawke's Bay DHB

Table of Contents

SECTION ONE: Overview of Strategic Priorities

1.1 Strategic Intentions/Priorities/Outcomes

Hawke's Bay District Health Board (HBDHB) is a Crown Entity and is the Government's funder and provider of public health and disability services for the population in our defined district. Our Statement of Intent (SoI) 2019-22 outlines our strategic intentions and shows how local outputs impact on our population and contribute to local, regional and system-level outcomes.

As a sector we have a common vision: "Whānau ora, Hāpori ora — healthy families, healthy communities" and a mission "working together to achieve equitable holistic health and wellbeing for the people of Hawke's Bay". This is consistent with the vision of the Health and Disability Sector Reforms – we will have a health service for the 21st Century that is people centred, equitable, accessible and cohesive.

We continue to face challenges such as the growth in long term conditions, our aging population and the health outcomes of our whānau pounamu. Demographic changes will increase pressure on our already stretched health and community services such as the number of general practice consultations, Emergency Department attendances, hospital admissions, inpatient stays, and older person services will outstrip population growth. Māori Health and other NGO providers may not be able to match capacity to demand without a focussed commissioning strategy that aligns with whānau and community voice.

We will continue to focus on the things that will achieve Pae Ora and equity and will move us towards addressing the pressures on our current system. We will focus on:

- how we can improve the way we do things in Hawke's Bay,
- working with of our partners within the wider role across the health and social sector, and
- defining new pathways, workforce and the development of community led networks.

Our priority is addressing inequity of health outcomes for our population, and working in partnership with whānau pounamu. Our key system priorities are First 1000 days, Mental Health and Addictions, Long term conditions, Frail and Older people and a Responsive Health System.

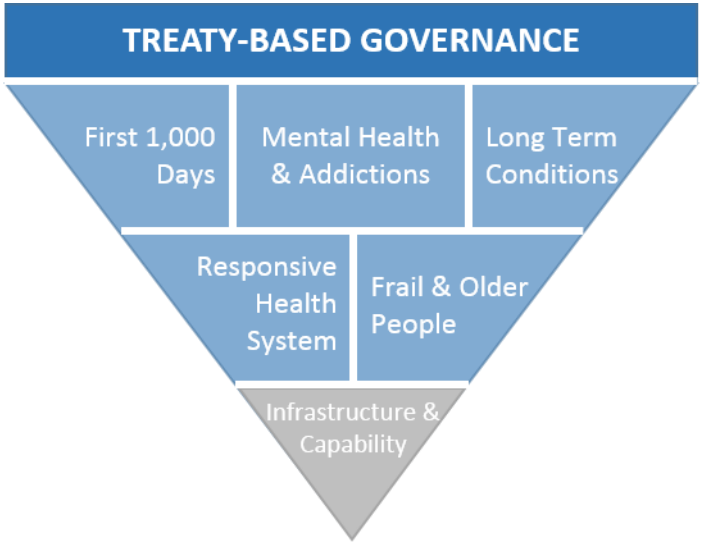


Figure 1: HBDHB System Priority Areas

We are refreshing our Hawke's Bay Health Integrated System Plan to provide a very clear pathway to what good looks like for our whānau and communities. It describes our vision for a very different health system that improves outcomes and experience for people, whānau and communities living in Hawke's Bay. In 2020 we supplemented Whānau Ora, Hāpori Ora 2019-2029 with strategic model of care goals. The purpose of this is to provide guidance at every layer of our health system to support the implementation of the system priorities. At its heart, our Whānau Ora, Hāpori Ora strategy is about people: as members of whānau, hapū and iwi; and in their homes, communities and workplaces. We exist because of them and we recognise that people and whānau are the experts in their own lives. We need to plan and deliver health services in the wider context of people's lives. This strategy describes our goals to partner with people and whānau, and work across agencies to improve the conditions of life, so that everyone has fair opportunity to achieve good health and wellbeing. To enable this, as per described in the Health and Disability Sector Reforms, we will work in partnership with the Iwi-Māori Partnership Boards and our localities to inform planning and commissioning of primary and community services. We will focus on population health and wellbeing in partnership with the wider government services.

The strategic model of care provides the foundational pou to bring to life the system priorities areas.

Ngā hua pūnaha – Model of Care System Goals

We have identified six system goals and three enabling goals to fulfil our mission and realise our vision. These goals have emerged as common system characteristics throughout our planning and collection of whānau voice.

Hauora Māori, Taurite Māori
Equity for Māori as a priority; also equity for Pacific peoples and those with unmet need

Ratonga Taunga Taiwānanga
Localities and Place Based Services

Hauora Taiao, Hohou Nōhanga
Healthy Lifestyles and Environment

Pūnaha Mōmore Pūwhā
Smooth Transition through the System

Rauora Tangata, Hohou Whānau
Person and Whānau-Centred Care

Ratonga Pū, Haumako Hāpori
Enhance Primary and Community Services

Model of Care Enabling Goals

Pūnaha Hono Tōrire
Digitally Enabled Health System

Ngā kaimahi tōtika
Highly skilled and capable workforce

Pūnaha Āhei Tōtika
Fit for Purpose Facilities

Our foundational documents have been guided by the core legislative and governmental directions including, the New Zealand Public Health and Disability Act 2000, the Treaty of Waitangi, the New Zealand Heath Strategy and its accompanying strategies: He Korowai Oranga – the Māori Health Strategy, Ola Manuai 2020-2025: Pacific Health and Well-being Action Plan and the Healthy Ageing Strategy. We are also committed to the United Nations Convention on the Rights of Persons with Disabilities and the New Zealand Disability Strategy.

In 2021/22 we continue to focus is on achieving performance gains in our five system priority areas. These priorities have been informed, and are aligned with the Minister of Heath's planning priorities, the health and disability system outcomes framework, the Health and Disability System reforms and respecting the findings of Wai 2575.

The district health board must act as a careful steward of health resources in Hawke's Bay, which is a challenging task. We will turn to our people to find solutions. We need our community to help us, so that we invest in the areas that matter most to people and whānau. This plan prioritises health improvement of populations with the poorest health and social outcomes. We see multi-sectoral working as crucial to help address these determinants of health, working in partnership with central government agencies, local government, Iwi, non- government organisations (NGOs), business and the community sector.

Collaboration with our Primary Health Organisation (PHO) Health Hawke's Bay and other sectors is also a strong focus. Using these relationships we have planned our contribution to the Government's priorities for the health system, which include fiscal discipline, working across government, and achieving the national and ministerial priorities.

Working collaboratively with our central region partners is also key. A Regional Services Plan (RSP) has been developed by the six central region DHBs. Working regionally enables us to better address our shared challenges. As a region we are committed to a sustainable health system focussed on keeping people well and providing equitable and timely access to safe, effective, high-quality services, as close to people's homes as possible.

Hawke's Bay's current population is 178,510. While the total population grew 2% in the last year, our 65 years and over population grew by 1200 people or 4%. This is due to the ageing of our population and we will continue to see the increase in the number of older people year-on-year in Hawke's Bay for the next 20 years. People over the age of 65 will outnumber those under the age of 14 as soon as 2023.

Most of our population live in the large urban areas of Napier and Hastings, located within 20 kilometres of each other that together account for 73% of the total numbers. About 10% of the population live in, or close to, Wairoa, Clive, Waipukurau or Waipawa which are relatively concentrated rural settlements. The remaining 16% live in

rural and remote locations. Compared to New Zealand averages, there are some important differences in the makeup of our population – we have a higher proportion of Māori (28% vs 17%), more people aged over 65 years (19% vs 16%) and more people living in areas with relatively high material deprivation (28% vs 20%).

Compared to New Zealand averages we have smaller proportion of Pacific peoples (4% vs 7%) and Asian peoples (5% vs 15%).

Within Hawke's Bay we do have demographic differences between our key localities Wairoa, Central Hawke's Bay, Napier and Hastings. Wairoa District has a high proportion of Māori (66%) compared to Napier City 23%, Hastings District 28% and Central Hawke's Bay 24%.

Napier City has the highest proportion of older people with 20% of its population 65 years and over compared to Wairoa District 17%, Hastings District 16.5% and Central Hawke's Bay 19%.

Wairoa District has higher rates of relative material deprivation compare to other localities.

The unique characteristics of the population of the Hawke's Bay district compared to the rest of New Zealand in terms of health status and socio-demographics, provides us with some specific challenges which our strategic plan must address if we are to achieve our vision: Whānau ora, Hāpori ora — healthy families, healthy communities".

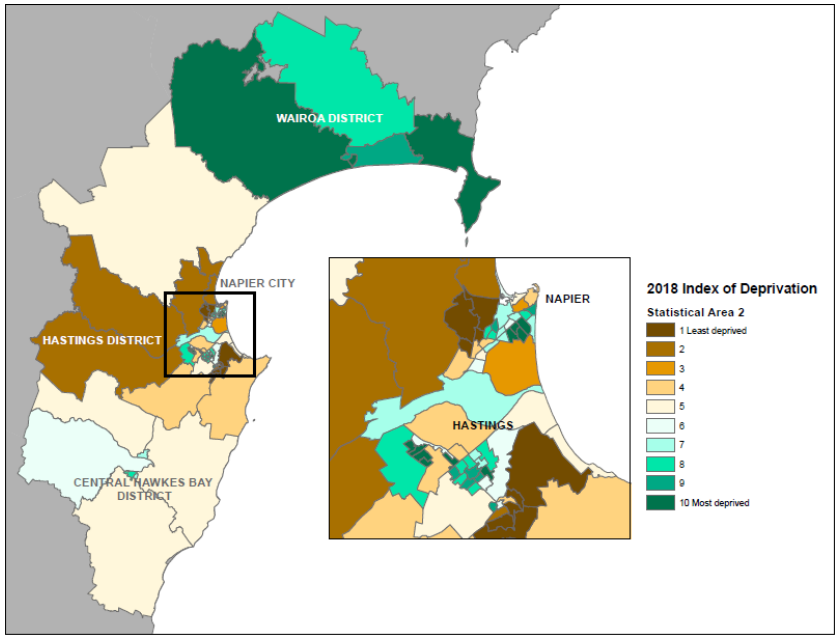


Figure 2: Deprivation Map for HBHDB (2018)

1.2 Performance and Outcome framework

Hawke's Bay DHB's performance framework demonstrates how the services we fund or provide contribute to the health of our population and achieve our long term outcomes and government objectives. Our performance framework reflects key national and local DHB priorities which inform our Annual Plan and our Statement of Performance Expectations (SPE).

Our performance framework focuses on two overall long-term population health outcome objectives:

- Increase healthy life expectancy for all, and
- Half the life expectancy gap between Māori and non-Māori

These are the long term outcomes of the Hawke's Bay Health Strategy Whānau Ora, Hāpori Ora: Healthy Families Healthy Communities (2019-2029) which sets out the Hawke's Bay DHB strategic intentions over the next 10 years. The outcome here is to see measurable change in health status over time.

Our medium term outcome goals are closely aligned to the Ministry of Health System level measures and other national health priorities such as improving cancer outcomes. Our short term KPIs' which include Ministry of Health DHB performance measures are aligned to Hawke's Bay DHB Health System Priorities (First 1000 days, Mental Health and Addictions, Long term conditions, Frail and Older people and a Responsive Health System).

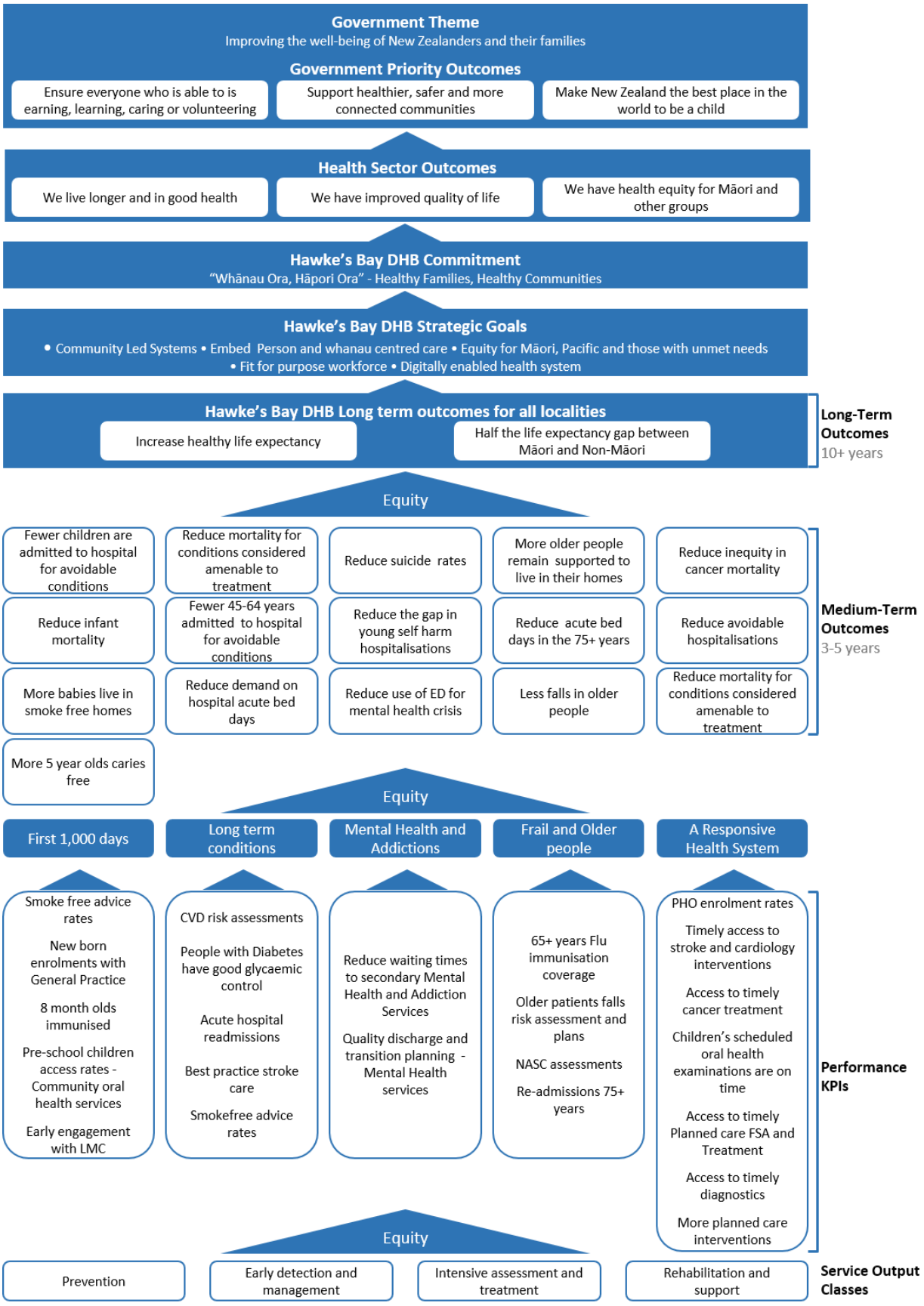
Achieving our medium term and our short term goals will support the change in population health status we are looking for in the longer term.

Our short term priorities with measurable key performance indicators (KPI's) measuring the success of health system processes and annual activities are essential to the achievement of our goals and are tracked quarterly throughout the year.

Achieving equity is a goal throughout all levels of our performance framework.

The Statement of Performance expectations (Appendix 1) details a set of service level indicators and targets that form part of our overall Performance Framework. We will report progress against these measures in our Annual Report.

"*Hawke's Bay DHB Performance and Outcome Framework*" is set out on the following page.


Government Theme
Improving the well-being of New Zealanders and their families
Government Priority Outcomes
Ensure everyone who is able to is earning, learning, caring or volunteering
Support healthier, safer and more connected communities
Make New Zealand the best place in the world to be a child
Health Sector Outcomes
We live longer and in good health
We have improved quality of life
We have health equity for Māori and other groups
Hawke's Bay DHB Commitment
"Whānau Ora, Hāpori Ora" - Healthy Families, Healthy Communities
Hawke's Bay DHB Strategic Goals
• Community Led Systems • Embed Person and whanau centred care • Equity for Māori, Pacific and those with unmet needs
• Fit for purpose workforce • Digitally enabled health system
Hawke's Bay DHB Long term outcomes for all localities
Increase healthy life expectancy
Half the life expectancy gap between Māori and Non-Māori
Long-Term Outcomes
10+ years
Equity
Fewer children are admitted to hospital for avoidable conditions
Reduce mortality for conditions considered amenable to treatment
Reduce suicide rates
More older people remain supported to live in their homes
Reduce inequity in cancer mortality
Reduce infant mortality
Fewer 45-64 years admitted to hospital for avoidable conditions
Reduce the gap in young self harm hospitalisations
Reduce acute bed days in the 75+ years
Reduce avoidable hospitalisations
More babies live in smoke free homes
Reduce demand on hospital acute bed days
Reduce use of ED for mental health crisis
Less falls in older people
Reduce mortality for conditions considered amenable to treatment
More 5 year olds caries free
Medium-Term Outcomes
3-5 years
Equity
First 1,000 days
Long term conditions
Mental Health and Addictions
Frail and Older people
A Responsive Health System
Smoke free advice rates
New born enrolments with General Practice
8 month olds immunised
Pre-school children access rates - Community oral health services
Early engagement with LMC
CVD risk assessments
People with Diabetes have good glycaemic control
Acute hospital readmissions
Best practice stroke care
Smokefree advice rates
Reduce waiting times to secondary Mental Health and Addiction Services
Quality discharge and transition planning - Mental Health services
65+ years Flu immunisation coverage
Older patients falls risk assessment and plans
NASC assessments
Re-admissions 75+ years
PHO enrolment rates
Timely access to stroke and cardiology interventions
Access to timely cancer treatment
Children's scheduled oral health examinations are on time
Access to timely Planned care FSA and Treatment
Access to timely diagnostics
More planned care interventions
Performance KPIs
Equity
Prevention
Early detection and management
Intensive assessment and treatment
Rehabilitation and support
Service Output Classes

1.3 Message from the Chief Executive and Board Chair

Hawke's Bay District Health Board has focussed its 2021/22 Annual Plan on Pae Ora - Healthy Futures, equity and addressing the pressures on the health system by working closely with strategic partners to develop new pathways of care.

To address this, the priority of the health system is to look for ways to stem inequity in health outcomes for our population. The key focus to help achieve this are; first 1000 days, mental health and addictions, long term conditions, frail and older people and a responsive health system.

In 2020 the district health board supplemented its 10-year health strategy Whānau Ora, Hāpori Ora 2019-2020 with strategic model of care goals. This will inform and provide guidance at every layer of our health system to support system priorities outlined in the Annual Plan.

To enable this, as described in the Health and Disability Sector Reforms, we will work in partnership with Iwi-Māori Partnership Boards and our localities to inform the planning and commissioning of primary and community services.

The board is focused on ensuring a smooth transition to Health New Zealand and the Māori Health Authority in 2022 as part of the Health and Disability Sector reforms. The commissioning strategy currently being implemented of primary care and community networks along with our Iwi- Māori partnerships will be a crucial factor in this.

We continue to face challenges such as the growth in long term conditions, the health outcomes of our whānau pounamu along with the challenges in matching capacity to demand.

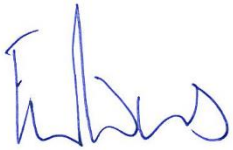
The surgical services expansion project is well underway, which will improve theatre facilities for staff and patients. It also includes an additional eighth theatre to increase theatre capacity and the demand for planned operations. The project is expected to be completed by the end of 2022.

A dedicated team has been established to deliver the COVID-19 vaccination programme through either primary care, dedicated mass vaccination clinics and pop-up clinics in more remote and rural locations. A large number of vaccinators are trained and delivering the vaccine to the Hawke's Bay population.

1.4 Signatories

Keriana Brooking, Chief Executive
Hawke's Bay District Health Board

Shayne Walker, Board Chair
Hawke's Bay District Health Board



Evan Davies, Deputy Chair
Hawke's Bay District Health Board

Ana Apatu, Chair
Māori Relationship Board

Andrew Little, Minister of Health

Grant Robertson, Minister of Finance

SECTION TWO: Delivering on Priorities

2.1 Health equity and responding to COVID-19

Our Annual Plan details key actions and activities to address the priorities identified by the Minister for 21/22. Equity and the COVID-19 response underpin all priority areas.

These actions focus on specific planning priorities which the Minister has identified for DHB delivery in the 2021/22 year. These are:

- Achieving health equity and wellbeing for Māori through Whakamaua Māori Health Action Plan 2020-2025
- Sustainability
- Improving child wellbeing
- Improving mental wellbeing
- Improving wellbeing through prevention
- Better population health outcomes supported by a strong and equitable public health and disability system
- Better population health outcomes supported by primary health care
- Financial sustainability

The 21/22 Annual plan has a strong focus on financial sustainability of operations to ensure that the health and disability sector reforms are based on a good financial state to drive a transformative programme in the coming years.

These priorities support the Government's overall priority of improving the well-being of New Zealanders and their families through:

- Support supporting healthier, safer and more connected communities
- Make making New Zealand the best place in the world to be a child
- Ensure ensuring everyone who is able to, is earning, learning, caring or volunteering.

Hawke's Bay DHB Health Equity Report's – have provided analysis on health status in the region and identifies many inequities in health in Hawke's Bay, particularly for Māori, Pacific and people living in more deprived areas. There are also areas where, with determined and focused effort, we have improved outcomes and reduced inequities. This demonstrates that inequities are not inevitable. We can change them if we have the courage and determination to do so.

The social conditions in which people live, powerfully influence their chances to be healthy. Indeed, factors such as poverty, food insecurity, social exclusion and discrimination, poor housing, unhealthy early childhood conditions are important determinants of health outcomes.

Health equity tools

Hawke's Bay DHB has developed a Health Equity Framework which provides a logic model for designing equity based solutions; co-designed to ensure they successfully deliver benefits for the communities that need them the most. It merges together scientific evidence, matauranga Māori, programme evaluation, and whānau and community knowledge and is based on evidence which works.

Figure 3: HBDHB Health Equity Framework

2.2 Māori Health

Both the Health & Disability Sector Review and WAI 2575 Health Report stress the need for improved partnership between iwi groups and the health system. Hawke's Bay DHB is purposely moving towards a Treaty Partnership Board between the DHB Board and Post Settlement Group Entities (PSGEs). The new partnership will work towards joined decision making around health issues that matter to Māori to eliminate long standing health inequities within the Hawke's Bay DHB region.

