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.

2020/21 **Annual Plan**

incorporating the

2020/21 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 2020/21

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Hon Chris Hipkins

MP for Remutaka

Minister of Education
Minister of Health
Minister of State Services

Leader of the House
Minister Responsible for Ministerial Services

Shayne Walker
Chair
Hawke's Bay District Health Board
shayne.walker@windowslive.com

20 October 2020

Dear Shayne

Hawke's Bay District Health Board 2020/21 Annual Plan

This letter is to advise you that we have approved and signed Hawke's Bay District Health Board's (DHB's) 2020/21 Annual Plan (Plan) for one year.

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

We expect you to work with your fellow Chairs and continue discussions about how you can share skills and expertise in order to ensure that your financial performance is consistent with the agreed plan. We particularly encourage you ensure that your senior executives maintain the tight fiscal controls that will be necessary to sustain improvements in the out years. Your focus on strengthening financial management and performance, including through collaboration with your fellow Chairs, remains critical to creating a sustainable financial path. If financial performance deteriorates as has occurred in previous years, this deterioration limits our collective ability to invest more in new models of care and in primary care and population prevention approaches.

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

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

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

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

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

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

Ngā mihi nui

Hon Chris Hipkins
Minister of Health

Hon Grant Robertson
Minister of Finance

Cc Keriana Brooking
Chief Executive

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Section 1: 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 mission: "working together to achieve equitable holistic health and wellbeing for the people of Hawke's Bay". We face challenges such as the growth in chronic illness, our ageing population and vulnerability in a large sector of our community.

In 2018 we developed a Clinical Services Plan (CSP) to formulate our major responses to the challenges we face. It describes our vision for a very different health system that improves outcomes and experience for individuals and whānau living in Hawke's Bay. The CSP informed the development of our current strategy, Whānau Ora, Hāpori Ora 2019-2029 and implementation plan.

These 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 Healthy Ageing Strategy. We are also guided by the Government's commitment to the United Nations Convention on the Rights of Persons with Disabilities.

Successes in preventative services such as immunisation and screening show what can be achieved when we purposefully set out to understand the needs of our community and deliver our services in a way that meets the needs of whānau.

Despite the progress made, many challenges still remain. Our 2018 Health Equity Report showed large inequities in health persist for Māori, Pacific and those with the least social and economic resources. Demographic changes will increase pressure on our already stretched health services. If we continue to do things the way we do now, the number of primary care consultations, hospital appointments and inpatient stays will outstrip population growth.

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, and how we include Māori and Pasifika practices.

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:

Strategic objectives:

- Pūnaha ārahi hāpori / Community-led system
- He paearu teitei me ōna toitūtanga / High performing and sustainable system
- He rauora hōhou tangata, hōhou whānau / Embed person and whānau-centred care
- Māori mana taurite / Equity for Māori as a priority; also equity for Pasifika and those with unmet need
- Ngā kaimahi āhei tōtika / Fit-for-purpose workforce
- Pūnaha tōrire / Digitally enabled health system

In 2020/21 our focus is on achieving performance gains in the system priority areas outlined below. These priorities have been informed, and are aligned with, the Minister of Heath's planning priorities and the health and disability system outcomes framework.

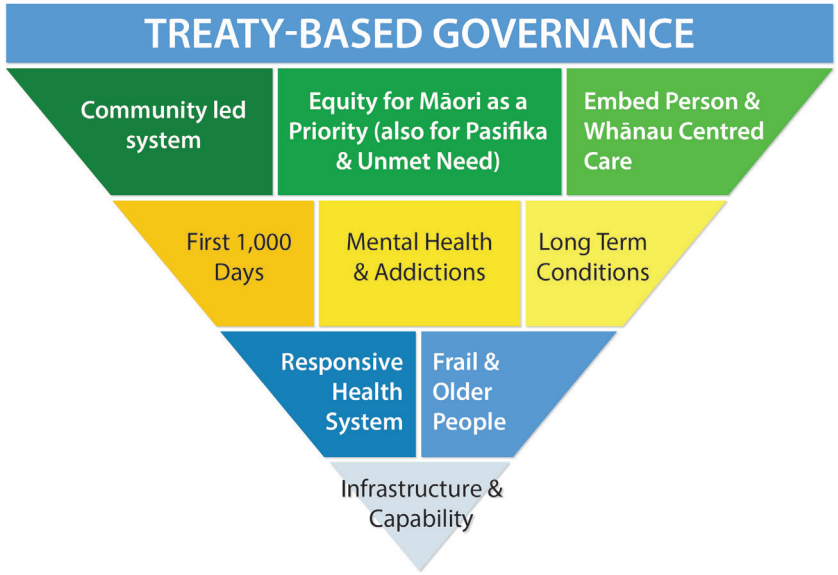


Figure 1: HBDHB system priority areas

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.

To help us achieve our system goals and to meet the local, regional and national health needs in alignment with the New Zealand Triple Aim, we are guided by whānau voice in partnership with strong clinical leadership at the system and service level.

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 home as possible.

Hawke's Bay's current population is 173,530. Between 2013 and 2018 Hawke's Bay's population grew 9%. Population growth has been higher than forecast due to increases in both internal and international migration in