2.3 COVID-19

On March 11, 2020, the World Health Organization declared the outbreak of a coronavirus (COVID-19) pandemic and two weeks later the New Zealand Government declared a State of National Emergency. The DHBs, and wider health sector's ongoing response to the COVID-19 pandemic has taken highest priority within its operations.

COVID-19 has had, and will continue to have, a significant effect on the operations of Hawke's Bay District Health Board. The DHB is committed to support the successful rollout of the national COVID-19 vaccination programme.

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

FOCUS AREA		ACTIVITY	MILESTONE	MEASURE
Engagement and obligations as a Treaty partner		Report on establishing an MOU with each Post Treaty Settlement Group in the HBDHB region.	Q2	Report complete
		Report on establishing a Treaty Partnership Board between HBDHB and Post Treaty Settlement Groups in the HBDHB region.	Q2	Report complete
		Report on promoting MoH led Governance training opportunities to Māori DHB Board members.	Q2	Report complete
		Establish a MOU with each Post Treaty Settlement Group in the HBDHB region.	Q4	MOUs established
		Establish a Treaty Partnership Board between HBDHB and Post Treaty Settlement Groups in the HBDHB region.	Q4	Treaty Partnership Board established
		Promote MoH led Governance training opportunities to Māori DHB Board members.	Q4	Training opportunities communicated
Whakamaua: Māori Health Action Plan 2020-2025		Whakamaua Action 1.4: Māori Relationship Board (MRB) feedback included into the "Service Specific Model of Care" for the LINAC project and endorsed. (EOA Māori)	Q1	LINAC "Service Specific Model of Care" endorsed by MRB
		Whakamaua Action 3.1 Action 1a: Register HBDHB with KiaOra Hauroa. (EOA Māori)	Q2	Registered with KiaOra Hauroa
		Whakamaua Action 3.1 Action 1b: Initiate relationship building, through first contact, for students that identify HBDHB as their first or second preference for future roles. (EOA Māori)	Q3	All students contacted
		Whakamaua Action 3.1 Action 2a: Partner with MBIE to develop a Cadetship programme, targeted for Māori entering the workforce. Obtain approval from MBIE to deliver Cadetship programme. (EOA Māori)	Q1	Cadetship programme approved by MBIE
		Whakamaua Action 3.1 Action 2b: Implement Cadetship programme. (EOA Māori)	Q1	Cadetship programme implemented

FOCUS AREA		ACTIVITY	MILESTONE	MEASURE
		Whakamaua Action 3.1 Action 3a: Develop and deliver a campaign to promote health as a career to Māori. (EOA Māori)	Q3	Campaign delivered
		Whakamaua Action 3.3 Action 1a: Develop a leadership training programme which incorporates HBDHB values and Kahungunu Tikanga. (EOA Māori)	Q2	Leadership programme developed
		Whakamaua Action 3.3 Action 1b: Pilot leadership training programme to selected participants. (EOA Māori)	Q3	Pilot completed
		Whakamaua Action 4.4 Action 1a: Partner with community organisation to establish marae and community based clinics. (EOA Māori, Pacific)	Q2	80% of Māori enrolled with HHB have access to IPMHAS within their enrolled general population
		Whakamaua Action 4.4 Action 1b: Provide access for 80% of Māori within their enrolled general practice. (EOA Māori, Pacific)	Q4	80% of Māori enrolled with HHB have access to IPMHAS within their enrolled general population
		Whakamaua Action 4.7 Action 1: Establish and implement a smoking cessation support process for whānau of tamariki admitted for ASH related respiratory illnesses. (EOA Māori)	Q2	Implement documented process
		Whakamaua Action 4.9 Action 1: Establish and implement an initiative to build the capacity of rangatahi in Māori health providers to deliver a; by, for, and with rangatahi approach. (EOA Māori)	Q1	Initiative established and implemented
		Whakamaua Action 4.9 Action 2: Build the capacity of iwi providers in Wairoa to increase access to health for whānau living in rural communities. (EOA Māori)	Q1	Initiative established
		Whakamaua Action 5.6 Action 1: Undertake whānau voice activities with tangata whaikaha to inform health system and service improvements. (Aligns to Whakamaua Action 1.1). (EOA Māori)	Q3	Engagement plan complete and report written
		Whakamaua Action 8.2: Consult with the Post Treaty Settlement Group on "how to communicate on equitable health outcomes" at a local and regional level, to our communities. (EOA Māori)	Q4	Consultation completed
		Whakamaua Action 8.5: Mental Health and Addictions - review existing regional service level agreements and funding models for these services. (EOA Māori)	Q3	Document completed

FOCUS AREA		ACTIVITY	MILESTONE	MEASURE
		Whakamaua Action 8.5: Analyse the access, outcomes and equity for regional services from a regional perspective. (EOA Māori)	Q4	Analysis completed
		Whakamaua Action 8.5: Identify opportunities for improvement in the delivery of MH&A services. (EOA Māori)	Q4	Improvement Opportunities Identified
		Whakamaua Action 6.1 Enhance Telehealth Services for Mental Health services in Napier/Hastings. (Ref Data and Digital enablement focus area). (EOA Māori, Pacific)	Q4	Ref Data and Digital enablement focus area

2.4.2 Improving sustainability

FOCUS AREA		ACTIVITY	MILESTONE	MEASURE
Short term focus 2021/22		Development of a HB health system masterplan, including infrastructure, investment, workforce and facilities to support system transformation. Action 1: Completion of planning - phase 1.	Q1	Plan developed
		Development of a HB health system masterplan, including, investment, workforce to support system transformation.	Q3	Investment and Workforce Plan developed. No reduction in costs and therefore no positive financial impact in the first 2 years.
		Development of a HB health system masterplan, including infrastructure, investment, workforce and facilities to support system transformation.	Q4	Investment and Facilities Plan developed. No reduction in costs and therefore no positive financial impact in the first 2 years.
		National Analytics - Utilising "workforce planning and forecasting performance report" we will undertake local modelling supporting innovative models of care and scope of practice of the workforce to support system sustainability.	Q4	Workforce modelling complete
		Production planning - Increase minor procedures in the community: skin lesions in primary care (ref Planned Care).	Q1	#number of minor procedures in the community compared to previous year. No financial savings in this activity, prioritised as an activity as it is meeting the strategic direction of HBDHB to move services closer to home.
Medium term focus (three years)		Breakeven over three years: productivity gain - review the design and delivery of the laboratory service and agree next steps.	Q4	$300k cost/growth avoidance
		Breakeven over three years: reduce length of stay - review the inpatient medical model of care.	Q4	New model of care agreed. The financial impact is focussed more on growth avoidance, therefore cost growth, rather than cost savings. This action will contribute significantly to cost growth over the next 3 years.

FOCUS AREA		ACTIVITY	MILESTONE	MEASURE
		Cost reduction over three: Acute demand management across the system leading to transformational change. This includes community and primary based acute demand responses as well as streamlining our acute demand system and processes within hospital services. Action 1: Coordinated primary options review to encompass more activity and care outside of the hospital, focussing specifically in areas that have the biggest equity impact such as cardiac, skin conditions and respiratory.	Q2	Review completed/ The financial impact is focussed more on hospital services growth avoidance, rather than cost savings. The cost will still sit in the primary care environment. There is still an expectation that the unmet need that currently sits within the community will have better access to services – both primary and secondary.
		Cost reduction over three: Acute demand management across the system leading to transformational change. This includes community and primary based acute demand responses as well as streamlining our acute demand system and processes within hospital services. Action 2: Increased utilisation of advanced nursing roles across the acute demand model across the system.	Q4	#number of advanced nursing roles compared to previous year
		Cost reduction over three years: Cost growth reduction in inpatients - Front door streaming.	Q2	$800k target savings / cost avoidance over the next 3 years
		Cost reduction over three years: Cost growth reduction in inpatients - AAU utilisation and hours of operation.	Q4	#utilisation rate increased compared to previous year
		Cost reduction over three years: growth reduction in ED through the redevelopment of the MH&A crisis model for HB to enable crisis response in alternate settings such as the home or other community based settings.	22/23 Q2	$700k of cost growth avoidance
		Cost reduction over three years: reduce length of stay through enhancing the delirium support team, build on the CNS delirium role based on demand.	22/23 Q2	$1.2M cost growth avoidance

FOCUS AREA		ACTIVITY	MILESTONE	MEASURE
		Implement the Equity Investment Plan for 21/22 ($5.4 M) • Whakawhanake i te Hauroa me te Wairoa (Improving Health and Wellbeing) • Dieticians in Community • Pacific Health Wellbeing Community Village Programme (COVID 19 Learning) # • Ko te reo te whānau - Māori Community Wellbeing • Whakawhanake i te Tuponotanga ki te Ora (Improving Screening of Health Risks) • Bowel Screening - Oranga Tonutanga • Lung Cancer Screening • Cervical Screening Outreach Service • CVD Risk Assessments • Whakawhanake i te Urunga ki te Hauora (Improving Health Access) • Open Access Community Hub Clinics (COVID 19 Learning)** • Supporting Māori Men with Urate Crystal Arthritis (Gout) • Maternity Ultrasound Co-payment Buyout Notes; # The community wellbeing outreach programme builds on the recent experiences of the Pacific Health Team through the 2020 Tihei Mauri Ora COVID-19 response to support Pacific community church groups, youth and the RSE workers. ** The support for mobile clinics in providing flexible and safe health care to vulnerable people has gained traction with the recent COVID-19 pandemic.	Q4	21/22 Investment programme Implemented 21/22 Investment programme Implemented No savings identified in this plan, it is focussed on improving health outcomes for our whānau pounamu and improving services for those currently unable to access existing services and indirectly cost avoidance

2.4.3 Improving maternal, child and youth wellbeing

FOCUS AREA		ACTIVITY	MILESTONE	MEASURE
Ambulatory sensitive hospitalisations for children age (0-4) (SLM)		Whānau support service: Following the first six months delivery of the newly implemented "Whānau support service", review, evaluate and document, the effectiveness based of initial anticipated benefits.	Q4	Evaluation complete
		Whānau support service: Implement a community facing "Whānau support service "within the Paediatric and Child Health Teams of the DHB with a focus on health literacy in the areas of oral health, respiratory and skin infections for vulnerable families.	Q4	Service implemented # referrals to service by deprivation (quintile 5) Reduction in ASH 0-4 year rates
		Whānau support service: The Whānau support service will provide training to the primary care nursing workforce, to a minimum of three priority general practices in low decile areas, covering the following preventative topics of Oral health, Respiratory conditions and skin infections.	Q4	Training complete
Maternity care		Alternative service delivery models: Map virtual consultation pathway and identify the technology required for the Wairoa locality.	Q2	Pathway documented, technology identified
		Alternative service delivery models: Implement trial virtual antenatal clinic consultations for the Wairoa locality. (EOA Māori)	Q3	# of virtual consultations
		Alternative service delivery models: Survey Wairoa consumers and clinicians regarding virtual clinic consultations; access, user friendliness, and overall outcomes, via Survey Monkey. (EOA Māori)	Q4	Evaluation completed
		Integrated Service Models: Contract with all community radiology providers for maternity related ultrasound.	Q1	# contracts
		Perinatal maternity mortality review: Following the perinatal and maternity mortality review recommendations; report on the implementation of Newborn Observation Chart (NOC) incorporating the Newborn Early Warning Score (NEWS) charts.	Q1	Reported provided
		Perinatal maternity mortality review: Following the perinatal and maternity mortality review recommendations; identify the engagement with midwives, and outcomes for wāhine Māori (under 20 years of age). (EOA Māori)	Q2	Summary and document completed

FOCUS AREA		ACTIVITY	MILESTONE	MEASURE
		Perinatal maternity mortality review: Engage with consumers to collect whanau voice, with hapū Māmā under 20 years of age. Identify areas for improvement. (EOA Māori)	Q4	Improvement initiatives documented
		Primary Birthing: Identify and document stakeholders and resource/s in the Wairoa locality. (EOA Māori)	Q1	Stakeholder and resources documented
		Workforce: Introduction of mini whakawhanaungatanga to welcome new staff. Embed this quarterly practice. Normalise the use of Te Reo and waiata. (EOA Māori)	Q2	Increased Te Reo usage and understanding
		Workforce: Launch midwifery recruitment and retention programme for HBDHB to support attracting Māori midwives to the Hawke's Bay area. The recruitment programme would include aspects such as; return to practice, retraining into the speciality of midwifery, and providing a new midwifery coach to provide clinical support. (EOA Māori)	Q4	Midwifery recruitment and retention programme implemented
		Develop a plan to implement the WCTO Clinical Leadership recommendations.	Q1	Plan developed
		Integrate social work practice into the Tuai Kōpu programme. (EOA Māori)	Q2	Practice established # of referrals
		Implement a maternal mental health workforce development programme.	Q3	Programme implemented
		Newborn Metabolic screening: • Antenatal QR codes will be developed with information regarding Newborn Metabolic Screening and distributed to Lead Maternity Carers (LMC).. • Newborn Metabolic screening resources will be shared through the DHB Maternity Facebook page. • Promote Newborn Metabolic Screening as part of antenatal education by antenatal educators and LMC's • Training of all new staff taking metabolic screening samples • Improve the process including providing drop off points for LMC's and improve the courier system to minimise time between sample taken and reaching laboratory to meet the 4 day target. Monitoring of National Screening Unit (NSU) reports on Hawkes Bay DHB's metabolic screening samples transit time.	Q1, Q3	Q1 100% of LMC's will receive antenatal QR code document which includes information regarding newborn metabolic screening 90% of samples reach laboratory in 4 days of sampling Q3 All Maternity staff have completed the NSU e-learning module 92% of samples reach laboratory within 4 days of sampling
		Newborn Hearing screening: • Maintain a 7 day a week inpatient newborn screening service •Monitor LMC notification of homebirths to the newborn hearing screening service	Q4	80% of babies screened as an inpatient before discharge 100% of new born babies offered hearing screening by 1 month

FOCUS AREA		ACTIVITY	MILESTONE	MEASURE
		Provide cultural and advocacy support for wāhine hapū and their whānau through engagement in the Tuai Kōpu programme. Evaluate support provided. (EOA Māori)	Q4	Evaluation complete
Immunisation		Coordinate a communication approach with iwi, for the distribution of key immunisation messages to iwi and hapū.	Q1	Messages communicated to the public
		Engage fixed term back fill roles for staff seconded to deliver Covid vaccination programme.	Q1	Fixed term staff engaged
		Evaluate Measles campaign to determine whether the campaign demonstrated an increased uptake for Māori and Pacific. (EOA Māori, Pacific)	Q2	Evaluation documented
		Support PHO to prioritise new-born enrolments in GP practices, practices accepting new-borns in a timely way and ensure they are pre-called for 6-week immunisations.	Q1, Q2, Q3, Q4	CW07 New Born enrolment rates
		Identify where scheduling impacts occur and investigate opportunities for improvement. The aim is to ensure children aged 12 to 24 months do not fall behind their immunisation schedule.	Q4	Investigation complete
		Improve the process of primary care referral to the outreach immunisation service (OIS) to minimise overdue immunisations. (EOA Māori, Pacific)	Q4	Process documented
		Publish promotional messages re Measles, 'Flu, COVID, and other immunisations relating to the Childhood Immunisation Schedule; on HBDHB website and Facebook page.	Q4	Messages communicated to the public
		Using transitional housing "data" sources; audit outcome of our "first contact attempt" for immunisation outreach. (EOA Māori, Pacific)	Q4	Audit completed
		Establish community-based clinics that include immunisations: • Pilot provision of immunisations at Camberley community-based clinic • Engage with local Māori health providers re supporting community clinic immunisations • Establish community-based clinics in other communities with high Māori and/or Pacific populations	Q1 Q2 Q3, Q4	CW08 2-year-old immunisation rates
Youth health and wellbeing		Establish relationship via a collaborative working model with HB Pacific Youth, within the HB Pacific Youth Health and Wellbeing Project. (EOA Pacific)	Q2	Relationship established Regular catch-ups scheduled
		Evaluate the provision of Sexual Health services to the LGBTQIA2+ community. Engage with the LGBTQIA2+ community to identify opportunities for service improvement.	Q2	Evaluation documented
		Increase the access to TeleHealth options. HBDHB will embed the use of SchoolAppsNZ via the HB School Based Health Service RNs, with students.	Q2	Increase usage of SchoolAppsNZ

FOCUS AREA		ACTIVITY	MILESTONE	MEASURE
Family violence and sexual violence		Develop a suite of culturally responsive resources, including digital, that meet the needs of youth, particularly Māori and Pacific peoples, to empower and inform them to seek support for issues related to family or sexual harm. (EOA Māori, Pacific)	Q2	Resources developed
		Evaluate the family violence and sexual violence culturally responsive resources that meet the needs of communities, particularly Māori and Pacific peoples, for their effectiveness and suitability, which will inform future development and distribution. (EOA Māori, Pacific)	Q4	Evaluation completed

2.4.4 Improving mental wellbeing

FOCUS AREA		ACTIVITY	MILESTONE	MEASURE
Improving mental wellbeing		Mental Health & Addictions (Crisis Model): Evidence the adoption of Pathways of care relating to the crisis model. (EOA Māori, Pacific)	Q1	MH04 Pathways adopted
		Mental Health & Addictions (Crisis Model): Peer support workforce established to support the Police Liaison Service and Crisis Hub Teams (TToH-Police-MSD-HBT-EMH Services). (EOA Māori, Pacific)	Q1	MH04 Peer support workforce in place
		Mental Health & Addictions (Crisis Model): Develop a training programme focused on cultural and clinical safety to support the crisis hub workforce (working with PHO leads-Kaupapa Māori Leads – Clinical Leads-Technology Leads). (EOA Māori, Pacific)	Q2	MH04 Training programme developed
		Mental Health & Addictions (Crisis Model): Services are relocated at one site for the delivery of the crisis model). (EOA Māori, Pacific)	Q3	MH04 Relocation of services
		Mental Health & Addictions (Post Discharge Follow Up) Action 1: Improve Data Entry Quality Standardise data completion within ECA. (EOA Māori, Pacific)	Q1	MH07 Fixed agenda Item on Business Leads meetings
		Mental Health & Addictions (Post Discharge Follow Up) Action 1: Improve Data Entry Quality Complete spot audits to monitor compliance of data entry completion. (EOA Māori, Pacific)	Q2	MH07 Spot audits completed
		Mental Health & Addictions (Post Discharge Follow Up) Action 1: Improve Data Entry Quality Clinical Coordinators review in-patient unit discharges daily. (EOA Māori, Pacific)	Q3	MH07 Agenda item within 1:1 meetings with clinical coordinators
		Mental Health & Addictions (Post Discharge Follow Up) Action 1: Improve Data Entry Quality Ensure timely communication between unit and community staff re discharges (within agreed timeframes). (EOA Māori, Pacific)	Q4	MH07 Key workers attending CPM
		Mental Health & Addictions (Post Discharge Follow Up) Action 2: Use data to inform improvements for follow up processes. Table gaps in delivery, at each team meeting. (EOA Māori, Pacific)	Q1	MH07 Gaps in delivery tabled in agenda meetings
		Mental Health & Addictions (Post Discharge Follow Up) Action 2: Use data findings to improve follow up processes Identify barriers to meeting target. (EOA Māori, Pacific)	Q2	MH07 Analysis completed

FOCUS AREA		ACTIVITY	MILESTONE	MEASURE
		Mental Health & Addictions (Post Discharge Follow Up) Action 2: Use data findings to improve follow up processes Review breaches at individual service level. (EOA Māori, Pacific)	Q3	MH07 # breaches
		Mental Health & Addictions (Post Discharge Follow Up) Action 2: Use data findings to improve follow up processes Consolidate all improvement activities into standard practice. (EOA Māori, Pacific)	Q4	MH07 Improvements against target/number of breaches
		Mental Health & Addictions (Primary): Recruit and retention plan implemented to facilitate the full complement of staffing aligned to Tranche 1 & 2 population coverage (IPMHAS). (EOA Māori, Pacific)	Q2	MH04 Recruitment and retention plan implemented
		Mental Health & Addictions (Primary): Evaluation of Tranche 1 and 2 completed (IPMHAS). (EOA Māori, Pacific)	Q3	MH04 Evaluation completed
		Mental Health & Addictions (Primary): Evaluate programme. Evaluation used to inform service improvements to ensure target population coverage – Tranche 3 (IPMHAS). (EOA Māori, Pacific)	Q4	MH04 Target population coverage at 80%
		Mental Health & Addictions (Primary): Extend HBDHB Specialist services, to provide clinical support to the teams recruited to the Integrated Primary Mental Health and Addictions Service (IPMHAS). (EOA Māori, Pacific)	Q4	MH04 Service extended
		Mental Health & Addictions (Stubborn Reds): Discharge Plans: All clients to be presented to MDT for discharge: • transition plans to be updated prior to meeting, or • transition plans to be updated within the meeting. (EOA Māori, Pacific)	Q4	MH02% Transition plans completed on time
		Mental Health & Addictions (Stubborn Reds): Trial new system of referral pathways (identified in Q2 2021-22) Respond to findings from CAFs review (due for completion July 2021). This is inclusive of an implementation of the recruitment plan. (EOA Māori, Pacific)	Q4	MH03 Response completed
		Psycho Social response to COVID 19: Action 1: Manu Taiko; Develop a “psychological first aid kit” for use by other organisations and agencies. Review communication channels used for psychological first aid / triage, and where relevant update.	Q2	Psychological first aid kit developed Communication channels reviewed
		Secure the safe-side suicide framework as the platform to base all work in relation to suicide prevention. (EOA Māori, Pacific)	Q2	MH04 Develop framework

FOCUS AREA		ACTIVITY	MILESTONE	MEASURE
		Mental Health & Addictions (Police Liaison Service) – CNS MH and the Peer support workforce support the adoption of appropriate pathways of care. (EOA Māori, Pacific)	Q2	MH05 Reduced use of Mental Health Act s29
		Following the development of the Mental Health Safe-side Suicide Prevention Framework; deliver appropriate training to relevant parties. (EOA Māori, Pacific)	Q4	MH04 Training programme roll out developed
		Mental Health & Addictions (Mental Health Act s29) Continuation of activities to reduce Māori on compulsory treatment orders in partnership with Oranga Hinengaro Te Tai Whenua O Heretaunga team. (EOA Māori, Pacific)	Q4	MH05 Reduced use of Mental Health Act s29

2.4.5 Improving wellbeing through prevention

FOCUS AREA		ACTIVITY	MILESTONE	MEASURE
Communicable Diseases		Develop clear pathways for a culturally responsive approach to COVID-19; prevention, case and contact follow-up. Communicate pathways with whānau and the community, providing opportunities for feedback. (EOA Māori, Pacific)	Q4	Approach for COVID prevention, case and contact follow-up; have been developed in consultation with whānau and communities
		Rheumatic Fever local review recommendations; Develop a transition plan. Develop new pathways/preventative approaches, IF evidence supports this initiative. Implement and evaluate transition plan, and potential pathways/preventative approaches.	Q4	Year one milestones for the implementation of HBDHB's Rheumatic Fever transition plan have been completed
Environmental sustainability		Establish gross greenhouse gas emissions reductions targets for HBDHB Action 1: Engage with Māori Health team to apply an Ngāti Kahungunu environmental and equity lens. (EOA Māori)	Q2, Q4	HBDHB executive leadership team has established and endorsed gross greenhouse gas reductions targets for HBDHB, with input from Māori and Pacific Health teams
		Establish gross greenhouse gas emissions reductions targets for HBDHB Action 2: Engage with Pacific Health team to apply a Pacific environmental and equity lens. (EOA Pacific)	Q2, Q4	HBDHB executive leadership team has established and endorsed gross greenhouse gas reductions targets for HBDHB, with input from Māori and Pacific Health teams
		Continue to report carbon emissions via Toitū's carbon reduce programme.	Q4	Report complete
		Establish and document gross greenhouse gas emissions reductions targets for HBDHB.	Q4	HBDHB executive leadership team has established and endorsed gross greenhouse gas reductions targets for HBDHB, with input from Māori and Pacific Health teams

FOCUS AREA		ACTIVITY	MILESTONE	MEASURE
Antimicrobial resistance		AMR Action Plan Action 1: Review the broad spectrum antibiotic use within primary care and ARRC focusing on both general and equitable utilisation. (EOA Māori, Pacific)	Q2	Review completed
		AMR Action Plan Action 2: Subject to review indicating an issue with utilisation, provide a minimum of one broad spectrum antibiotic best practice message to primary care and/or ARRC clinicians. (EOA Māori, Pacific)	Q4	Number of clinicians provided education and individual data (subject to review highlighting utilisation issue/s)
		Develop with the IPC Advisory Group an agreed reporting template for ICNET data (community and hospital) that will drive future activity planning.	Q2	Approved reporting template
		Establish a MDT antimicrobial stewardship hospital team that will undertake ward rounds.	Q4	Quarterly reporting on the number of ward rounds undertaken
Drinking water		Complete the annual review compliance reporting for 2020/21. This is based on the DHB been funded to complete this work and the transfer of drinking water activities to Taumata Arowai has not occurred.	Q1	Annual review compliance reporting for 2020/21 is completed
		Hawke's Bay DHB will highlight known non-compliant supplies, or water supplies which predominantly serve Māori or Pacific, or those which potentially pose public health risk, to Taumata Arowai at handover. (EOA Māori, Pacific)	Q1	Information provided to Taumata Arowai
		Report on progress of activities outlined in the Drinking Water Planning and Reporting Document 2021/22.	Q2, Q4	Ministry of Health reporting template is completed
		Develop an action plan with Ngāti Kahungunu, seeking to address drinking water quality within smaller communities. (EOA Māori)	Q4	Action plan developed
Environmental and border health		Participate in the TANK Plan Change hearing and appeal process. Seek to gain adoption for the inclusion of Public health messages within the final TANK plan change document. (EOA Māori, Pacific)	Q2, Q4	Status report completed
		Undertake activities as outlined in the Environmental and Border Health Exemplar 2021/22.	Q2, Q4	Ministry of Health reporting template is completed
		Undertake activities as outlined in the Maritime and Aviation border orders and guidance material provided by the Ministry of Health.	Q4	Activities are undertaken as per the legislative requirements
		Work with Councils to provide public health advice on strategic long-term planning regarding urban development whilst ensuring our focus is aligned with the priorities of Māori and Pacific populations within our district. (EOA Māori, Pacific)	Q2, Q4	Report on advice that we provided to district and regional councils.

FOCUS AREA		ACTIVITY	MILESTONE	MEASURE
Healthy food and drink environments		Explore the development of a Water Only policy to assist with increased compliance to the HBDHB Health Food and Drink Policy.	Q2	Direction determined
		Deliver the Healthy Active Learning programme to identified organisations, within the 1-4 decile community.	Q4	Promotional resource delivered
		Establish the Health and Education partnership group. This group will co-ordinate health and wellbeing initiatives; with a focus on equity and responsiveness in decile 1-4 Early Learning Services and Schools.	Q4	Group established
		Provide guidance to assist HBDHB contractors, developing their own Healthy Food and Drink policies.	Q4	Guidance provided
Smokefree 2025		Deliver an 8 week smoking cessation programme to women (aged 19 years through to 40 years). (EOA Māori, Pacific)	Q4	CW09 # women Smokefree at 1, 4, 8 weeks. # of Pacific. # of Smokefree Pacific
		Participate in Waitangi day, Matariki, World Smokefree Day and the Ngāti Kahungunu Annual General Meeting; to proactively promote smoke free messaging. (EOA Māori, Pacific)	Q4	N/A # of events participated. >70% of events have a Māori focus. # of people participating in activities

FOCUS AREA		ACTIVITY	MILESTONE	MEASURE
		Provide an incentivised Smokefree programme (Wāhine Hapū) to all pregnant women. This is not additional to our existing programme which is delivered by the local stop smoking service. (EOA Māori, Pacific)	Q4	CW09 # Smokefree pregnant women after receiving a Smokefree programme. # Booked onto Smokefree programme. # CO validated while receiving a Smokefree programme. # self-validated Smokefree pregnant women. # of incentive packages distributed to pregnant women after receiving programme. # smoking Whānau living with pregnant women booked onto Smokefree program.# Smokefree Whānau after receiving Smokefree programme. # Whānau CO validated while receiving a Smokefree programme. # self validated Smokefree Whānau. # of incentive packages distributed to Whānau after receiving programme. # Māori booked onto Service. # Pacific peoples booked onto Service.
		Provide Smokefree resources or training (annually) to high needs General Practices. (EOA Māori, Pacific)	Q4	PH04 # of people referred to Stop Smoking services by primary care. # of training sessions provided to primary care practices. # of practices receiving stop smoking training sessions. >60% of practices engaged are high needs.

FOCUS AREA		ACTIVITY	MILESTONE	MEASURE
		Respond to all complaints relating to a breach of the Smokefree Environments and Regulated Products Act 1990. (EOA Māori, Pacific)	Q4	% of complaints responded to
		Utilising the CO free homes programme currently delivered in Wairoa; extend the programme to Central Hawke's Bay and areas with a high population of Pacific peoples. (EOA Māori, Pacific)	Q4	CW09 # Smokefree pregnant women after receiving a Smokefree programme. # Booked onto Smokefree programme. # CO validated while receiving a Smokefree programme. # self-validated Smokefree pregnant women. # of incentive packages distributed to pregnant women after receiving programme. # smoking Whānau living with pregnant women booked onto Smokefree programme. # Smokefree Whānau after receiving Smokefree programme. # Whānau CO validated while receiving a Smokefree programme. # self validated Smokefree Whānau. # of incentive packages distributed to Whānau after receiving programme. # Māori booked onto Service. # Pacific peoples booked onto Service. # of CO monitors distributed to LMC and HBDHB midwives
Breast Screening		Invite and offer $20 gift koha and provided support to services to identified unscreened wāhine Māori and Pacific women to have a mammogram. (EOA Māori, Pacific)	Q4	PV01 Decreased inequities by 4% between wāhine Māori, Pacific women and Other

FOCUS AREA		ACTIVITY	MILESTONE	MEASURE
		On-refer wāhine Māori and Pacific women, that do not confirm or DNA their Breast Screening Appointments (Mobile Unit) to additional support services. (EOA Māori, Pacific)	Q4	PV01 Increased uptake of 10% of mammograms (via BSA Mobile Unit) for wāhine Māori and Pacific women (combined)
Cervical Screening		Expand our referral process to support higher engagement in colposcopy services. (EOA Māori, Pacific)	Q4	Increase in colposcopy appointment attendance
		Offer bespoke initiatives/incentives to identified unscreened wāhine Māori and Pacific women to have a cervical smear. (EOA Māori, Pacific)	Q4	PV02 Increased uptake of cervical screening for wāhine Māori and Pacific women (combined), by 1.5%
		Refer wāhine Māori and Pacific women, within focused geographical areas containing large pockets of unscreened and under-screened wāhine Māori and Pacific women to additional support services. (EOA Māori, Pacific)	Q4	PV02 Increased uptake of cervical screening for wāhine Māori and Pacific women (combined), by 1.5%
Reducing alcohol related harm		Reducing alcohol related harm: Publish a "Healthy Start Workforce" module onto Ko Awatea. The "Healthy Start Workforce" module focuses on alcohol and tobacco exposure during early life.	Q2	Module published
		Deliver two "Host responsibility" workshops during the 21/22 year, as part of our compliance activities relating to the Sale and Supply of Alcohol Act 2012.	Q4	Two "Host responsibility" workshops completed
		Implement the localisation of the national Māori Wardens well-being programme developed in partnership with Te Hiringa Hauora and Wātene Māori and other key stakeholders. (EOA Māori)	Q4	Increase local hui DHB support and/or facilitate Increase well-being initiatives offered Narrative: Feedback from Wardens and stakeholders
		Transition key messages from the Healthy Start Workforce module (online computer based training) into the Tuai Kōpu programme. (EOA Māori)	Q4	Workforce module completed by Tuai Kōpu team and integrated into programme delivery
Sexual and reproductive health		Determine and agree a process, for the receipt of timely locally sourced syphilis surveillance data.	Q2	Process agreed
		Implementation of the Tō Kūha plan is completed per agreed schedule. Tō Kūha is the HBDHB's localised sexual health strategy and action plan.	Q4	Implementation completed per schedule

FOCUS AREA		ACTIVITY	MILESTONE	MEASURE
		Subject to receipt of timely data; utilise information for future local STI initiatives.	Q4	Recent usable data is received on a frequent basis (e.g. subject to access to timely data)
Cross Sectoral Collaboration including Health in All Policies		Embed health in all policies approach via Hawkes Bay Matariki - Economic and Social Inclusion Strategy Shared Governance group and Pou work streams for improved whanau wellbeing, housing and employment cross sector outcomes.	Q2	21/22 Matariki activities and HBDHB Health Equity action plan aligned to reflect shared outcomes approach
		Cross sectoral collaboration. Deliver on strategies to support Pacific health and wellbeing through leveraging cross sector collaboration opportunities. (EOA Pacific)	Q4	Pacific health strategies socialised with our cross sector partners
		Review submissions management policy to align to a health in all policies approach identifying development opportunities Communications plan developed to increase workforce and key stakeholders awareness of health in all policies approach	Q2 Q4	Review complete Communication plan complete

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

FOCUS AREA		ACTIVITY	MILESTONE	MEASURE
Delivery of Whānau Ora		Deliver a Bowel Screening community outreach programme based on the learnings from the pilot programme to increase Māori and Pacific uptake. **The programme takes an engagement approach that is encompassing of the whole whānau. Health promotion and education is targeted to whānau, and where** identified, referral to other health and social services. (EOA Māori, Pacific)	Q2	Outreach Programme implemented
Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025		Recruit five new Pacific staff through the HBDHB Health Administration Cadet programme (in partnership with MSD). Targeted areas for recruitment include: • Booking teams for Specialist services • Service Receptionist • Staff records team • General practice (EOA Pacific)	Q3	5 new Pacific staff employed
		Implement an integrated Pacific Hub of clinicians and navigators. The Pacific Hub team would be based within the hospital, and work across Primary and Secondary Care for the Pacific community. (EOA Pacific)	Q4	Integrated Pacific Clinical Hub implemented (subject to business case approval)
		Implement a Pacific Village Community Wellbeing Programme by the Integrated Pacific Hub. The HUB will provide health literacy and outreach work in traditional and non - traditional community based settings focussing on improving health outcomes. (EOA Pacific)	Q4	Pacific Village wellbeing programme implemented (subject to business case approval)

FOCUS AREA		ACTIVITY	MILESTONE	MEASURE
		Implement a navigator service through the Pacific HUB that will provide wrap around services to those with most complex health and social needs. This will be a Fanau Ola culturally safe service These are our high flyers consumers with multiple health or social conditions who are identified through our ED utilisation data and/or referred by services. The service will Link Pacific consumers with wider social and welfare services Examples of wrap around social services include family violence, budgeting, housing-access to accommodation and access to healthy homes support Health and social agency's adopt a Memorandum Of Understanding (MOU) to support the delivery of services with health and social needs, e.g. referral process, support for language needs, support for Primary Care registration, development of language resources. The service will link to wider regional health services/Pacific people services for specialist care as needed. Health support will also include support for timely access to health services for First Specialist and ongoing appointments as well as registration with a Primary Care provider.	Q1 Q2 Q4	Recruitment of Staff MOU developed Service fully Implemented
		Embed a process for the dissemination of Health messages in English and Pacific languages across different mediums of communication. The process would include opportunities for Pacific families to provide feedback to the HBDHB. (EOA Pacific)	Q2	Process agreed and implemented
		Develop and disseminate resources outlining Pacific cultural practices and protocols to HBDHB staff. (EOA Pacific)	Q3	Resources available
		Deliver Engaging Pacific people training to support services to work better with Pacific families and their communities. (EOA Pacific)	Q4	Training delivered
		Grow and strengthen our network of working relationships for ongoing public health messages/fono with the Pacific community, through consolidating and recording relevant Pacific Community entities.	Q4	Pacific Community entities recorded within Healthscape

FOCUS AREA		ACTIVITY	MILESTONE	MEASURE
Care Capacity and Demand Management (CCDM)		Std 1. Governance: Eight Local data councils (Ward Meetings) will complete formal evaluations to understand if they are effective and what could be improved.	Q1, Q2, Q3, Q4	Evaluations completed for two Wards per quarter Improvement recommendations documented
		Std 2: Pt Acuity (TrendCare) TrendCare workload and acuity data Hours per Patient per Day (HPPD) is monitored to meet system benchmarks. Scheduled regular meetings with ward leaders to review data from system reports.	Q1, Q2, Q3, Q4	Regular meetings occurred and documented
		Std 2: Pt Acuity (TrendCare) TrendCare System is maintained to vendor standards by ensuring timely implementation of the released upgrades. V 3.6.1 is due for release in 2021 will be implemented within three months of release.	Q4	TrendCare upgrade completed
		Std 3: Core Data Set (CDS). Data Analyst will complete a formal stocktake annually of the CDS metrics and amend data set metrics to meet HBDHB needs.	Q2	Stocktake complete
		Std 5: Variance Response Management (VRM) – Four education / training sessions are delivered to wards/ staff.	Q1, Q2, Q3, Q4	Education/training sessions delivered (one per quarter)
		Std 1 Governance. Formal evaluation of CCDM programme is completed by Safe Staffing Healthy Workplace (SSHW).	Q1	Evaluation completed
		Std 1 Governance. Formal evaluation of CCDM programme by Safe Staffing Healthy Workplace (SSHW) is reported and recommendations received by CCDM Council.	Q2	Recommendations submitted to CCDM Council

FOCUS AREA		ACTIVITY	MILESTONE	MEASURE
		Std 4 FTE Methodology. All eligible areas complete FTE studies in the SSHW software and new rosters affirmed.	Q4	FTE calculations complete
Health outcomes for disabled people		Review current equity and service improvement activities to ensure disability is identified as a priority population for all service planning and improvement plans.	Q2	Review complete
		Integrate disability strategy into all strategic activities for service and population health improvement inclusive of both disabilities and equity i.e. Rangatahi redesign and Pacific Health and Wellbeing Community Village approach	Q4	Disability strategy integrated into strategic activities
Acute demand		Implement initiative to extend after hours services within Radiology. (EOA Māori, Pacific)	Q1	Initiative implemented
		HBDHB Acute Demand working group will use SNOMED ED data to identify new Combined Primary Options Acute Demand pathways with a focus on Māori and Pacific accessing services in the community.	Q3	New CPO pathways established
		Create an Acute Demand Plan, integrating consumer feedback with a focus on Māori and Pacific feedback. (EOA Māori, Pacific)	Q2	SS10 Acute Demand Plan documented
Planned care		Achieving Planned Care SP 1: (B2) Create two packages of care (Dermatology and Infusion), in community and primary care settings.	Q3	SS07 Planned Care Measure 1 Document two service transition/change documents
		Achieving Planned Care SP 2: (G4) Look at all specialities to identify and agree priority focus areas. Focus on; inequities, FSAs and planned surgery. (EOA Māori)	Q1	SS07 Planned Care Measure 1 SS07 Planned Care Measure 2 Priority focus areas documented
		Achieving Planned Care SP 3: (G5) Create an Access Policy. A key aspect of the policy, is the clarification of parameters and criteria for the planned care continuum.	Q3	SS07 Planned Care Measure 2 Policy developed
		Achieving Planned Care SP 4: Report against the capacity planning projects; itemised in the three year Planned Care Plan (2020/2023).	Q4	SS07 Planned Care Measure 1 Report
		Achieving Planned Care SP 5: Complete a “current state” review of planned care. Liaise with other DHBs to look at opportunities to improve HBDHB systems and processes within Planned Care Plan (2020/2023, G3).	Q4	SS07 Planned Care Measure 1 Review complete

FOCUS AREA		ACTIVITY	MILESTONE	MEASURE
		Achieving Planned Care Strategy: Review decision making processes, throughout the various Covid-19 Alert Levels; to determine the appropriate triggers to discontinue FSA's.	Q1	SS07 Planned Care Measure 1 SS07 Planned Care Measure 2 COVID-19 Alert Level FSA specific criteria matrix documented
		Planned Care (SS07 A): Reduce the number of patients on the overdue waitlist for ESPI 2.	Q1	SS07 Planned Care Measure 2 60% reduction in overdue waitlist (base set at 2150 as at July 2020) Note: MoH want to review trajectories in March 2021 so the performance measure is subject to change
		Planned Care (SS07 A): Reduce the number of patients on the overdue waitlist for ESPI 2.	Q2	SS07 Planned Care Measure 2 67% reduction in overdue waitlist (base set at 2150 as at July 2020) Note: MoH want to review trajectories in March 2021 so the performance measure is subject to change
		Planned Care (SS07 A): Reduce the number of patients on the overdue waitlist for ESPI 2.	Q3	SS07 Planned Care Measure 2 75% reduction in overdue waitlist (base set at 2150 as at July 2020) Note: MoH want to review trajectories in March 2021 so the performance measure is subject to change
		Planned Care (SS07 A): Reduce the number of patients on the overdue waitlist for ESPI 2.	Q4	SS07 Planned Care Measure 2 92% reduction in overdue waitlist (base set at 2150 as at July 2020) Note: MoH want to review trajectories in March 2021 so the performance measure is subject to change

FOCUS AREA		ACTIVITY	MILESTONE	MEASURE
		Planned Care (SS07 B): Reduce the number of patients on the overdue waitlist for ESPI 5.	Q1	SS07 Planned Care Measure 3 33% reduction in overdue waitlist (base set at 610 as at July 2020) Note: MoH want to review trajectories in March 2021 so the performance measure is subject to change
		Planned Care (SS07 B): Reduce the number of patients on the overdue waitlist for ESPI 5.	Q2	SS07 Planned Care Measure 3 49% reduction in overdue waitlist (base set at 610 as at July 2020) Note: MoH want to review trajectories in March 2021 so the performance measure is subject to change
		Planned Care (SS07 B): Reduce the number of patients on the overdue waitlist for ESPI 5.	Q3	SS07 Planned Care Measure 3 72% reduction in overdue waitlist (base set at 610 as at July 2020) Note: MoH want to review trajectories in March 2021 so the performance measure is subject to change
		Planned Care (SS07 B): Reduce the number of patients on the overdue waitlist for ESPI 5.	Q4	SS07 Planned Care Measure 3 83% reduction in overdue waitlist (base set at 610 as at July 2020) Note: MoH want to review trajectories in March 2021 so the performance measure is subject to change
		Planned Care (SS07 C): Evaluate proposed ophthalmology extended service model.	Q2	SS07 Planned Care Measure 4 Evaluation report
		Negotiate an increase of outsourced community radiology services	Q2	SS07 Diagnostic measures (CT and MRI)
Rural health		Central Hawke's Bay: Review and document the COVID-19 response within Central Hawke's Bay. Look at opportunities around increasing swabbing numbers, and include in the resurgence plan. (EOA Māori, Pacific)	Q2	Opportunities identified and strategy included in the updated HBDHB resurgence plan

FOCUS AREA		ACTIVITY	MILESTONE	MEASURE
		Central Hawke's Bay: Implement the recommendations of the Central Hawke's Bay COVID-19 response review. Prioritise those relating specifically to Māori and Pacific. Include the recommendations into the resurgence plan for Central Hawke's Bay. (EOA Māori, Pacific)	Q4	Recommendations implemented Māori and Pacific prioritised
		Address inequities to healthcare for Māori and Pacific in Wairoa, through increasing Telehealth opportunities. Focus on improving access to healthcare in the areas of; Cancer services, Obstetrics, Stroke Rehabilitation, and Mental Health. (EOA Māori, Pacific)	Q2	Telehealth opportunities for Māori and Pacific in Wairoa have increased. Cancer pathway trial commenced. Obstetrics pathway documented.
		Establish reporting mechanisms to track the uptake of Telehealth in Wairoa.	Q2	Regular reports scheduled
Implementation of the Healthy Ageing Strategy 2016 and Priority Actions 2019-2022		Commence a review of the Hawke's Bay Health System model of care for dementia, for funding and operational proposals over the next three years.	Q4	SS04 Document
		Establish health outcome data to support continuous improvement conversations in our community based restorative services with a focus on inequity. (EOA Māori, Pacific)	Q4	SS04 Document
		Liaise with organisations supporting priority populations (Māori, Pacific and Quintile Five), to encourage the adoption of Advanced Care Planning within their system processes and practices. (EOA Māori, Pacific)	Q4	SS04 Organisations contacted
		Subject to funding opportunities (which may include disinvestment to reinvest), develop service design options for Kaupapa Māori health services supporting Māori Kaumātua to age well. (EOA Māori)	Q4	SS04 Service design options documented (subject to funding opportunities)

FOCUS AREA		ACTIVITY	MILESTONE	MEASURE
		Undertake scenario based training involving Aged Residential Care facilities to improve preparedness for a pandemic outbreak and COVID-19 resurgence, aligned to the New Zealand Aotearoa Pandemic response policy for Aged Residential Care.	Q4	At least 5 facilities attending workshop(s)
Health quality & safety (quality improvement)		Consumer Engagement: Further socialise HBDHB Sure framework.	Q1	Post on HUB Share at relevant meetings
		Consumer Engagement: Integrate the HB DHB SURE framework into DHB project/programme plans	Q3	# of plans/programmes with SURE framework integrated
		Report against the Consumer Engagement Quality Safety Marker twice-yearly via the online form on the Commission's website	Q1, Q3	Report submitted
		Hand hygiene: Train staff to undertake hand hygiene audit to ensure all areas have hand hygiene auditor in place.	Q2, Q4	Training completed
		Hand hygiene QSM: Complete QSM hand hygiene data submission.	Q1, Q2, Q3	Hand hygiene data submitted
		Hand hygiene QSM: Complete QSM hand hygiene data submission.	Q4	1750 (total for 21/22 year) moments collected and hand hygiene data submitted
		Hand hygiene visibility: Raise visibility of good hand hygiene practices as part of PPE training.	Q1, Q2, Q3, Q4	Good hand hygiene practices delivered through PPE training
		Improving Equity: Follow up on recommendations from work by Tuakana / Teina Summership students on understanding experiences of Māori men experiencing gout. Consider "current state" resources for use and socialise across the sector. (EOA Māori)	Q4	SS13 Narrative report on progress
Te Aho o Te Kahu – Cancer Control Agency		Cancer Action Plan Activities: Develop a Lung Cancer Service improvement plan with a focus on equity.	Q1	Plan developed
		Cancer Action Plan Activities: Develop a Prostate Cancer Service improvement plan with a focus on equity.	Q2	Plan developed

FOCUS AREA		ACTIVITY	MILESTONE	MEASURE
		Cancer Action Plan Activities: Implement a Lung Cancer Service improvement plan with a focus on equity.	Q4	Implementation complete
		Cancer Action Plan Activities: Implement Prostate Cancer Service improvement plan with a focus on equity.	Q4	Implementation complete
		Contribute to Te Aho o Te Kahu ACT-NOW project by working with MidCentral DHB (HBDHB's cancer centre), as requested, to progress the implementation of ACT-NOW data standards in oncology e-prescribing systems via MOSAIC.	Q4	Contribution complete
		Develop a 'catch up' model to use post lockdown or active COVID activity, with priority focus on those patients who would have avoided seeking care.	Q4	Model documented
		Participate in a nationally led, Te Aho o Te Kahu travel and accommodation project which aims to improve equity.	Q4	Participation complete
		Work with MidCentral DHB (HBDHB's cancer centre) to progress the implementation of MDM Health Information Standards Organisation (HISO) data standards.	Q4	Participation complete
		Cancer Action Plan Activities: Develop a Bowel Cancer Service improvement plan with a focus on equity. (EOA Māori, Pacific)	Q4	Bowel cancer service improvement plan
		FCT: Review and analyse the Faster Cancer Treatment data. Develop and submit a plan for how HBDHB could achieve FCT targets.	Q4	Plan developed
		FCT: Review data. Identify issues. Develop a response plan that seeks to address identified issues. Report results to the MoH quarterly.	Q4	Report results via the MoH Portal quarterly
		LINAC: Complete Design stage (prelim, and developed) of the new LINAC facility.	Q4	Signed off design documents
		Refer to Whakamaua Action 4.7: Actions 1 and 2. (EOA Māori)	Q4	Refer Whakamaua Action 4.7: Actions 1 and 2

FOCUS AREA		ACTIVITY	MILESTONE	MEASURE
		Following the Nuhaka Cancer hui (20/21), progress prioritised actions to address equity. (EOA Māori)	Q4	Prioritised actions documented
		Undertake consumer engagement with Māori and Pacific peoples to understand how to improve cancer services. (EOA Māori, Pacific)	Q4	SS01 SS11 Consumer feedback documented
		Work with MidCentral DHB (HBDHB's cancer centre) to progress the implementation of HISO-10038.4-20/21 (Cancer Multidisciplinary Meeting Data).	Q4	Participation complete
Bowel screening and colonoscopy wait times		Bowel Screening Programme: Submit a proposal to implement new bowel screening surveillance guidelines.	Q1	SS15 Proposal document
		Bowel Screening Programme: Evaluate the Oranga Tonutanga pilot, designed to increase kaumātua Māori participation in the bowel screening programme. (EOA Māori)	Q2	SS15 Evaluation report
		HBDHB is committed to implementing a sustainable service which seeks to meet colonoscopy wait time targets (per Performance Measures SS15) in the 2021/22 year.	Q4	Implementation of the Endoscopy Recovery Plan completed Endoscopy Recovery plan milestones for 21/22 achieved
Health workforce		Action A1: Undertake delivery of Ngākau Ora four times per year which incorporates engaging effectively with Māori, relationship centred practice and unconscious bias. (EOA Māori)	Q4	Deliver Ngākau Ora 4 times
		Action A2: Undertake Values Based recruitment training four times per year for all managers and staff who attend interview panels which embeds our values, incorporates Kahungunu Tikanga and ensures the cultural safety of our staff selection processes. (EOA Māori)	Q4	Deliver Values Based recruitment training 4 times
		Action B1: Undertake delivery of a new model of change management whereby zoom or face-to-face meetings are initiated when engaging with unions, to deliver the initial change paper rather than through email to build the union relationship and ensure robust consultation.	Q4	Face-to-face or Zoom sessions provided for initial change paper discussions with Unions
		Action B2: Undertake delivery of monthly face to face and zoom bipartite meetings which incorporate discussions on working differently when required.	Q4	Face-to-face and Zoom sessions provided for bipartite meetings
		Action C1: Define and document core training for each professional/specialty area.	Q4	Core training defined and documented

FOCUS AREA		ACTIVITY	MILESTONE	MEASURE
		Action C2: 50% of the core training identified for professional/speciality areas, is updated and deployed by accessible computer based training.	Q4	50% of core training updated and deployed
		Commence the ISO450001:2018 certification process to create a systematic approach to health and safety management for the HBDHB. Stage 1 complete review.	Q2	Review complete
		Commence the ISO450001:2018 certification process to create a systematic approach to health and safety management for the HBDHB. Stage 2 certification undertaken and completed.	Q4	Certification complete
		Rollout an organisational wide engagement survey specifically focused on psycho-social Health/employee wellbeing	Q2	Engagement survey implemented
		Run organisation-wide team development workshops following on from survey focusing on well-being improvement	Q3, Q4	Number of workshops held
		Where staff that have functions within their role, that could be delivered from a home setting (following discussion and agreement with their line manager); they will be provided technology, home work station assessments and new guidelines in relation to expectations for working from home, hot desking options and flexible hours. Where a mutually positive flexible working arrangement occurs, we anticipate benefits such as; reducing car parking issues, building space issues, increasing staff engagement through empowering choice and lifting trust.	Q2	# of employees that have a remote work agreement added to their employment file
		COVID-19 vaccinators will also be trained in swabbing in order to cross skill	Q3, Q4	Training complete
		All new management or leadership position profiles will be updated throughout the 2021/2022 year. Updates will proactively encourage the establishment of approaches for increasing Māori (and other under-represented populations') representation in senior leadership and management roles.	Q3	New position profiles updated
		Career development plans undertaken with all Māori land Pacific leaders at tier 1,2 and 3 levels	Q1, Q3	Plans completed
		Increase frequency of the Ngakau Ora programme in the 21/22 year to support a sustained improvement in meeting standards of cultural competency	Q2, Q3, Q4	Number of sessions delivered
		Organisation Development Manager and Training Manager roles developed to drive sustained improvement in the number of professionals meeting standards of cultural competence and safety.	Q1 Q2	Training role developed Organisation Development role developed

FOCUS AREA		ACTIVITY	MILESTONE	MEASURE
		Determine additional/alternative approaches for situations where staff are either; presented with aggressive behaviour when working alone in the community, or when faced with aggressive behaviours onsite; to reduce the adverse impact on the safety and wellbeing of our staff and other "participants".	Q4	Approaches documented
		Identify the factors that lead to stress/fatigue for HBDHB staff. Determine potential costs and risk to the organisation. Determine options to; reduce factors causing stress/fatigue, and build staff resilience for better self-management.	Q4	Options documented
		Investigate adoption of a comprehensive health and safety software system to provide a repository for accident and incident recording, training records, corrective action register and health and safety risk register. Subject to investigation, scope clarification/confirmation, and associated procurement activities.	Q4	Investigation documented
		We will distribute a monthly memo to Unions with regards to matters arising within the HBDHB in relation to issues such as; pay equity, change processes, and any other updates on health system reforms. These will be provided every month, with the exception of December 2021 and January 2022.	Q4	10 memos distributed to Unions
		We will increase our engagement and direct contact with unions by; providing feedback to them from Board meetings, updates on COVID vaccinations provided to staff, and utilising Zoom sessions to proactively discuss issues that are pending (rather than our current reactive model of engagement).	Q4	# of direct contacts with the Unions has increased
Data and digital enablement		Complete the design phase of our Smart Referrals programme.	Q4	Delivery of a design and implementation plan to optimise through connected end-to-end workflow, measured by a reduced reliance on paper-based processes
		Enhance our Data Sharing Platform locally to remove the dependency on our legacy patient administration system for information and enable real-time decision-making. This supports the regional and national approach to integrate our data.	Q4	Daily extracts of data from our Patient Administration System have been replaced with a near real-time feed into the Data Sharing Platform

FOCUS AREA		ACTIVITY	MILESTONE	MEASURE
		Enhance Telehealth Services for Mental Health services in Napier/Hastings. (EOA Māori, Pacific)	Q4	Increased availability of telehealth services enabling an optimisation of patient care including reducing our DNA rates
		Following the delay of implementing significant digital initiatives (as a consequence of resource realignment during HBDHB's initial COVID-19 response), we will implement the Inpatients and Surgery components of our Advanced Hospital Analytics solution (called SystemView).	Q4	Inpatients and Surgery components in use for Service Improvement initiatives. Reduction in ad-hoc reporting requests
		Following the learnings from our initial COVID-19 response, we will continue the transition from paper-based to electronic processes in identified areas. Complete the design phase of our integrated medication prescribing solution.	Q4	Delivery of a design and implementation plan
Implementing the New Zealand Health Research Strategy		Undertake a health research symposium at Hawke's Bay DHB to explore development of health research environment that supports the New Zealand Health Research Strategy. The symposium will aim to connect groups and organisations involved in research in Hawke's Bay, inform development of a Hawke's Bay Health Research Plan that demonstrates HBDHB's commitment to achieving equitable health outcomes for Māori.	Q4	Development of a Hawke's Bay Health Research Plan

2.4.7 Better population health outcomes supported by primary health care

FOCUS AREA		ACTIVITY	MILESTONE	MEASURE
Primary care		Cultural responsiveness: Practices covering 80% of HB Māori population would have completed or are progressing year 1 objectives of the Hawke's Bay Primary Care Cultural Responsiveness Framework. (EOA Māori)	Q4	Identified practices have progressed (or completed) year 1 objectives of HB Primary Care Cultural Responsiveness Framework
		Telehealth: Embed Telehealth technology in General Practice, using health care home methodology.	Q4	Practices report increase in access of Telehealth by their enrolled population
		Review access and usage of Pacific adolescents within the School Based Health Service delivered at High Schools. Document opportunities for improvement, and where feasible implement within the year. (Also refer to the "Youth health and wellbeing" focus area). (We have used the WHO definition of "Primary Care", which includes "a level of care that is the first point of contact with the health system"). (EOA Pacific)	Q4	Increased adoption of improvement opportunities from Pacific people within School Based Health Services
Pharmacy		Promotion to our Kaumātua, that community pharmacy is a safe location for receiving 'flu vaccination. We will do this via presentations to Kaumātua groups. (EOA Māori)	Q4	Number of presentations delivered CW05% of 65+ year olds immunised - flu vaccine
Reconfiguration of the National Air Ambulance Service Project – Phase Two		Determine roles and responsibilities in relation to clinical versus contractual roles; and responsibilities between HBDHB and NSO.	Q2	Roles and responsibilities framework documented
Long term conditions		Cardiopulmonary Pilot: Apply critical thinking to programme reports which contributes to the final evaluation, and potential service improvement. (EOA Māori, Pacific)	Q1, Q2, Q3	SS05 Narrative progress # patients
		Cardiopulmonary Pilot: Evaluate cardio-pulmonary rehab pilot conducted during 20/21, focusing on equity and outcomes. (EOA Māori, Pacific)	Q4	SS05 Evaluation report
		Community Pharmacy: Implement a community pharmacy coronary heart disease navigation and support service for Māori and Pacific for up to 1 year post hospital event. (EOA Māori, Pacific)	Q1	SS07 SS05 # pharmacies contracted
		Community Pharmacy: Implement a community pharmacy coronary heart disease navigation and support service for Māori and Pacific for up to 1 year post hospital event: Monitor patients through the service. (EOA Māori, Pacific)	Q2, Q3	SS05 # patients

FOCUS AREA		ACTIVITY	MILESTONE	MEASURE
		Community Pharmacy: Implement a community pharmacy coronary heart disease navigation and support service for Māori and Pacific for up to 1 year post hospital event: Analyse customer profile and uptake. (EOA Māori, Pacific)	Q4	SS05 Analysis documented
		CVD: Embed a community CVD outreach screening programme for Māori via sports clubs, workplace, marae, and community and link in with general practice: Work with HB Rugby Union and HB Netball Association to incentivise CVDRA for all players. (EOA Māori)	Q1	SS13 SS05 # screened for CVD risk
		CVD: Embed a community CVD outreach screening programme for Māori. Hold wānanga to promote screening at; community events, workplaces, marae, and link in with general practice. (EOA Māori)	Q3	SS13 SS05 # of wānanga # participants in wānanga # participants who are enrolled in GP # screened for CVD risk
		CVD: Embed a community CVD outreach screening programme for Māori via sports clubs, workplace, marae, and community and link in with general practice: Evaluate and report on activity. (EOA Māori)	Q4	SS13 SS05 # participants in wānanga # participants who are enrolled in GP # screened for CVD risk % of eligible population having had a CVDRA in last 5 years
		Hepatitis C Action: 1 Increase awareness of Hepatitis C in the community.	Q4	Increase in screening for Hepatitis C
		Hepatitis C Action: 2 Support access to diagnosis and treatment.	Q4	Increase in screening for Hepatitis C
		Hepatitis C Action: 3 Collaborate with regional provider to increase awareness, and support access to diagnosis and treatment.	Q4	Increase in screening for Hepatitis C
		Rangatahi diabetes awareness: Develop a culturally appropriate pathway for public health nurses to use to support rangatahi who have been identified through HEADSS assessment as having family history of diabetes. This is a joint initiative between Pacific Health, Māori Health, rangatahi, population health, school-based nursing, healthy learning programme and diabetes services. (EOA Māori, Pacific)	Q2	SS13 CW12 Completed pathway
		Rangatahi diabetes awareness: Pilot pathway in selected school/s. (EOA Māori, Pacific)	Q4	SS13 CW12 Pilot complete in selected school/s

FOCUS AREA		ACTIVITY	MILESTONE	MEASURE
		Diabetes: Develop and Implementing a shared care model of care between the Diabetes and Renal service for patients with impaired renal function in Primary care who sit outside Renal Service criteria (SLM Improvement Plan action)	Q3	Model of care implemented
		Health Hawke's Bay will provide to general practices; ongoing monthly reporting, monitoring a range of clinical and qualitative accountability measures and will work with practices on stratification data to identify a reasonable target to ensure those with the greatest need have care plans developed with the multidisciplinary team. (EOA Māori, Pacific)	Q4	SS13 SS05 80% of general practices are using stratified data

2.5 Financial Performance Summary

Projected Statement of Revenue and Expense For the year ended 30 June *in thousands of New Zealand Dollars*	2020 Audited	2021 Forecast	2022 Projected	2023 Projected	2024 Projected	2025 Projected
Ministry of Health - devolved funding	570,107	626,564	665,962	695,962	726,962	758,962
Ministry of Health - non devolved contracts	15,128	14,829	14,560	14,632	14,720	14,823
Other District Health Boards	12,469	12,879	14,305	14,322	14,342	14,366
Other Government and Crown Agency sourced	5,591	6,098	5,944	5,974	6,010	6,052
Patient and consumer sourced	1,424	1,470	1,450	1,457	1,466	1,476
Other	4,078	6,440	3,330	3,330	3,330	3,330
Operating revenue	**608,798**	**668,281**	**705,551**	**735,677**	**766,830**	**799,009**
Employee benefit costs	271,037	268,472	287,952	301,711	314,984	327,819
Outsourced services	24,628	25,723	18,754	18,849	18,938	19,027
Clinical supplies	57,837	63,997	78,303	80,098	82,280	84,094
Infrastructure and non-clinical supplies	55,237	55,756	54,340	54,654	55,389	55,525
Payments to other providers	262,962	278,177	294,247	306,490	314,063	327,002
Operating expenditure	**671,700**	**692,126**	**733,596**	**761,803**	**785,654**	**813,467**
Surplus/(Deficit) for the period	**(62,903)**	**(23,845)**	**(28,045)**	**(26,125)**	**(18,824)**	**(14,458)**
Revaluation of land and buildings	-	15,501	-	-	-	-
Other comprehensive revenue and expense	**-**	**15.501**	**-**	**-**	**-**	**-**
Total comprehensive revenue and expense	**(62,903)**	**(8,344)**	**(28,045)**	**(26,125)**	**(18,824)**	**(14,458)**

Table 1: Projected Statement of Comprehensive Revenue and Expense

Projected Summary of Revenue and Expenses by Output Class For the year ended 30 June *in millions of New Zealand Dollars*	2020 Audited	2021 Forecast	2022 Projected	2023 Projected	2024 Projected	2025 Projected
Revenue						
Prevention	9.4	8.5	7.8	8.1	8.5	8.8
Early detection and management	150.5	151.3	160.2	167.5	174.6	181.9
Intensive assessment and treatment	366.6	424.4	454.5	472.8	492.8	513.5
Rehabilitation and support	81.9	84.2	83.0	87.4	91.0	94.8
	608.8	**668.4**	**705.5**	**735.7**	**766.8**	**799.0**
Expenditure						
Prevention	9.9	9.5	9.2	9.6	10.0	10.4
Early detection and management	155.6	155.8	170.2	177.5	184.7	192.4
Intensive assessment and treatment	418.0	433.6	459.4	475.9	488.3	503.7
Rehabilitation and support	88.2	93.3	94.7	98.8	102.6	107.0
	671.7	**692.2**	**733.5**	**761.8**	**785.6**	**813.5**
Surplus/(Deficit)	**(62.9)**	**(23.8)**	**(28.0)**	**(26.1)**	**(18.8)**	**(14.5)**

Table 2: Projected Summary of Revenue and Expenses by Output Class

SECTION THREE: Service Configuration

3.1 Service Coverage

The Minister explicitly agrees to the level of service coverage for which the Ministry of Health and DHBs are held accountable. Service coverage information demonstrates how Government policy is to be translated into the required national minimum range and standards of services to be publicly funded. In the current environment of increasing resource constraints and rising demand, it is likely the level of services provided in some locations and the standard of some services will be adjusted and access to some services may have to be modified. Service and care pathway reviews will specifically address the issue of coverage and access as will national, regional and local integrated planning. HBDHB does not expect any exceptions to service coverage for the 21/22 year and acknowledges approval is required for any service coverage exceptions identified throughout the year.

HBDHB is permitted and empowered under Section 25 of the New Zealand Public Health and Disability Act 2000 (the Act) to negotiate and enter into any service agreements (and amendments to service agreements) which it considers necessary in fulfilling its objectives and/or performing its functions pursuant to the Act.

3.2 Service Change

The table below is a high-level indication of some potential changes.

Summary of service changes

Change	Description of Change	Benefits of Change	Change for local, regional or national reasons
Discontinue Under 18 Free fees in General Practice.	Hawke's Bay DHB is in the process of redesigning its Rangatahi services in Hawke's Bay. Once operational, the aim is to have a model that will deliver General Practice services embedded into an overall Rangatahi service.	Improved access for Rangatahi to a primary care service. Staff skilled at working with youth and a service that incorporates the cultural and social needs in delivery of care.	Local
Development of a Crisis Hub (Te Tawharau) An integrated service model supporting whānau and whaiora in crisis (MH&A)	System wide change that will involve the integration of both NGO, DHB, Police and MSD workforce in the delivery of a collaborative approach to service delivery that aligns to a whānau ora approach.	Improved patient experience of care. Efficient use of resources (social and health agencies) Reduced presentations to ED, Reduced use of restraint, Reduced admission to inpatient, Reduced number of outliers with hospital, Improved access to social support services	Local
Respiratory Services.	Respiratory services across the system will be reviewed.	Nursing staff working at full extent of their scope of practice. Clear agreed pathways for different respiratory conditions. A more integrated system better enables to meet demand	Local
Implement the National Integrated Community Pharmacy Services Agreement annual review changes	Implement the National Integrated Community Pharmacy Services Agreement annual review changes.	Ongoing review of the IPCSA to ensure it is fit for purpose in a changing environment.	National

Change	Description of Change	Benefits of Change	Change for local, regional or national reasons
Develop local services and continue assessment of Schedule 3B services for local review.	As part of local services the DHB will support the implementation of the new service: Community Pharmacy enhanced CHD service for Māori and Pacific As part of the ICPSA Schedule 3B services we will continue to enhance the CPAMS service and assess the need to review the ARRC / LTC services and review MUR service	Community Pharmacy enhanced CHD service for Māori and Pacific - pharmacist support for 12 months post event to improve adherence to medicines Enhance the CPAMS service to improve integration and communication between CPAMS providers and clinicians (primary and secondary care), increased service awareness, expanded coverage, all with a focus in high quality INR management of patients by community pharmacists Assess value of changing ARRC and/or LTC services – ensures that pharmacy is part of system change for improving ARRC and/or LTC care to patients, and this is able to occur via contracting model. Review MUR service to improve service utilisation and reduce identified service gaps, focused on aiding medicine adherence within the community.	Local
Older Persons Services	Responding to the growing demands of acute and chronic care needs will necessitate providing services in different ways that have more of a rehabilitation and community focus. More opportunities will be scoped out.	Free up capacity and associated resources in order to deliver care more appropriately with the aim of minimising admission to hospital and ARRC settings.	Local

Change	Description of Change	Benefits of Change	Change for local, regional or national reasons
One Laboratory Service in Hawkes Bay	Explore options for Hawke's Bay Laboratory services to ensure we have the most effective and efficient model of care for the community	Efficient use of human resources, optimising high cost equipment, increased productivity, streamlining community service provision, expediting lab results	Investigating the viability of one lab provider which is a local initiative. This is intended to achieve the benefits of change but to also establish strong leadership and accountability framework
Review nurse led after hours emergency triage service in Napier	We will review this service and consider the effectiveness of the delivery of after hours emergency care in Napier (between 9pm to 8am).. Should the decision be to change this service, a progressive transition of services would occur with planning in 21/22.	Improved access to the right care at the right place, distinction between tier 1 & tier 2 service	Any local change would be initiated with community consultation to better understand the need

Change	Description of Change	Benefits of Change	Change for local, regional or national reasons
Workforce/FTE Changes	Skill mix changes -10 FTE	Appropriate staff mix	Local
	Growth in activity volumes - 9.7 FTE	Meeting demand for services	Local
	Increase in additional elective activity – 28.4 FTE	Meeting demand for services and MOH targets for elective activity	Local/National
	Care Capacity Demand Management (CCDM) – 14.3 FTE	Appropriate nurse staffing levels and meeting MOH requirements for CCDM	Local/National
	Cardiology PCI service (Business Case) – 4 FTE	Equity of access for Hawke's Bay patients to cardiology services	Local
	Emergency Department volumes – 11.9 FTE	Meeting demand for emergency services	Local
	ICU Accreditation – 17.9 FTE	Maintaining teaching hospital level services	Local
	Planned care improvement – 7.6 FTE	Improving planned care services to meet MOH requirements	Local
	Other service changes – 37.7 FTE	Strategic initiatives	Local

Service integration

In line with our strategic direction and the Health and Disability system reform, to move services into community networks and closer to localities, HBDHB continues to review services and consider what whānau and communities tell us matters to them, and how to best serve them.

Procurement of health & disability services

Hawke's Bay DHB periodically undertakes competitive processes (Registration of Interest, Request for Proposals etc.), in accordance with the Ministry of Business Innovation and Employments Government Rules of Sourcing. Competitive processes ensure cost effective services, increase innovation and can enhance efficient service provision. Competitive processes may result in a change of provider

Note: HBDHB is permitted and empowered under Section 25 of the New Zealand Public Health and Disability Act 2000 (the Act) to negotiate and enter into any service agreements (and amendments to service agreements), which it considers necessary in fulfilling its objectives and/or performing its functions pursuant to the Act.

SECTION FOUR: Stewardship

4.1 Managing our Business

Organisational Performance Management

Given the scale and scope of our services, HBDHB has developed and implemented a comprehensive organisational performance management framework. Reports provided as part of this framework include:

Strategic

- MoH – DHB Performance Monitoring (including Quality and Patient Safety)
- HBDHB Strategic Dashboard including Annual Plan and Health System priorities reporting
- Strategic Capital projects reporting
- Monthly Balanced Score Card

Operational

- Quality Improvement and Patient Safety
- Te Ara Whakawaiora – reporting on key Māori health indicators
- Provider, Public Health and Funder performance reporting
- Risk Management
- Audit and Compliance

General

- Chief Executive Report
- Financial Performance
- Human Resources Key Performance Indicators
- Strategic Programme Overview.

Funding and Financial Management

Hawke's Bay DHB, as the lead Crown Entity responsible for public health expenditure in Hawke's Bay, must always seek to live within its means, prioritise resources and manage in a fiscally responsible manner. In common with trends across the health sector, the DHB has faced significant difficulties in achieving financial sustainability and has posted financial deficits in its Operating Result (result on normal operations, before extraordinary costs) in recent years, as shown in the table below.

Financial Year	2016/ 17	2017/ 18	2018/ 19	2019/ 20	2020/21 *Forecast*	2021/22 *Planned*
Operating Result Surplus/ (Deficit)	$3.6m	($8.6m)	($12.8m)	($32.3m)	($18.8m)	($25.0m)
Other Extraordinary Costs: FPIM			($2.6m)			
Holidays Act			($13.0m)	($20.9m)	($3.0m)	($3.0m)
COVID-19 Response				($9.7m)	($2.0m)	

Hawke's Bay DHB is planning to deliver a $28 million deficit result for 2021/22, before costs for the COVID-19 response and recovery. MoH revenue will be higher than inflation in 2021/22, largely as a result of the increase in the population based funding formula to fully reflect population increases experienced in recent years. However, the ongoing deficit is being driven by the continued pressure on delivery, with contributing factors including:

- ongoing sustained cost pressures as a result of existing activity and acuity, as well as anticipated population growth on future demand
- aged and old-fashioned facilities that create barriers to delivering services in an efficient and modern manner

- demographic factors including higher than national average population aged 65+ and socio-economic deprivation, which impact acuity/dependency and activity levels

The DHB does not expect to return to a breakeven position in the next few years with deficits of $28.0m in 2021/22, $26.1m in 2022/23, 18.8m in 2023/24 and $14.5m in 2024/25. The improvements from year-to-year are expected from recognition of population increases through population-based funding and delivery of system and process improvements that have a flow on impact to financial outcomes. The delivery of a number of mid-sized projects which have been approved by MoH will also have longer-term positive impacts.

Investment and Asset Management

Strategic capital expenditure in the public health sector is informed by the National Asset Management Plan (NAMP) established in December 2019, to support decision making and prioritisation of capital resources. The DHB had early input into the plan as a pilot site with our critical buildings assessed in 2018/19.

When making investment decisions, regional and national level approvals are sought depending on the threshold of any proposed investment to help ensure there is consistency in the development of health assets. We will continue to work regionally and nationally on implementation of initiatives that benefit from a collective approach such as certain information technology applications.

Hawke's Bay DHB has a five-year asset management plan in place. We undertake asset management planning at a local level to support prioritisation of capital expenditure also undertakes asset management planning at a local level to support prioritisation of capital expenditure. Assets include facilities, clinical equipment and information technology equipment and applications.

The DHB has a number of aged facilities that significantly impact its ability to deliver quality services efficiently.

By the end of 2021/22 an asset masterplan will be updated to reflect new information about the state of DHB infrastructure that is identified as part of a longer-term programme to refurbish facilities. Hawke's Bay DHB is one of four regional hospitals included in the Health Infrastructure Unit's Regional Hospital Redevelopment Programme.

In the interim, the DHB has mid-sized strategic projects underway which it expects to deliver in the coming years. These include:

- expansion of Surgical Services with extensive reconfiguration and refurbishment of the theatre block and addition of an eighth operating theatre, supported by additional capital funding from the MoH. This includes a seismic component to the value of $3,078,000
- Radiology reconfiguration and expansion, providing larger clinical spaces to better support patient safety and privacy, state-of-the-art imaging equipment, as well as additional capacity for more diagnostic equipment in the future, supported by additional capital funding from the MoH and includes a seismic component to the value of $593,000.
- Refurbishment of the existing cardiology services building to provide additional services and incorporate new equipment.

The DHB also has a seismic capital project for AAU/Education Centre of $456,000.

Hawke's Bay DHB is working with Mid-Central DHB to provide specialist facilities required to house a linear accelerator on the Hastings campus to allow provision of radiation oncology services locally.

Hawke's Bay DHB has a shareholding interest in, and receives shared services from:

- NZ Health Partnerships Ltd
- Central Region Technical Advisory Services Ltd
- Allied Laundry Services Ltd.

Risk Management

Hawke's Bay DHB maintains a range of internal control, risk management, and business continuity processes. These are regularly audited by both external (Audit NZ) and internal audit (TAS) teams. The DHB commissions external consultants to design, peer review and accurately cost and manage its capital programme.

Quality Assurance and Improvement

Quality monitoring and reporting is performed on an ongoing basis, such as quarterly monitoring reports on adverse events and key quality indicators from Health Roundtable datasets. These are reported to the Finance Risk and Audit Committee and Clinical Council of Hawke's Bay District Health Board. The DHB has an active programme of clinical assurance and improvement through system audits based on HQSC recommended programmes. These include care of the deteriorating patient, falls prevention, pressure injury risk assessment, hand hygiene, family violence routine questioning and medication safety.

4.2 Building capability

Work has begun to prepare an Integrated System Plan (ISP) that brings together the previous planning processes into one comprehensive suite and roadmap to inform our future state. This includes Whānau Ora, Hāpori Ora 2019-2029, the Clinical Services Plan and a number of sub-plans to support improvements in capability within our workforce, technology and communications, capital and infrastructure. The ISP will inform our long-term investment planning, business modelling and the three year through to annual planning process for the system.

In order to be flexible and responsive to the environment of transition the DHB is entering through the Health and Disability Reforms, this planning will incorporate key intelligence as it becomes available from the Transition Unit.

The ISP will also be fundamental toward informing Site Master Planning and Facilities re-development to ensure the right inputs lead to the right solutions.

4.3 Workforce

Hawke's Bay DHB continues to implement its rolling People Plan and Safety and Wellbeing strategy. The tactics for achieving the organisational people and culture objectives are reviewed annually to meet the changing needs of staff and the community. This updated plan has a stronger focus on the safety and wellbeing of staff, developing a positive culture, future proofing our workforce, and redefining essential skill development to deliver high quality, accessible development initiatives. These actions align directly to the national workforce strategic priorities to develop our workforce for the future.

By keeping focussed on the future, initiatives will challenge past thinking and norms to fully make the most of DHB resources.

Improving meaningful workforce participation is a key priority within all areas of health care and delivery. Continuing toward growing the Māori and Pacific workforce, and ensuring the DHB reflects its communities are a key focus toward addressing the disparity of health outcomes.

Work health and safety is integral to Hawke's Bay DHB operations and the DHB is committed to improving health and safety across the health workforce. Our key health and safety actions for 21/22 are outlined in the Health Workforce focus area in Section 2.4.6 of this plan.

4.4 Information Technology

Hawke's Bay DHB will continue implementing smarter 'ways of doing things' and improving equity of access by unlocking the power of data to deliver information and insights that enable new models of care, better decisions and continuous improvement. The following foundational capabilities are essential to our digitally-enabled health system.

Accessibility
Enable access to healthcare services and information at the right place and time.

Single view of information
Provide a consolidated, accurate, shared and comprehensive view of health, care, and community information.

Integrated systems
Enable a team and regional-based model of care that integrates processes and applications locally, regionally, and nationally.

Secure infrastructure
Optimise infrastructure to improve connectivity, reliability and resilience, and ensure access to our information.

These key capabilities are underpinned by a modern delivery organisation that adopts an innovative and agile approach, strengthened by strategic partnerships and skilled local teams. This approach will deliver:

- a people-centric approach focussed on delivering business value and outcomes
- quick wins
- continuous improvement and innovation
- sustainable change
- capability and capacity optimisation of resources.

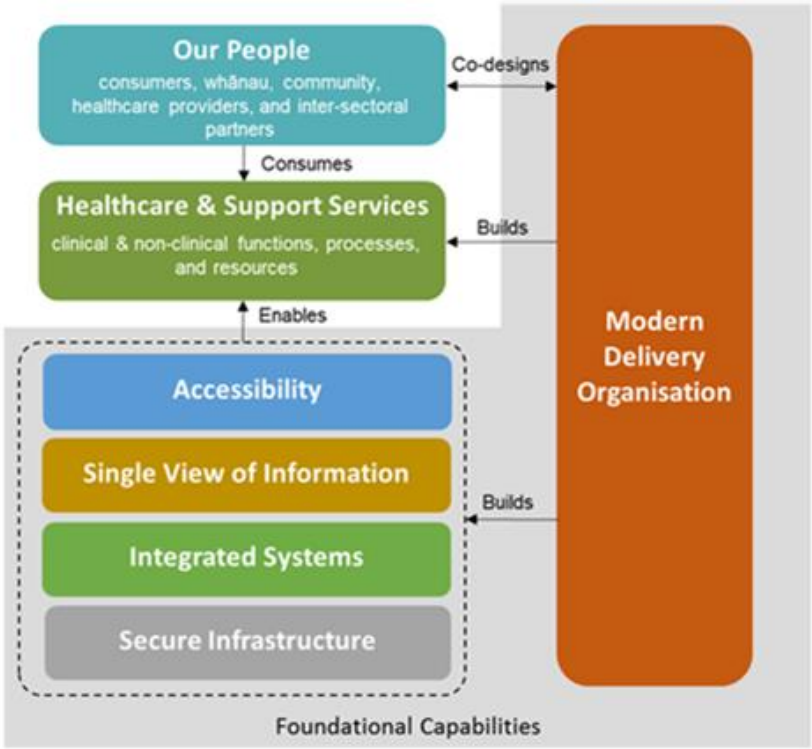


Figure 4: Digital Enablement, Modern Delivery Organisation approach

SECTION FIVE: Performance Measures

5.1 2021/22 Ministry of Health Performance Measures

As a Crown entity, responsible for Crown assets, the DHB also provides a wide range of financial and non-financial performance reporting to the Ministry of Health on a monthly, quarterly and annual basis.
The DHB's obligations include quarterly performance reporting in line with the Ministry's non-financial performance monitoring framework. This framework aims to provide a rounded view of DHB performance in key priority areas and uses a mix of performance markers across five dimensions. These dimensions reflect the key areas of national priority:

- Improved Child Wellbeing (CW)
- Improved Mental Health Wellbeing (MH)
- Improved Wellbeing through Prevention (PV)
- Better population health outcomes supported by a Strong and equitable public health and disability System (SS)
- Better population health outcomes supported by Primary Health Care (PH).

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

The national DHB monitoring framework and expectations for 2021/22 are set on the following pages.

PERFORMANCE MEASURE		EXPECTATION †	
CW01	Oral Health (Children)	Children caries free at 5 years of age (Yr1) Children caries free at 5 years of age (Yr2)	≥ 62% ≥ 62%
CW02		Oral health: Mean DMFT score at school year 8 (Yr1) Oral health: Mean DMFT score at school year 8 (Yr2)	<0.67 <0.67
CW03		% of preschool children (aged 0-4 years of age) enrolled in and accessing community oral health services (Yr1) % of preschool children (aged 0-4 years of age) enrolled in and accessing community oral health services (Yr2)	≥ 95% ≥ 95%
		% of children (aged 0-12 years of age) overdue for their scheduled examinations with Community Oral health service (Yr1) % of children (aged 0-12 years of age) overdue for their scheduled examinations with Community Oral health service (Yr2)	≤ 10% ≤ 10%
CW04	Oral Health (Adolescents)	% utilisation of DHB funded dental services by adolescents for school Year 9 up to and including 17 years (Yr1) % utilisation of DHB funded dental services by adolescents for school Year 9 up to and including 17 years (Yr2)	≥ 85% ≥ 85%
CW05	Immunisation	% of eight-month-olds olds fully immunised.	≥ 95%
		% of five-year-olds have completed all age-appropriate immunisations due between birth and five year of age.	≥ 95%
		% of girls and boys fully immunised - HPV vaccine	≥ 75%
		% of 65+ year olds immunised - flu vaccine	≥ 75%
CW06	Child Health (Breastfeeding)	% of infants are exclusively or fully breastfed at three months	≥ 70%
CW07	Newborn enrolment with General Practice	% of newborns enrolled in general practice by 6 weeks of age % of new-borns enrolled in general practice by 3 months of age	≥ 55% ≥ 85%
CW08	Immunisation at two years	% of two-year-olds have completed all age-appropriate immunisations due between birth and age two years	≥ 95%
CW09	Better help for smokers to quit	% 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.	≥ 90%
CW10	Raising healthy kids	% 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.	≥ 95%
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	

PERFORMANCE MEASURE		EXPECTATION †		
MH01	MH&A access to services	Proportion of the population seen by MH&A services Child & youth (zero -19)	≥4.3%	Total, Māori, Pacific, Other
		Proportion of the population seen by Mental Health and Addiction (MH&A) services Adult (20-64)	≥5.4%	Total, Māori, Pacific, Other
		Proportion of the population seen by MH&A services Older adult (65+)	≥1.15%	Total, Māori, Pacific, Other
MH02	MH wellness and transition	% of clients discharged will have a quality transition or wellness plan	≥ 95%	
		% of audited files meet accepted good practice.	≥ 95%	
MH03	MH&A shorter waits for services for under 25year olds	Provide reports as specified		
MH04	Rising to the Challenge: The Mental Health and Addiction Service Development Plan	Provide reports as specified.		
MH05	More equitable use of Mental Health Act: Section 29 community treatment orders	% reduction in the rate of Māori under s29 orders per 100,000 population (by at least 10% by the end of the reporting year)	≥ 10%	Māori
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	Breast screening coverage and rates	% of women aged 45-69 years who have completed breast screening in the previous two years	≥ 70%	

PERFORMANCE MEASURE		EXPECTATION †	
PV02	Improving cervical screening coverage	% of women aged 25-69 who have completed cervical screening in the previous three years	≥ 80%
SS01	Faster cancer treatment (FCT)	% of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat.	≥ 85%
SS03	Ensuring delivery of Service Coverage	Provide reports as specified.	
SS04	Delivery of actions to improve Wrap Around Services for Older People	Provide reports as specified.	
SS05	Ambulatory sensitive hospitalisations (ASH adult)	Ambulatory sensitive hospitalisations (ASH) rate per 100,000 45-64 years	≤4,209 per 100,000 World Health Organisation age - standard rate Total, Māori, Pacific, Other
SS07	Planned Care (Interventions)	Planned Care Interventions: Inpatient Surgical discharges Minor procedures Non - Surgical interventions	TBC
	Planned Care (Elective Service Patient Flow Indicators)	% of services that report Yes (that more than 90% of referrals within the service are processed in 15 calendar days or less) (ESPI 1)	100%
		% of patients waiting over four months for FSA (ESPI 2)	0%
		% of patients in Active Review with a priority score above the actual Treatment Threshold (aTT) (ESPI 3)	0%
		% of patients waiting over 120 days for treatment (ESPI 5)	0%
		% of all patients were prioritised using an approved national or nationally recognised prioritisation tool (ESPI 8)	100%
	Planned Care (Diagnostics)	% of patients with accepted referrals for elective coronary angiography receive their procedure within 3 months (90 days)	≥ 95%
		% of patients with accepted referrals for Computed Tomography (CT) scans who receive their scan, and scan results are reported, within 6 weeks (42 days)	≥ 95%
		% of patients with accepted referrals for MRI scans who receive their scan, and the scan results are reported, within 6 weeks (42 days).	≥ 90%
	Planned Care (Ophthalmology)	Number of Ophthalmology patients that wait more than or equal to 50% longer than the intended time for their appointment.	0
	Planned Care (Cardiology)	% of all patients (both acute and elective) will receive their cardiac surgery within the urgency timeframe based on their clinical urgency.	≥ 100%

PERFORMANCE MEASURE		EXPECTATION †	
	Planned Care (Acute Readmissions)	Acute readmissions to hospital	≤12%
	Planned Care (DNA for FSA)	Note: There will not be a Target Rate identified for this measure. It will be developmental for establishing baseline rates in the 2020/21 year.	
SS09	Quality of data within the National Health Index (NHI) and data submitted to National Collections	New NHI registration in error (causing duplication)	>1% and ≤3%
		Recording of non-specific ethnicity in new NHI registration	>0.5% and ≤ 2%
		Update of specific ethnicity value in existing NHI record with a non-specific value	>0.5% and ≤ 2%
		Validated addresses excluding overseas, unknown and dot (.) in line 1	>76% and ≤ 85%
		Invalid NHI data updates.	[TBC]
	Quality of data (National Collections)	NPF collection has accurate dates and links to NNPAC and NMDS for FSA and planned inpatient procedures.	≥ 90% and <95%
		National Collections completeness	≥94.5 and <97.5%
		Assessment of data reported to the NMDS	≥85 and <95%
		Provide reports as specified.	
SS10	Less waiting for ED treatment	% of patients admitted, discharged or transferred from an emergency department (ED) within six hours.	≥ 95%
SS11	Faster cancer treatment (FCT)	% 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.	≥ 90%
SS12	Engagement and obligations as a Treaty partner	Provide reports as specified.	
SS13	Long Term Conditions	Report on actions, milestones and measures to: Support people with LTC to self-manage and build health literacy.	
	Long Term Conditions (Diabetes)	Report on the progress made in self-assessing diabetes services against the Quality Standards for Diabetes Care.	

PERFORMANCE MEASURE		EXPECTATION †		
		Ascertainment: target 95-105% and no inequity	95-105%	No Inequity
		% of people with diabetes who have good or acceptable glycaemic control (HbA1c<64mmols)	60%	No Inequity
		No HbA1c result: target 7-8% and no inequity	< 8%	No Inequity
	Long Term Conditions (Cardiovascular Health)	Provide reports as specified.		
	Long Term Conditions (Acute heart service)	% of Acute Coronary Syndrome (ACS) patients undergoing coronary angiogram - door to cath within 3 days	> 70%	
		% of patients presenting with Acute Coronary Syndrome who undergo coronary angiography have completion of ANZACS QI ACS and Cath/PCI registry data collection within 30 days of discharge % of patients presenting with Acute Coronary Syndrome who undergo coronary angiography have completion of ANZACS QI ACS and Cath/PCI registry data collection within 3 months of discharge	> 95% ≥ 99%	
		% of ACS patients who undergo coronary angiogram have pre-discharge assessments of LVEF (i.e. have had an echocardiogram or LVgram). % of ACS patients who undergo coronary angiogram are prescribed, at discharge, aspirin, a second anti-platelet agent, statin and an ACE/ARB (four classes) and those with LVEF <40% should also be on a beta blocker (five classes)	≥ 85% ≥ 85%	
		% of patients who have pacemaker or implantable cardiac defibrillator implantation/replacement have completion of ANZACS-QI Device PPM forms completed within 2 months of the procedure. % 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.	≥ 99% ≥ 99%	
	Long Term Conditions (Stroke services)	% of acute stroke patients admitted to a stroke unit or organised stroke service with a demonstrated stroke pathway within 24 hours of their presentation to hospital	≥ 80%	
		% of patients with ischaemic stroke thrombolysed and/or treated with clot retrieval (Service provision 24/7) and counted by DHB of domicile	≥ 12%	
		% of patients admitted with acute stroke are transferred to in-patient rehabilitation services are transferred within 7 days of acute admission	≥ 80%	
		% of stroke 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.	≥ 60%	
SS15	Diagnostics	% of people accepted for an urgent diagnostic colonoscopy will receive their procedure within 2 weeks (14 calendar days, inclusive), % of people accepted for an urgent diagnostic colonoscopy will receive their procedure within 30 days or less	≥ 90% 100%	
		% of people accepted for a non-urgent diagnostic colonoscopy will receive their procedure within 6 weeks (42 calendar days)	≥ 70%	

PERFORMANCE MEASURE		EXPECTATION †		
		% of people accepted for a non-urgent diagnostic colonoscopy will receive their procedure within 90 days or less	100%	
		% of people waiting for a surveillance colonoscopy will wait no longer than 12 weeks (84 days) beyond the planned date % of people waiting for a surveillance colonoscopy receive (or waiting for) their procedure within 120 days or less of the planned date	≥ 70% 100%	
		% of people who returned a positive faecal immunochemical test (FIT) have a first offered diagnostic date that is within 45 working days or less of their FIT result being recorded in the NBSP information system.	≥ 95%	
SS17	Whānau ora	Appropriate progress identified in all areas of the measure deliverable.		
PH01	System Level Measures	Provide reports as specified.		
PH02	Quality of ethnicity data (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.	≥ 90%	
PH03	Primary Care (Access)	% of Māori population enrolled in the PHO	≥ 95%	Māori
PH04	Primary Care (Better help for smokers to quit)	% of Primary Health Organisation (PHO) enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months	≥ 90%	
Annual plan actions	Annual plan actions - status update reports	Provide status update reports as specified.		

† Where a numerical expectation exists, unless explicitly specified; the target/expectation relates to: Total, Māori, Pacific.

Appendices

HAWKE'S BAY
District Health Board
Whakawāteatia

E83

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

2021/2022

Statement of Performance Expectations

Hawke's Bay District Health Board | 17 August 2021

Appendix 1:
Statement of performance expectations including financial performance

The Statement of Performance Expectations (SPE) is a requirement of the Crown Entities Act (2004) and identifies outputs, measures and performance targets for 2021/22 year. The Crown Entities Act 2004 requires the SPE to include forecast financial statements for the financial year, prepared in accordance with generally accepted accounting practice.

This section includes information about the measures and standards against which Hawke's Bay District Health Board's (DHB) service performance will be assessed.

As both the major funder and provider of health services in Hawke's Bay, the decisions Hawke's Bay DHB make and the way it delivers services has a significant impact on people's health and wellbeing. Over the longer term we evaluate the effectiveness of our service performance by tracking the health of our population against a set of desired population health outcomes, encompassed in the Hawke's Bay DHB Performance and Outcome Framework on pages 8-9 of the 2021/22 Annual Plan.

In the short term (annually), we evaluate our performance by providing a forecast of the services we plan to deliver and the standards we expect to meet.
The results are then presented in our Annual Report at the end of the year.

For the purpose of our Statement Performance Expectations (SPE), our services are grouped into four reportable Output Classes:

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

The outputs and measures presented are a reasonable representation of the full range of services provided by the organisation. Where possible, we have included recent past performance (baseline data) and the performance target to give the context of what we are trying to achieve and to better evaluate our performance.

Service Performance

The criteria that we use to measure our output performance is below. It is applied to assess progress against each indicator.

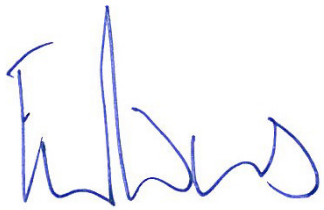
Criteria	Rating	
On target or better	Achieved	
0.1-5% away from target	Substantially achieved	
>5% to 10% away from target	Not achieved but progress made	
>10% away from target	Not achieved	

Note: all targets are an annual target or, where monitored quarterly, show the expected performance for the full financial year. Targets are set at the total population level and monitored, where appropriate, across different population groups to gauge the equity of results.

On 21 April 2021 the Minister of Health announced major changes to the Health and Disability sector. These changes will be phased in over time and will have a significant impact on the District Health Boards (DHBs), including Hawke's Bay DHB. The reforms will see the 20 DHBs formally disestablished and a new entity established from 1 July 2022 to deliver health services in New Zealand. During the 2021/22 year the Hawke's Bay DHB will continue to be responsible for the delivery of health services for the Hawke's Bay population, and there is not expected to be any impact to the delivery of these services as a result on the health sector reforms during the period. In preparation for a smooth transition to the new entity, during 2021/22 the Hawke's Bay DHB will be preparing for the transfer of responsibilities to the new health agency from 1 July 2022.

The Hawke's Bay DHB SPE for the 2021/22 year follows:

Shayne Walker, Board Chair
Hawke's Bay District Health Board



Evan Davies, Deputy Board Chair
Hawke's Bay District Health Board

Output classes

Output Class 1: Prevention

Prevention Services are publicly funded services that protect and promote good health in the whole population or identifiable sub-populations comprising services designed to enhance the health status of the population. Prevention Services are distinct from treatment services which repair or support health and disability dysfunction.

Prevention Services address individual behaviours by targeting population-wide physical and social environments to influence health and wellbeing. Prevention Services include: health promotion and education services; statutory and regulatory services; population-based screening programmes; immunisation services; and, well child and school services.

On the continuum of care, Prevention Services are population-wide and are designed to focus attention on wellness of the general population and on keeping the "at risk" population healthy. It is important to emphasise that the concept of wellness extends to the entire population, including those who already have a health condition or disability.

Objective: People are better protected from harm and more informed to support healthier lifestyles and maintenance of wellness.

Through collective action with communities and other sectors, we aim to protect the general population from harm and keep them informed about good health so they are supported to be healthy and empowered to take control of their wellbeing. We aim to reduce inequities in health outcomes as quickly as practicable and we recognise that they often arise out of issues that originate outside the health system. Prevention programmes include the use of legislation, policy, education and community action to increase the adoption of healthy practices amongst the population and to overcome environmental barriers to good health.

SPE Measures for Output Class 1 – Prevention Services

			Baseline					
Short Term Outcome	Indicator	MoH Measure	Period	Māori	Pasifika	Other	Total	2021/22 Target
Better help for smokers to quit	% 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	CW09	12m to Jun-20	89.50%	100.00%	90.00%	90.90%	≥ 90.00%
	% of Primary Health Organisation (PHO) enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months	PH04	15m to Jun-20 #	56%	56%	65%	61%	≥ 90%
Improve breast screening rates	% of women aged 50-69 years receiving breast screening in the last 2 years	PV01	24m to Dec-19	70%	66%	75%	72%	≥ 70%
Improve cervical screening coverage	% of women aged 25-69 years who have had a cervical screening event in the past 36 months	PV02	36m to Mar-20 #	74%	76%	75%	74%	≥ 80%
Increase immunisation	% of eight-month-olds olds fully immunised	CW05	12m to Jun-20 #	90%	96%	92%	91%	≥ 95%
	% of five-year-olds have completed all age-appropriate immunisations due between birth and five year of age	CW05	12m to Jun-20 #	90.20%	96.00%	91.90%	91.00%	≥ 95%
	% of girls and boys fully immunised - HPV vaccine	CW05	12m to Jun-20 #	64.00%	68.00%	58.00%	61.00%	≥ 75.00%
	% of 65+ year olds immunised - flu vaccine	CW05	6m to Sep-19	53%	46%	61%	60%	≥ 75%
Increased immunisation at two years	% of two-year-olds have completed all age-appropriate immunisations due between birth and age two years	CW08	12m to Jun-20 #	92.8%	97.8%	93.6%	93.5%	≥ 95.0%

Baseline result impacted by COVID-19 response.

† New indicator and baseline information is not available.

Output Class 2: Early Detection and Management Services

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 to individuals and small groups of individuals.

Early Detection and Management Services includes primary health care, primary and community care programmes, child and adolescent oral health and dental services, pharmacist services, and community referred tests and diagnostic services. The services are by their nature more generalist, usually accessible from multiple health providers and from a number of different locations within the district. On the continuum of care these services are mostly concerned with the "at risk" population and those with health and disability conditions at all stages.

Objective: People's health issues and risks are detected early and treated to maximise wellbeing.

For people who are at risk of illness and or injury, we will undertake activities that raise awareness and recognition of risky behaviours and practices and improve the opportunity of early detection of health conditions. If people are assisted to identify risk early, and those at risk are screened to detect health conditions early, then behavioural changes and treatment interventions are often easier with less complications and greater chances of returning to a state of good health or of slowing the progression of the disease, injury or illness.

Targeting environmental barriers to good health and connecting people with health services earlier is the intention because early detection of health issues or risks leads to better opportunities to influence long-term outcomes.

SPE Measures for Output Class 2 – Early Detection and Management

Short Term Outcome	Indicator	MoH Measure	Baseline					2021/22 Target
			Period	Māori	Pasifika	Other	Total	
Better oral health	% of preschool children (aged 0-4 years of age) enrolled in and accessing community oral health services (Yr1)	CW03	12m to Dec-19	75.9%	83.1%	106.8%	91.0%	≥ 95.0%
	% of children (aged 0-12 years of age) overdue for their scheduled examinations with Community Oral health service (Yr1)	CW03	12m to Dec-19	15.18%	21.50%	12.00%	14.00%	≤ 10.00%
	% utilisation of DHB funded dental services by adolescents for school Year 9 up to and including 17 years (Yr1)	CW04	12m to Jun-20	-	-	-	61.1%	≥ 85.0%
Improved access primary care	% of Māori population enrolled in the PHO	PH03	As at Jun-20	99%	94%	99%	99%	≥ 95%
Improved management of long- term conditions (CVD, acute heart health, diabetes, and stroke)	% of the eligible population will have had a Cardiovascular disease (CVD) risk assessment in the last five years		5 years to Jun-20 #	78.5%	76.4%	83.9%	81.2%	≥ 90.0%
	% of PHO enrolled people with diabetes who have good or acceptable glycaemic control (HbA1c<64mmols)	SS13	12m to Jun-20	32.7%	33.3%	43.5%	39.1%	≥ 60.0%
Improving new-born enrolment in General Practice	% of new-borns enrolled in general practice by 6 weeks of age	CW07	12m to Jun-20	57%	85%	80%	69%	≥ 55%
	% of new-borns enrolled in general practice by 3 months of age	CW07	12m to Jun-20	73.10%	95.10%	97.30%	85.00%	≥ 85.00%
Increase referrals of obese children to clinical assessment and family based nutrition, activity and lifestyle interventions	% 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	CW10	12m to Jun-20	100.0%	100.0%	99.0%	99.6%	≥ 95.0%
Less waiting for diagnostic services	% of patients with accepted referrals for Computed Tomography (CT) scans who receive their scan, and scan results are reported, within 6 weeks (42 days)	SS07	12m to Jun-20				72.0%	≥ 95.0%
	% of patients with accepted referrals for MRI scans who receive their scan, and the scan results are reported, within 6 weeks (42 days)	SS07	12m to Jun-20				67.0%	≥ 90.0%

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			Baseline					
Short Term Outcome	**Indicator**	**MoH Measure**	**Period**	**Māori**	**Pasifika**	**Other**	**Total**	**2021/22 Target**
More pregnant women under the care of a Lead Maternity Carer (LMC)	% of women booked with a Lead Maternity Carer (LMC) by week 12 of their pregnancy		12m to Jun-20	49%	43%	65%	57%	≥ 80%
Reduce ASH 45-64	Ambulatory sensitive hospitalisations (ASH) rate per 100,000 45-64 years World Health Organisation age -standard rate	SS05	12m to Jun-20 #	7,843	7,454	3,121	4,209	≤4209
Reduce the difference between Māori and other rate for ASH Zero-Four	Ambulatory Sensitive Hospitalisation (ASH) rate per 100,000 zero - 4 years	PH01	12m to Jun-20 #	7,323	13,472	4,633	6,436	≤7323 Māori

Baseline result impacted by COVID-19 response.

† New indicator and baseline information is not available.

Output Class 3: Intensive Assessment and Treatment Services

Intensive Assessment and Treatment Services are delivered by a range of secondary, tertiary and quaternary providers to individuals.

This output class includes: mental health services, elective and acute services (including outpatients, inpatients, surgical and medical services, maternity services and, AT&R services). These services are usually integrated into facilities that enable co-location of clinical expertise and specialised equipment, such as a 'hospital', and they are generally complex in nature and provided by specialists and other healthcare professionals who work closely together. There are also important links with community-based services before people come into hospital services and after they are discharged – these links must be well coordinated and work as seamlessly as possible.

Hawke's Bay DHB provides most of this output class through the provider arm, Provider Services. However, some more specialised hospital services are funded by Hawke's Bay DHB to be provided by other DHBs, private hospitals, or other providers. Where this happens, other providers are monitored in terms of the operational policy framework or specific contracts, and in accordance with industry standards. On the continuum of care these services are at the complex end of "conditions" and are focussed on individuals with health conditions and prioritised to those identified as most in need.

Objective: Complications of health conditions are minimised and illness progression is slowed down.

People who are suffering from injury or illness will be diagnosed accurately and offered the most effective treatment available as early as possible.

We will coordinate activities that support people to reduce the complications of disease, injury and illness progression so that they have better health, in terms of survival, and are also able to participate effectively in society and be more independent. It is important that identified disparities are also reduced as quickly as practicable.

SPE Measures for Output Class 3 – Intensive Assessment and Treatment Services

			Baseline					
Short Term Outcome	Indicator	MoH Measure	Period	Māori	Pasifika	Other	Total	2021/22 Target
Equitable access to care for stroke patients	% of patients with ischaemic stroke thrombolysed and/or treated with clot retrieval (Service provision 24/7)	SS13	12m to Jun-20	9%	-	9%	9%	≥ 12%
	% of acute stroke patients admitted to a stroke unit or organised stroke service with a demonstrated stroke pathway within 24 hours of their presentation to hospital	SS13	12m to Jun-20	74.0%	75.0%	74.0%	74.0%	≥ 80%
Faster cancer treatment (FCT)	% of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat	SS01	12m to Jun-20	83.00%	75.00%	89.00%	87.00%	≥ 85.00%
	% 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	SS11	12m to Jun-20 #	77.00%	0.00%	83.00%	81.50%	≥ 90.00%
Fewer missed outpatient appointments	Did not attend (DNA) rate across first specialist assessments	SS07	12m to Jun-20	12.0%	13.0%	3.6%	6.0%	≤ 6.0%
Improving mental health services using discharge planning	% of clients discharged from community MH&A services will have a transition (discharge) plan	MH02	12m to Jun-20				80.00%	≥ 95.00%
	% of clients discharged from adult inpatient MH&A services have a transition (discharge) plan	MH02	12m to Jun-20				64.70%	≥ 95.00%
	% of clients with an open referral to MH&A services of greater than 12 months have a wellness plan	MH02	12m to Jun-20				99.0%	≥ 95.0%
Less waiting for ED treatment	% of patients admitted, discharged or transferred from an emergency department (ED) within six hours	SS10	12m to Jun-20	82.9%	84.9%	76.7%	79.0%	≥ 95.0%
More appropriate elective surgery	Number of planned care procedure discharges for people living within the HBDHB region	SS07	12m to Jun-20	-	-	-	6,009	TBC
Patients with ACS receive seamless, coordinated care across the clinical pathway	% of Acute Coronary Syndrome (ACS) patients undergoing coronary angiogram - door to cath within 3 days	SS13	12m to Jun-20	49.0%	50.0%	60.0%	54.0%	≥ 70.0%
Planned Care	% of services that report Yes (that more than 90% of referrals within the service are processed in 15 calendar days or less) (ESPI 1)	SS07	12m to Jun-20	-	-	-	74.00%	100%

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			Baseline					
Short Term Outcome	Indicator	MoH Measure	Period	Māori	Pasifika	Other	Total	2021/22 Target
	% of patients waiting over four months for FSA (ESPI 2)	SS07	As at Jun-20	46%	41%	43%	45%	0%
	% of patients waiting over 120 days for treatment (ESPI 5)	SS07	As at Jun-20	42.0%	46.0%	44.0%	44.0%	0%
	Number of Ophthalmology patients that wait more than or equal to 50% longer than the intended time for their appointment	SS07	As at Jun-20	-	-	-	1,098	0
	Acute readmissions to hospital	SS07	12m to Mar-20	12.40%	11.60%	11.80%	12.00%	≤ 12%
Quicker access to diagnostics	% of patients with accepted referrals for elective coronary angiography receive their procedure within 3 months (90 days)	SS07	12m to Jun-20				88.0%	≥ 95.0%
	% of people accepted for an urgent diagnostic colonoscopy will receive their procedure within 2 weeks (14 calendar days, inclusive)	SS15	12m to Jun-20	80.0%	75.0%	90.4%	88.0%	≥ 90.0%
	% of people accepted for a non-urgent diagnostic colonoscopy will receive their procedure within 6 weeks (42 calendar days)	SS15	12m to Jun-20	34.0%	17.0%	34.0%	34.0%	≥ 70.0%
	% of people waiting for a surveillance colonoscopy will wait no longer than 12 weeks (84 days) beyond the planned date	SS15	12m to Jun-20				42.0%	≥ 70.0%
	% of people who returned a positive faecal immunochemical test (FIT) have a first offered diagnostic date that is within 45 working days or less of their FIT result being recorded in the NBSP information system	SS15	12m to May-20	90%	100%	95%	94%	≥ 95%
Reducing waiting times Shorter waits for non-urgent mental health and addiction services for zero-19 year olds	% of zero-24 year olds seen within 3 weeks of referral Mental health provider arm †	MH03						≥ 80.0%
	% of zero-24 year olds seen within 3 weeks of referral Addictions (provider arm and non-government organisation (NGO)) †	MH03						≥ 80.0%
	% of zero-24 year olds seen within 8 weeks of referral Mental health provider arm †	MH03						≥ 95.0%
	% of zero-24 year olds seen within 8 weeks of referral Addictions (provider arm and non-government organisation (NGO)) †	MH03						≥ 95.0%

Baseline result impacted by COVID-19 response.

† New indicator, baseline information is not available.

Output Class 4: Rehabilitation and Support Services

Rehabilitation and Support Services includes: needs assessment and service co-ordination (NASC), palliative care, rehabilitation, home-based support, aged residential care, respite care and day care for adults. Many of these services are delivered following a 'needs assessment' process and involve coordination of input from a range of providers. Rehabilitation and Support Services assist people with enduring conditions and disabilities to live independently or to receive the support that they need either temporarily or over the rest of their lives. Hawke's Bay DHB provides NASC services via our provider arm, Provider Services. Other services are provided by our provider arm, general practice and a number of community- based non-governmental organisations (NGOs) and private organisations. On the continuum of care these services provide support for individuals who have complex, complicated or end-stage conditions.

Objective: People maintain maximum functional independence and have choices throughout life.

Where returning to full health is not possible we will work with our stakeholders to support and care for people so that they are able to maintain maximum function with the least restriction and the most independence. For people in our population who have end-stage conditions, it is important that they and their family or whānau are supported to cope with the situation, so that the person is able to live comfortably and to die without undue pain or suffering.

SPE Measures for Output Class 4 – Rehabilitation and Support Services

			Baseline					
Short Term Outcome	Indicator	MoH Measure	Period	Māori	Pasifika	Other	Total	2021/22 Target
Better community support for older people	Acute readmission rate: 75 years +		12m to Mar-20	10.8%	10.7%	12.2%	12.0%	≤ 12.0%
	Acute bed days per 1000 population (in the last 12 months) 65 years + (Māori and Pacific) and 75 years + (Other)		12m to Jun-20 #				1800	≤ 2,002 acute bed days per 1,000 population
	Number of Needs Assessment and Service Coordination (NASC) completed assessments (first assessment, reassessments and 3 year routine assessments)		12m to Jun-20				1795	≥ 1,795
	The average number of subsidised permanent Health of Older People (HOP) and Long Term Support - Chronic Health Conditions (LTS-CHC) residential beds per night per 1,000 of the 65+ population		12m to Jun- 20				31.4	≤ 35 per 1,000
More older patients receive falls risk assessment and care plan	% of older patients given a falls risk assessment		12m to Jun-20	-	-	-	91%	≥ 90%
	% of older patients assessed as at risk of falling receive an individualised care plan		12m to Jun-20	-	-	-	92%	≥ 90%

Baseline result impacted by COVID-19 response.

† New indicator and baseline information is not available.

Summary financials

Projected Summary of Revenue and Expenses by Output Class For the year ended 30 June *in millions of New Zealand Dollars*	2020 Audited	2021 Forecast	2022 Projected	2023 Projected	2024 Projected	2025 Projected
Revenue						
Prevention	9.4	8.5	7.8	8.1	8.5	8.8
Early detection and management	150.5	151.3	160.2	167.5	174.6	181.9
Intensive assessment and treatment	366.6	424.4	454.5	472.8	492.8	513.5
Rehabilitation and support	81.9	84.2	83.0	87.4	91.0	94.8
	608.8	**668.4**	**705.5**	**735.7**	**766.8**	**799.0**
Expenditure						
Prevention	9.9	9.5	9.2	9.6	10.0	10.4
Early detection and management	155.6	155.8	170.2	177.5	184.7	192.4
Intensive assessment and treatment	418.0	433.6	459.4	475.9	488.3	503.7
Rehabilitation and support	88.2	93.3	94.7	98.8	102.6	107.0
	671.7	**692.2**	**733.5**	**761.8**	**785.6**	**813.5**
Surplus/(Deficit)	**(62.9)**	**(23.8)**	**(28.0)**	**(26.1)**	**(18.8)**	**(14.5)**

Financial performance (for SOI and SPE)

In accordance with the Crown Entities Act 2004, this section contains projected financial statements prepared in accordance with generally accepted accounting practice. The section also includes all significant assumptions underlying the projected financial statements, and additional information and explanations to fairly reflect the projected financial performance and financial position of Hawke's Bay DHB. Summary financial performance statements for funding services, providing services, and governance and funding administration are also included in this section.

On 21 April 2021 the Minister of Health announced major changes to the Health and Disability sector. These changes will be phased in over time and will have a significant impact on the District Health Boards (DHBs), including Hawke's Bay DHB. The reforms will see the 20 DHBs formally disestablished and a new entity established from 1 July 2022 to deliver health services in New Zealand. During the 2021/22 year the Hawke's Bay DHB will continue to be responsible for the delivery of health services for the Hawke's Bay population, and there is not expected to be any impact to the delivery of these services as a result of the health sector reforms during the period. In preparation for a smooth transition to the new entity, during 2021/22 the Hawke's Bay DHB will be preparing for the transfer of responsibilities to the new health agency from 1 July 2022. The financial statements have been prepared as if the reforms will not occur, to provide longer term projections for out-year planning purposes.

Performance against the 2021/22 financial year projections will be reported in the 2021/22 Annual Report.

Projected financial statements

Introduction

Hawke's Bay DHB is planning to deliver a $28.0 million deficit result for 2021/22, followed by steadily declining deficits of $26.1 million, $18.8 million and $14.5 million in 2022/23, 2023/24 and 2024/25 respectively.

The deficits are largely as a result of continuing pressure on delivery, with the impact of population growth and other demographic factors (Hawke's Bay has higher than the national average for both socio-economic deprivation, and the proportion of people aged 65 years and over), and out-dated facilities creating barriers to modern and efficient service provision.

Reporting entity

The financial statements of the Hawke's Bay DHB comprise the DHB, its 16.7% interests in Allied Laundry Services Limited and Central Region's Technical Advisory Services Limited, and its 3.7% investment in New Zealand Health Partnerships Limited (NZHP). Hawke's Bay DHB has no subsidiaries.

Cautionary note

The prospective financial information presented in this section is based on one or more hypothetical but realistic assumptions that reflect possible courses of action for the reported periods concerned, as at the date the information was prepared. Actual results achieved for the period covered are likely to vary from the information presented, and the variations may be material.

The underlying assumptions were adopted on 25 June 2021.

Accounting policies and presentation currency

The projected financial statements in this plan have been prepared in accordance with the Crown Entities Act 2004, which includes the requirement to comply with generally accepted accounting practice in New Zealand (NZ GAAP). The projected financial statements have been prepared in accordance with tier 1 Public Benefit Entity (PBE) accounting standards. All amounts are in New Zealand dollars rounded to the nearest thousand dollars unless otherwise stated, including totals which may differ from the columns being totalled by +/-1 as a result.

The accounting policies applied in the projected financial statements are consistent with those used in the 2019/20 Annual Report. That report is available on the HBDHB website at: http://ourhealthhb.nz/news-and-events/Publications/annual-reports/annual-report-2020.pdf

Projected Statement of Revenue and Expense For the year ended 30 June *in thousands of New Zealand Dollars*	2020 Audited	2021 Forecast	2022 Projected	2023 Projected	2024 Projected	2025 Projected
Ministry of Health - devolved funding	570,107	626,564	665,962	695,962	726,962	758,962
Ministry of Health - non devolved contracts	15,128	14,829	14,560	14,632	14,720	14,823
Other District Health Boards	12,469	12,879	14,305	14,322	14,342	14,366
Other Government and Crown Agency sourced	5,591	6,098	5,944	5,974	6,010	6,052
Patient and consumer sourced	1,424	1,470	1,450	1,457	1,466	1,476
Other	4,078	6,440	3,330	3,330	3,330	3,330
Operating revenue	**608,798**	**668,281**	**705,551**	**735,677**	**766,830**	**799,009**
Employee benefit costs	271,037	268,472	287,952	301,711	314,984	327,819
Outsourced services	24,628	25,723	18,754	18,849	18,938	19,027
Clinical supplies	57,837	63,997	78,303	80,098	82,280	84,094
Infrastructure and non-clinical supplies	55,237	55,756	54,340	54,654	55,389	55,525
Payments to other providers	262,962	278,177	294,247	306,490	314,063	327,002
Operating expenditure	**671,700**	**692,126**	**733,596**	**761,803**	**785,654**	**813,467**
Surplus/(Deficit) for the period	**(62,903)**	**(23,845)**	**(28,045)**	**(26,125)**	**(18,824)**	**(14,458)**
Revaluation of land and buildings	-	15,501	-	-	-	-
Other comprehensive revenue and expense	**-**	**15.501**	**-**	**-**	**-**	**-**
Total comprehensive revenue and expense	**(62,903)**	**(8,344)**	**(28,045)**	**(26,125)**	**(18,824)**	**(14,458)**

Table 1: Projected Statement of Comprehensive Revenue and Expense

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Projected Statement of Movements in Equity For the year ended 30 June *in thousands of New Zealand Dollars*	2020 Audited	2021 Forecast	2022 Projected	2023 Projected	2024 Projected	2025 Projected
Equity as at 1 July	**143,641**	**101,673**	**122,649**	**139,267**	**148,835**	**138,467**
Funding of health and disability services	(22,446)	(11,811)	(28,045)	(26,125)	(18,824)	(14,458)
Governance and funding administration	(148)	(74)	-	-	-	-
Provision of health services	(40,309)	(11,960)	-	-	-	-
Revaluation of land and buildings	-	15,501	-	-	-	-
Total comprehensive revenue and expense:	**(62,903)**	**(8,343)**	**(28,045)**	**(26,125)**	**(18,824)**	**(14,458)**
Contributions from the Crown (equity injections)	21,293	29,675	45,020	36,050	9,813	2,437
Repayments to the Crown (equity repayments)	(357)	(357)	(357)	(357)	(357)	(357)
Equity as at 30 June	**101,673**	**122,649**	**139,267**	**148,835**	**139,467**	**127,090**

Table 2: Projected Statement of Movements in Equity

Projected Statement of Financial Position For the year ended 30 June *in thousands of New Zealand Dollars*	2020 Audited	2021 Forecast	2022 Projected	2023 Projected	2024 Projected	2025 Projected
Equity						
Paid in equity	112,880	142,198	186,861	222,554	232,010	234,090
Asset revaluation reserve	96,103	111,604	111,604	111,604	111,604	111,604
Accumulated deficit	(107,310)	(131,153)	(159,198)	(185,323)	(204,146)	(218,604)
Total equity	**101,673**	**122,649**	**139,267**	**148,835**	**139,467**	**127,090**
Current assets						
Short term investments	2,643	2,055	2,055	2,055	605	605
Receivables and prepayments	20,896	19,715	20,048	20,331	20,693	21,133
Inventories	4,626	4,517	4,569	4,629	4,713	4,809
	28,165	26,287	26,671	27,015	26,011	26,547
Non-current assets						
Property, plant and equipment	199,883	209,524	228,519	241,069	244,449	238,438
Intangible assets	5,557	14,181	13,238	16,105	17,605	19,105
Investment property	694	209	209	209	209	209
NZ Health Partnerships	-	99	1,423	1,423	1,423	1,423
Investment in associates	1,341	1,341	1,341	1,341	1,341	1,341
	207,475	225,354	244,730	260,147	265,027	260,516
Total assets	**235,640**	**251,641**	**271,401**	**287,162**	**291,038**	**287,063**
Less:						
Current liabilities						
Bank overdraft	14,426	10,484	9,757	11,625	22,399	27,708
Payables and accruals	36,446	31,890	32,451	32,919	33,518	34,231
Employee entitlements	79,806	83,329	83,636	85,590	88,019	90,979
Finance leases	-	-	367	655	689	724
	130,678	125,703	126,212	130,789	144,625	153,642
Non-current liabilities						
Employee entitlements	3,289	3,289	3,289	3,361	3,457	3,566
Finance leases	-	-	2,633	4,178	3,489	2,765
	3,289	3,289	5,922	7,539	6,946	6,331
Total liabilities	**133,967**	**128,992**	**132,134**	**138,328**	**151,571**	**159,973**
Net assets	**101,673**	**122,649**	**139,267**	**148,835**	**139,467**	**127,090**

Table 3: Projected Statement of Financial Position

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Projected Statement of Cash Flows For the year ended 30 June *in thousands of New Zealand Dollars*	2020 Audited	2021 Forecast	2022 Projected	2023 Projected	2024 Projected	2025 Projected
Cash flow from operating activities						
Cash receipts from MOH, Crown agencies & patients	618,579	669,479	705,097	735,406	766,480	798,649
Cash paid to suppliers and service providers	(375,747)	(402,343)	(422,793)	(441,203)	(449,080)	(466,475)
Cash paid to employees	(244,336)	(265,420)	(287,045)	(299,758)	(312,543)	(324,869)
Cash generated from operations	(1,504)	1,716	(4,740)	(5,555)	4,857	7,305
Interest received	219	74	44	44	44	44
Interest paid	(244)	(252)	(489)	(488)	(574)	(540)
Capital charge paid	(8,103)	(4,966)	(4,000)	(5,711)	(5,152)	(4,508)
	(9,633)	**(3,429)**	**(9,186)**	**(11,710)**	**(825)**	**2,301**
Cash flow from investing activities						
Proceeds from sale of property, plant and equipment	11	-	(73)	-	-	-
Acquisition of property, plant and equipment	(12,395)	(19,270)	(36,178)	(26,184)	(17,250)	(7,500)
Acquisition of intangible assets	(3,125)	(2,678)	(1,500)	(1,500)	(1,500)	(1,500)
Acquisition of investments	423	(588)	-	-	-	-
	(15,086)	**(22,536)**	**(37,751)**	**(27,684)**	**(18,750)**	**(9,000)**
Cash flow from financing activities						
Proceeds from finance leases	-	-	3,000	2,200	-	-
Proceeds from equity injections - capital	1,293	4,675	25,020	16,050	9,813	2,437
Proceeds from equity injections - deficit support	20,000	25,000	20,000	20,000	-	-
Repayment of finance lease liabilities	-	-	-	(367)	(655)	(689)
Equity repayment to the Crown	(357)	(357)	(357)	(357)	(357)	(357)
	20,936	**29,318**	**47,663**	**37,526**	**8,801**	**1,391**
Net increase/(decrease) in cash and cash equivalents	(3,783)	3,353	727	(1,868)	(10,774)	(5,308)
Cash and cash equivalents at beginning of year	(9,449)	(13,232)	(9,879)	(9,152)	(11,020)	(21,794)
Cash and cash equivalents at end of year	**(13,232)**	**(9,879)**	**(9,152)**	**(11,020)**	**(21,794)**	**(27,103)**
Represented by:						
Cash	(14,426)	(10,484)	(9,757)	(11,625)	(22,399)	(27,708)
Short term investments	1,194	605	605	605	605	605
	(13,232)	**(9,879)**	**(9,152)**	**(11,020)**	**(21,794)**	**(27,103)**

Table 4: Projected Statement of Cash Flows

Projected Funder Arm Operating Results For the year ended 30 June *in thousands of New Zealand Dollars*	2020 Audited	2021 Forecast	2022 Projected	2023 Projected	2024 Projected	2025 Projected
Revenue						
Ministry of Health - devolved funding	570,107	626,564	665,962	695,962	726,962	758,962
Inter district patient inflows	8,558	9,442	10,962	10,962	10,962	10,962
Other revenue	229	211	164	164	164	164
	578,894	**636,217**	**677,088**	**707,088**	**738,088**	**770,088**
Expenditure						
Governance and funding administration	**3,603**	**3,603**	**4,081**	**4,081**	**4,081**	**4,081**
Own DHB provided services						
Personal health	299,698	331,240	369,706	385,238	401,039	415,400
Mental health	23,057	22,627	24,362	24,574	24,796	25,023
Disability support	9,572	9,572	9,797	9,880	9,971	10,066
Public health	1,830	2,129	2,091	2,105	2,117	2,129
Maori health	619	679	848	845	845	845
	334,775	**366,247**	**406,805**	**422,642**	**438,768**	**453,463**
Other DHB provided services (Inter district outflows)						
Personal health	55,232	57,818	64,117	65,818	62,947	64,856
Mental health	2,260	2,044	2,063	2,063	2,063	2,063
Disability support	3,129	3,046	3,464	3,464	3,464	3,464
	60,621	**62,908**	**69,644**	**71,344**	**68,474**	**70,383**
Other provider services						
Personal health	106,174	114,990	121,325	130,943	140,466	150,518
Mental health	13,551	14,314	15,804	15,930	16,045	16,172
Disability support	75,694	79,316	82,404	83,147	83,892	84,684
Public health	4,226	3,650	1,346	1,367	1,379	1,391
Maori health	2,696	2,999	3,725	3,759	3,807	3,855
	202,340	**215,269**	**224,603**	**235,146**	**245,589**	**256,620**
Total Expenditure	**601,340**	**648,028**	**705,132**	**733,213**	**756,911**	**784,546**
Surplus/(Deficit)	**(22,446)**	**(11,811)**	**(28,045)**	**(26,125)**	**(18,824)**	**(14,458)**

Table 5: Projected Funder Arm Operating Results

Projected Governance and Funding Administration Operating Results For the year ended 30 June *in thousands of New Zealand Dollars*	2020 Audited	2021 Forecast	2022 Projected	2023 Projected	2024 Projected	2025 Projected
Revenue						
Funding	3,603	3,603	4,081	4,081	4,081	4,081
Other revenue	18	-	-	-	-	-
	3,621	**3,603**	**4,081**	**4,081**	**4,081**	**4,081**
Expenditure						
Employee benefit costs	1,285	1,384	2,094	2,094	2,094	2,094
Outsourced services	578	552	495	495	495	495
Infrastructure and non-clinical supplies	959	795	546	546	546	546
	2,823	**2,731**	**3,135**	**3,135**	**3,135**	**3,135**
Plus: allocated from Provider Arm	946	946	946	946	946	946
Surplus/(Deficit)	(148)	(74)	-	-	-	-

Table 6: Projected Governance and Funding Administration Operating Results

Continues over page »

Projected Provider Arm Operating Results For the year ended 30 June *in thousands of New Zealand Dollars*	2020 Audited	2021 Forecast	2022 Projected	2023 Projected	2024 Projected	2025 Projected
Revenue						
Funding	334,704	366,247	406,805	422,642	438,768	453,463
Ministry of Health - non devolved contracts	15,128	14,829	14,560	14,632	14,720	14,823
Other District Health Boards	3,911	3,438	3,343	3,360	3,380	3,404
Accident insurance	5,112	5,679	5,506	5,534	5,567	5,606
Other Government and Crown Agency sourced	479	419	438	440	443	446
Patient and consumer sourced	1,424	1,470	1,450	1,457	1,466	1,476
Other revenue	3,831	6,229	3,166	3,166	3,166	3,166
	364,590	**398,311**	**435,268**	**451,231**	**467,510**	**482,384**
Expenditure						
Employee benefit costs	269,752	267,088	285,858	299,617	312,890	325,725
Outsourced services	23,979	25,171	18,259	18,354	18,443	18,532
Clinical supplies	57,837	63,996	78,600	80,395	82,577	84,391
Infrastructure and non-clinical supplies	54,278	54,961	53,497	53,811	54,546	54,682
	405,845	**411,217**	**436,214**	**452,177**	**468,456**	**483,330**
Less: allocated to Governance & Funding Admin.	946	946	946	946	946	946
Surplus/(Deficit) for the period	(40,309)	(11,960)	-	-	-	-
Revaluation of land and buildings	-	15,501	-	-	-	-
Surplus/(Deficit)	(40,309)	**3,541**	-	-	-	-

Table 7: Projected Provider Arm Operating Results

The following table is rounded to the nearest one hundred thousand dollars.

Projected Summary of Revenue and Expenses by Output Class For the year ended 30 June *in millions of New Zealand Dollars*	2020 Audited	2021 Forecast	2022 Projected	2023 Projected	2024 Projected	2025 Projected
Revenue						
Prevention	9.4	8.5	7.8	8.1	8.5	8.8
Early detection and management	150.5	151.3	160.2	167.5	174.6	181.9
Intensive assessment and treatment	366.6	424.4	454.5	472.8	492.8	513.5
Rehabilitation and support	81.9	84.2	83.0	87.4	91.0	94.8
	608.8	**668.4**	**705.5**	**735.7**	**766.8**	**799.0**
Expenditure						
Prevention	9.9	9.5	9.2	9.6	10.0	10.4
Early detection and management	155.6	155.8	170.2	177.5	184.7	192.4
Intensive assessment and treatment	418.0	433.6	459.4	475.9	488.3	503.7
Rehabilitation and support	88.2	93.3	94.7	98.8	102.6	107.0
	671.7	**692.2**	**733.5**	**761.8**	**785.6**	**813.5**
Surplus/(Deficit)	(62.9)	(23.8)	(28.0)	(26.1)	(18.8)	(14.5)

Table 8: Projected Summary of Revenue and Expenses by Output Class

Significant assumptions

General

- Revenue and expenditure have been budgeted on current Government policy settings and known health service initiatives. Where information is not available, assumptions have been made and are included below.
- No allowance has been made for any new regulatory or legislative changes that increase compliance costs, including costs relating to the 1 July 2022 health reforms.
- No allowance has been made for the impact of the current COVID-19 emergency response and recovery, or the vaccination programme. No allowance has been made for the costs of any other unusual emergency events e.g. other pandemics or earthquake.
- Allowance has been made for the implementation costs of and net savings from regional and national entity initiatives as advised by the Ministry of Health.
- Allowance of $3 million has been made for the continued growth in the provision for Holidays Act remediation, and the costs of making the Hawke's Bay DHB's systems compliant with the Holidays Act. Settlement of the liability is likely to occur when all DHBs have completed the necessary work to enable payment, and as the eventual payment date is unknown, the provision is expected to increase by $3 million per annum over the three out-years.
- Allowance has been made for expected costs arising from the Regional Digital Health System (RDHS).
- Identified savings initiatives and new investment plans have been allocated to the appropriate service and/or cost type. Allowance has been made for $9.2 million of savings to be identified and achieved in 2021/22, and $12.3 million in 2022/23. No other efficiency programmes have been allowed for.
- Unless otherwise stated, increases in revenue and expenditure due to changes in price levels have been allowed for at 0.5%, 0.6%, and 0.7% per annum for 2022/23, 2023/24 and 2024/25 respectively.

Revenue

- Crown funding under the national population-based funding formula is as determined by the Ministry of Health. Funding including adjustments has been allowed at $666.0 million for 2021/22. Funding for the following three financial years is based on the standard DHB funding allocation methodology that projects demographic increases and contribution to cost pressures of $30 million, $31 million and $32 million for 2022/23, 2023/24 and 2024/25 respectively.
- Crown funding for non-devolved services of $14.6 million are based on agreements already in place with the appropriate Ministry of Health directorates, and assumes receipt of the DHB's full entitlement to planned care funding.
- Other income has been budgeted at the DHB's best estimates of likely revenue.

Personnel Costs and Outsourced Services

- Workforce costs for 2021/22 have been budgeted at actual known costs, including step increases where appropriate. Increases to em ployment agreements have been budgeted in accordance with settlements, or where no settlement has occurred, at the DHB's best estimate of the likely increase. Personnel cost increases have been allowed for at 3.5%, 3.25% and 2.85% for 2022/23, 2023/24 and 2024/25 respectively based on estimated impacts of pay equity adjustments, salary increases and movements through pay scales incorporated into existing agreements, and the impact of those increases on annual leave provisions, partially offset by the impact of public sector pay restrictions.
- Allowance has been made for the impact of Care Capacity Demand Management (CCDM) with increases of $1.5 million (15 FTE) in 2022/23, and $0.75 million (7.5 FTE) in each of 2023/24 and 2024/25.
- Allowance has been made for increases in personnel cost of $1.2 million in 2022/23 and a further $2.1 million in 2023/24, relating to the investment in a percutaneous coronary intervention (PCI) service.

Volume Growth

- $7.1 million has been allowed for demand driven growth in services in 2021/22, with further growth of $6 million (including 16.5 FTE), $8 million (24 FTE), and $9 million (24 FTE) in 2022/23, 2023/24 and 2024/25 respectively.

Supplies and Infrastructural Costs

- The cost of goods and services for 2021/22 has been budgeted at the DHB's best estimates of likely cost.
- No allowance has been made for cost increases/decreases relating to fluctuations in the value of the New Zealand Dollar.
- Allowance has been made for increases in supply costs of $0.3 million in 2022/23 and a further $1.8 million in 2023/24 relating to the PCI service.
- The impact of demographic growth, inflation, new investment, and unidentified savings on costs, has been recognised in clinical supplies pending identification of the type of costs and savings that will be incurred.

Services Provided by Other DHB's

- Net inter district flows (IDF) expenditure for 2021/22 is in accordance with Ministry of Health advice. Allowance has been made for increases of 2.4%, 2.5% and 2.6% for 2022/23, 2023/24 and 2024/25 respectively.
- Allowance has been made for investment in the PCI service to reduce IDF outflow expenditure by $4.7 million from 2023/24.

Other Provider Payments

- Other provider payments for 2021/22 have been budgeted at the DHB's best estimate of likely costs. Allowance has been made for increases of 1.8%, 1.8% and 1.9% for 2022/23, 2023/24 and 2024/25 respectively.

Capital Servicing

- Depreciation has been calculated to write-off the cost or fair value of property, plant, and equipment assets, and amortisation has been calculated to write-off the cost or fair value of intangible assets (software) less their estimated residual values, over their useful lives.

- DHBs do not have authority to borrow long term. The DHB expects to draw on the DHB banking collective's overdraft facility arranged by New Zealand Health Partnerships (NZHP) for working capital requirements, and finance leases for equipment purchases. Finance leases of $3 million and $2.2 million have been allowed for 2021/22 and 2022/23 respectively.
- The DHB expects to finance a number of capital expenditure projects using equity injections provided by the Crown. The capital charge rate has been allowed for at 5% per annum.

Investment

- The investment in the Health Finance Procurement Information Management System (FPIM) managed by New Zealand Health Partnerships Limited (NZHPL), was fully impaired in 2018/19. No allowance has been made for any further investment.
- The DHB's share of the assets in Regional Digital Health Service (RDHS) will be amortised over their useful lives. The cost of amortisation is included in infrastructural costs. No allowance has been made for any impairment of the asset.
- No collaborative regional or sub-regional initiatives have been included other than RDHS.
- No increase in funding for existing associate organisations, Allied Laundry Services Limited and Central Technical Advisory Services have been allowed for.
- Property, plant, equipment, intangible asset expenditure, and investments in other entities are in accordance with the table below:

Investment *in thousands of New Zealand Dollars*	2022 Projected	2023 Projected	2024 Projected	2025 Projected
Buildings and Plant	35,809	28,959	30,740	12,830
Clinical Equipment	8,690	5,808	3,000	3,000
Information Technology	4,089	3,000	3,000	3,000
Motor Vehicles	**535**	-	-	-
Capital Investment	**49,123**	**37,767**	**36,740**	**18,830**

Table 9: Capital investment

Capital Investment Funding

- While the DHB's capital investment requirements are significant, capital funding in the financial statements is limited to baseline capital expenditure and approved strategic projects per Ministry of Health instructions. Consequently, unapproved capital investment in the table below is excluded from the projected financial statements above.
- Capital investment will be funded from a number of sources including working capital in accordance with the following table:

Investment funding				
in thousands of New Zealand Dollars	2022 Projected	2023 Projected	2024 Projected	2025 Projected
Approved Capital Investment	36,395	25,598	18,750	9,000
Unapproved capital investment	12,728	12,169	17,990	9,830
	49,123	37,767	36,740	18,830
Funded by:				
Depreciation and amortisation	17,702	19,631	21,433	21,837
Finance leases	3,000	2,200	-	-
Equity injections	21,937	11,116	9,813	2,437
Cash holdings/overdraft	6,484	4,820	5,494	(5,444)
Capital Investment Funding	**49,123**	**37,767**	**36,740**	**18,830**

Table 10: Capital investment funding

- Equity injections are to fund Hawke's Bay DHB's strategic capital needs, as defined in the DHB's Capital Plan, and are subject to Ministry of Health approval.

Property, Plant and Equipment

- Hawke's Bay DHB is required to revalue land and buildings when the fair value differs materially from the carrying amount, and at least every five years. A revaluation was completed as at 30 June 2021.

Debt and Equity

- Hawke's Bay DHB has no term debt. DHBs are restricted from borrowing other than through overdraft to fund working capital requirements, and finance leases to purchase capital equipment.
- Equity movements are projected to be in accordance with the table below:

Equity				
in thousands of New Zealand Dollars	2022 Projected	2023 Projected	2024 Projected	2025 Projected
Opening equity	122,649	139,267	148,835	139,467
Surplus/(deficit)	**(28,045)**	**(26,125)**	**(18,824)**	**(14,458)**
Equity injection (deficit funding)	20,000	20,000	-	-
Equity injections (capital)	25,020	16,050	9,813	2,437
Equity repayments (FRS3)	**(357)**	**(357)**	**(357)**	**(357)**
Closing equity	**139,267**	**148,835**	**139,467**	**122,090**

Table 11: Equity

Cash and Overdraft

- The DHB's bank overdraft is not expected to reach the DHB's overdraft limit at any time over the time horizon of the plan. It has been assumed Ministry of Health will deficit fund the DHB via equity injections, as projected in the table above, to prevent a breach of the overdraft limit occurring.

Disposal of Land

- Disposal of land is subject to current legislative requirement and protection mechanisms. Hawke's Bay DHB is required to notify land declared surplus to previous owners for offer back prior to offering it to the Office of Treaty Settlements, and before any sale on the open market.

OURHEALTH
HAWKE'S BAY
Whakawāteatia

2021/2022

System Level Measure Improvement Plan

Hawke's Bay District Health Board

System Level Measures Improvement Programme

The purpose of System Level Measures Improvement Plan is to improve health outcomes for our populations by transforming, developing, evolving and integrating primary and community healthcare services.

The System Level Measures Improvement Programme continues to provide a framework for continuous quality improvement across the whole health system.

Equity gaps for Hawke's Bay Māori and Pasifika populations are evident in all System Level Measures. This framework provides us with focused opportunity to work with health system partners to promote improvements for those with the poorest health outcomes.

System Level Measures are:

- outcomes focused
- set nationally
- require all parts of the health system to work together
- focused on children, youth and vulnerable populations
- connected to local clinically led quality improvement activities and contributory measures.

Current System Level Measures:

- Ambulatory Sensitive Hospitalisation (ASH) rates for 0-4 years
- total acute hospital bed days per capita
- person experience of care
- amenable mortality rates
- youth access to and utilisation of youth appropriate health services.

COVID-19 impact

COVID-19 has had a significant impact on the health system and its ability to deliver the SLM programme and this is likely to continue into 2021/22 year.

To acknowledge this and continue the philosophy of continuous improvement the SLM Improvement Plan in the 2021/22 year is based on a review and update of our 2020/21 plan with a focus on addressing health inequities in Hawke's Bay.

This review has been a collaborative approach between the Hawke's Bay DHB Health Improvement and Equity Directorate and the Planning, Funding and Performance Directorate in partnership with Health Hawke's Bay.

In the 2020/2021 year, Health Hawke's Bay implemented its new strategy, Ka Hikitia, which defines the outcomes Health Hawke's Bay is aiming to achieve and how they will measure progress towards or achievement of those outcomes. There are many crossovers between the areas Ka Hikitia is focussed on and the measures included in System Level Measures.

Therefore, we have notated these crossovers throughout the SLMIP with this icon:

Keriana Brooking, CEO
Hawke's Bay District Health Board

Phillipa Blakey, CEO
Health Hawke's Bay

Keeping children out of hospital

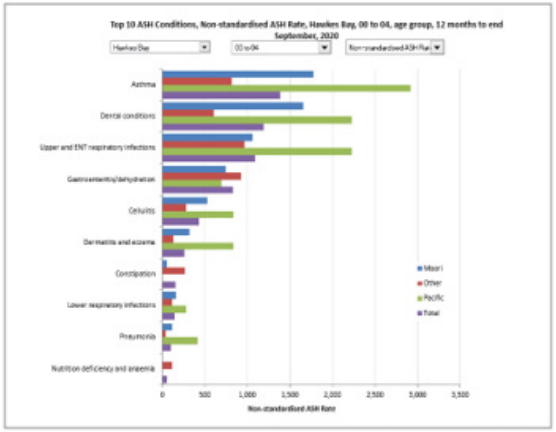
SYSTEM LEVEL MEASURE:

Ambulatory Sensitive Hospitalisation (ASH) rates per 100,000 for 0–4 year olds

Ambulatory Sensitive Hospitalisations (ASH) reflect hospital admissions for conditions which could potentially be prevented by early access to treatment in care. In many countries ASH is used as a means to assess the performance of primary care and to identify potential barriers to access.

However, while ensuring early access to effective primary care is still likely to be of considerable value in reducing ASH, in countries such as New Zealand, where large socio-economic and ethnic disparities in child health exist, a greater emphasis may need to be placed on addressing those factors, often outside of the health sector, which drive the underlying burden of disease (e.g. household income, housing, nutrition, exposure to second hand cigarette smoke). This is because, even with optimal access, the ability of the primary health care team to prevent a paediatric pneumonia admission after the first crucial hours may be limited, but the opportunities available for a DHB to prevent paediatric respiratory infections via, e.g. healthy housing projects and parental smoking cessation programmes may be considerable.

There is an inequity in the ASH rates 0-4 for Māori, Pasifika and Other. The largest inequities are observed in dental, asthma, and skin infections.



SLM 2021/22 Milestone: Māori 0-4 year old ASH rates ≤7323 - rates per 100,000

Contributory measures

Measure	Baseline
Decreased hospitalisation rates due to respiratory for Māori and Pasifika 0-4 (rate per 100,000)	Maintain or decrease rates 4035 for Māori 8194 for Pasifika
Decreased hospitalisation rates due to skin conditions (cellulitis, dermatitis, impetigo, eczema) for Māori and Pasifika 0-4 (rate per 100,000)	Maintain or decrease rate of 866 for Māori 2361 for Pasifika

How will we achieve it?

- Implement a community facing hospital based "whānau support service" with a focus on health literacy and health promotion with a particular focus on oral health, respiratory and skin infections. This service will build upon the Pediatrics Service and the Child Health team's and will be implement by Q2 2001/22. This service has a Whānau Ora approach with the aim to reduce first and subsequent ASH hospitalisations in vulnerable families.
- Eligible whānau will continue to be identified and referred to Healthy Housing collective.
- Deliver smoking cessation support to whānau of tamariki presenting to ED and/or admitted for ASH related respiratory illnesses by Qtr 4.
- Undertake a whānau voice activity with whānau of tamariki admitted for skin related illnesses to identify areas of improvement in pathways, prevention, treatment, and support. This will be completed by Qtr 2.

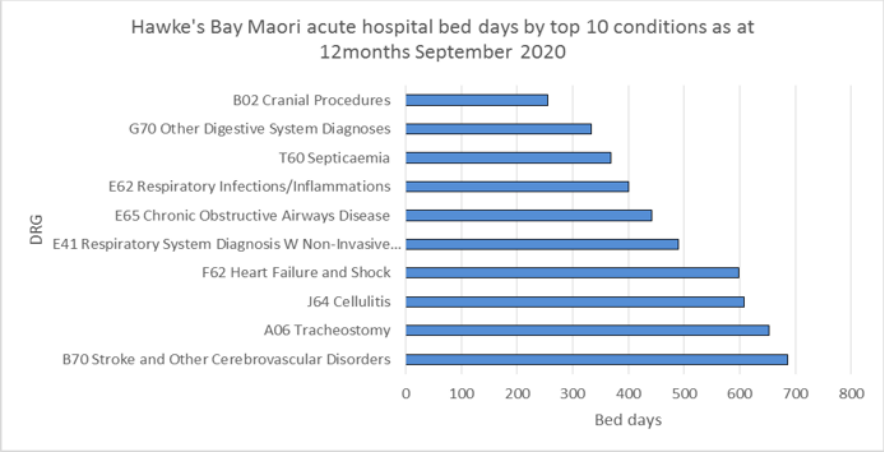
Using health resources effectively

SYSTEM LEVEL MEASURE:

Acute hospital bed days per capita

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 focus remains on reducing avoidable admissions through more effective care in the community. Māori rates of acute bed days utilisation remain consistently high and are nearly twice those of Non-Māori/Non-Pasifika. The conditions with the highest impact on acute hospital beds are stroke, tracheostomy, respiratory and heart conditions and cellulitis . The highest acute bed days usage for Māori is in ages 55-74 years (47% of Māori acute bed days). In comparison nearly 60% of Non-Māori/ Non-Pasifika of acute bed day usage is in the over 70 year olds.



SLM 2021/22 Milestone: Decreased standardised acute hospital bed days to 390 per 1000 (3% decrease from December 2019 baseline of 403 per 1000).

Contributory measures

Measure	Baseline
Decrease ASH rates in Māori 45-64 year olds for congestive failure	Maintain or decrease 559 per 100,000 for total population
Decreased ASH rates in Māori 45-64 year olds for COPD	Maintain or decrease 765 per 100,000 for Māori
Decrease age- standardised acute bed days for Māori	Maintain or decrease 580 per 1000 for Māori

How will we achieve it?

- Evaluate the recently extended cardio- pulmonary rehabilitation programme and implement improvements by Qtr 4.
- Localise and socialise Health Pathways for COPD and review pathway with stakeholder team including whānau to inform service improvement by Qtr 2.
- Review of co-ordinated Primary Options programme and provide recommendations for improvement by Qtr 4.

= included in Ka Hikitia

Person centred care

SYSTEM LEVEL MEASURE:

Patient experience of care

A person and whānau-centred care approach focus is on people, their whānau, friends and carers; understanding their needs and aspirations and what matters to them. If people experience good care, evidence suggests that they will be more engaged with the health system and have better health outcomes. The purpose here is to ensure that patients are receiving quality, effective and integrated health services.

Measuring primary care and inpatient consumer experience (PES) is one area of focus in the wider person and whānau-centred care outcome area. Gathering whānau voice and consumer feedback from Māori and Pasifika is vital to understand experiences with the health system and to help reduce inequities.

Hawke's Bay DHB have developed an equity framework in the 2019/20 year which clearly requires us to listen to whānau and community in our planning, design, implementation and performance monitoring of our services.

This SLM measure focus is on the national patient experience surveys one of many mechanisms to collect whānau voice and consumer experience. Our focus in this area remains monitoring the survey questions in the following areas to support service improvement: keeping family/whānau involved in decisions, been clear in how we provide advice with medication usage across the systems, treating patients with respect and understanding the barriers to access primary care service.

SLM 2021/22 Milestone: Increase patient experience survey positive scores for primary and secondary focused questions by 1% between the first and last surveys in the 2021/22 year.

Contributory measures

Measure	Baseline
Primary care PES: thinking about all of your current medicine(s) prescribed to you, have you been told, in a way that you could understand, by someone at your GP/nurse clinic or pharmacy what would happen if you did not take your medication.	67.1% Qtr4 2020/21
Primary Care PES Māori respondents: 'Did the healthcare practitioner involve you as much as you wanted to be in making decisions about your treatment and care?'	87.7% Qtr4 20/21
Primary Care PES: Māori who report their individual and/or cultural needs were met	89.2% Qtr4 20/21
Inpatient PES: Māori hospital staff definitely included patients family/whānau or someone close to patient in discussions about the care received during your visit.	78.6% Qtr4 20/21

How will we achieve it?

- Continue to distribute quarterly reports of patient experience survey results in respect of medications to primary care clinicians and community pharmacists and pharmacy governance group to drive quality improvement.
- Health Care Home practices are working towards Hauora/Wellness Health Plans developed collaboratively with patients using Te Whare Tapu Whā or other Māori or whānau led approach by Qtr 4.
- Cultural responsiveness: Practices covering 80% of HB Māori population would have completed or are progressing year 1 objectives of the Hawke's Bay Primary Care Cultural Responsiveness Framework by Qtr 3.
- Continue to implement the HQSC Kōrero Mai improvement initiative into secondary care to reduce harm from failures to listen to the concerns of patients, families and whānau, and improve patient, family and whānau experiences of care by Qtr 3 .

= included in Ka Hikitia

Prevention and early detection

SYSTEM LEVEL MEASURE:

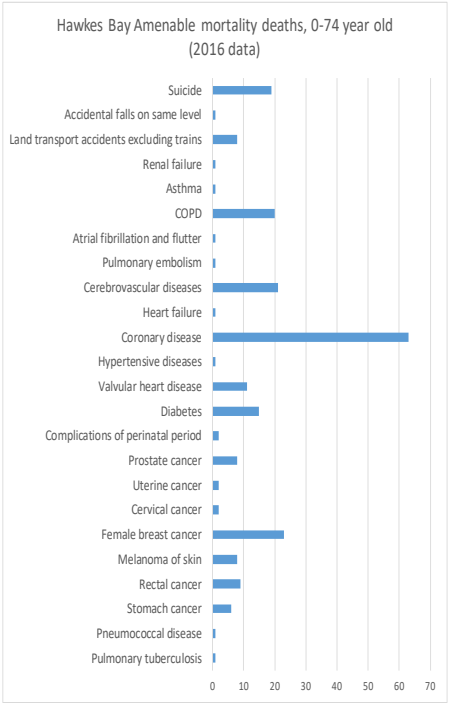
Amenable mortality rates

Preventative care is centred on keeping people healthy – through providing access to quality health services and medical care by identifying and treating problems quickly, and empowering people to manage their own health. Our aim here is for fewer people to die prematurely from potentially avoidable conditions, such as cardiovascular disease, cancers and diabetes.

Amenable mortality measures the number of deaths under the age of 75 that could be avoided through effective health prevention, detection and management interventions.

The top five causes of amenable mortality for total populations are: coronary disease, diabetes, female breast cancer, cerebrovascular disease and COPD and suicide, with those for Māori being coronary disease, diabetes, suicide, and COPD, and female breast cancer.

Amenable mortality rates are two and a half and three times higher for Māori and Pasifika respectively compared to Non-Māori, Non-Pasifika (NMNP). This highlights a large inequity in prevention and early detection for Māori and Pasifika. Given what we know about our top causes, the system will focus on cardiovascular disease and diabetes, particularly for Māori.



SLM 2021/22 Milestone: Reduce Relative Rate (RR) of amenable mortality to for 0-74 year olds between Non-Māori/Non-Pasifika by 0.5 by July 2022. (Baseline: 2.7 in 2016)

Contributory measures

Measure	Baseline
Decreased ASH rates in Māori 45-64 year olds for coronary heart disease (MI and IHD).	728 per 100,000 for Māori 583 per 1000 for Pasifika
Increase percentage of people who have good or acceptable glyceamic control (HbA1c<64mmols).	39.1% total population 32.7% Māori
% of Māori with a CVDRA (primary prevention) recorded >20% ** excluding those with a previous CVD event are on dual therapy (Statin + BP lowering agent).	Baseline data under development
% of Māori men 30-44 years with CVDRA completed.	38.6%

How will we achieve it?

- Embed an enhanced community pharmacy service for Māori and Pasifika coronary heart disease by Qtr 4.
- Monitor the agreed outputs (with a focus on Māori and Pasifika with coronary heart disease) of the expanded clinical pharmacist facilitator team providing LTC medicines optimisation in general practice by Qtr 4.
- Use feedback from the diabetes consumer survey to inform two recommendations to action over the year by Qtr 2.
- We will identify a cohort of diabetes patients with impaired renal function in primary care who sit outside the renal service criteria and, who would benefit from early intensive management by implementing a shared care model of care for these patients between the diabetes and renal service by Qtr 3.
- Embed a community CVD outreach screening programme for Māori via sports clubs, workplace, marae, and community and link patients in in with general practice: evaluate and report on activity by Qtr 3.

= included in Ka Hikitia

Healthy start

SYSTEM LEVEL MEASURE:

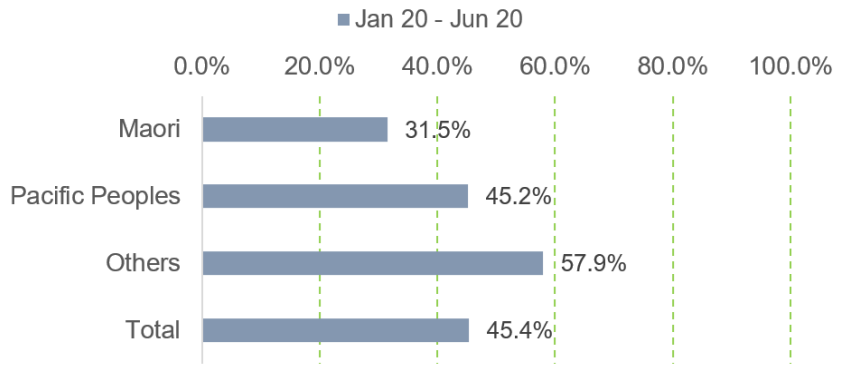
Proportion of babies who live in a smoke-free household at six weeks postnatal

This measure aims to reduce the rate of infant exposure to cigarette smoke by focusing attention on both maternal smoking and the home and family/whānau environment to encourage an integrated approach between maternity, community and primary care. We know, in Hawke's Bay, that we have an alarmingly high number of women, especially Māori women, who smoke during pregnancy.

HBDHB's focus for 2021/2022 will be on two areas:

Ensuring that hapū māmā, wāhine and whānau have effective engagements and consults with nurses, midwives, general practice and WCTO practitioners, providing quality discussions to become smokefree.

Increasing the number of referrals to smokefree programmes, particularly for whānau into the Wāhine Hapū program, by increasing the understanding of health practitioners in primary care (what is available and how to refer) and reviewing program criteria.



Hawke's Bay smokefree home rates for babies at six weeks old

SLM 2021/22 Milestone: Increase smokefree home rates for Māori babies at six weeks postnatal to gain equity with non-Māori (58%).

Contributory measures

Measure	Baseline
Increase percentage of women who become smokefree over their pregnancy	18.9% for Māori
Increase percentage of Māori women booked with an LMC by week 12 of pregnancy	53%
Increase number of participants who complete the Wāhine Hapū programme	37 completed per quarter (Q2 2019)

How will we achieve it?

- Ensuring that hapū māmā have supportive engagement with smokefree workforce across the maternal and child services, providing clinics, group based support, with mobility throughout communities, and offers of virtual medians e.g. Zoom, FaceTime Messenger of support the discussion to becoming smokefree.
- Upskill health coaches working within primary care settings encouraging brief advice conversations with patients by Q4.
- Increasing the number of referrals to smokefree programmes partnering with prevention teams such as screening, immunisation and vaccination nurses and kaiāwhina creating a warm pathway to smokefree services by Q4.
- Reconfigure the Wāhine Hapū programme criteria to include whānau that smoke and live with a smokefree hapū māmā by Q4.

Youth are healthy, safe and supported

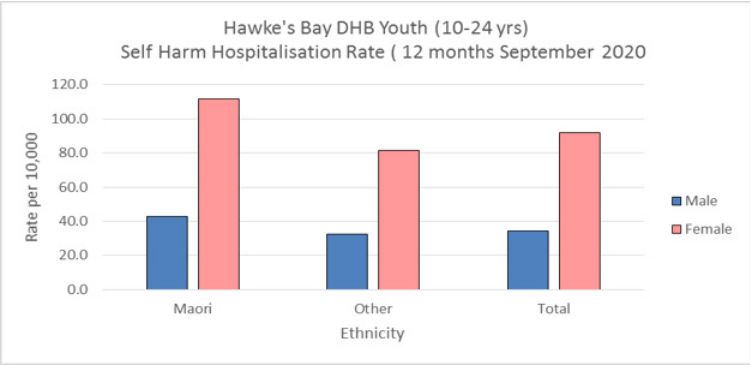
SYSTEM LEVEL MEASURE:

Youth access to and utilisation of youth appropriate health services

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

One outcome measure of youth having access to and utilisation of youth appropriate services is self-harm hospitalisations for 10-24 year olds.

This measure focuses on areas which could help youth access earlier intervention for mental health services and sexual health services. Research shows that youth whose healthcare needs are unmet can lead to increased risk for poor health as adults and overall poor life outcomes through disengagement and isolation from society and riskier behaviours in terms of drug and alcohol abuse and criminal activities.



SLM 2021/22 Milestone: Reduce self-harm hospitalisations for 10-24 year olds by 10% (Baseline = 64.7 for year to Dec 2020)

Contributory measures

Measure	Baseline
Reduce self-harm hospitalisations for Māori 10-24 year olds	80 per 10,000 (12 months Dec 2020)
Increase utilisation for contracted youth services	7257 contacts (12 months to 31 December 2019) over two services
Increase STI testing coverage for 15-19 year old Māori males	8.8% coverage (Chlamydia) 8.9% coverage (Gonorrhoeae)

How will we achieve it?

- Reconfigure "zero fees for under 18s" to align with government policy to provide greater access for rangatahi to rangatahi-led designed service. DHB will put out an Expressions of Interest RFP for community based rangatahi friendly service by Qtr 3.
- Implement the Tiaki Whānau-Tiaki Ora programme to build capacity and capability of Māori community champions to prevent suicide by Qtr 2.
- DHB sexual health working group will ensure resources and information are distributed into primary health care settings (including pharmacies) to support improved access to sexual health service by Qtr 3.

= included in Ka Hikitia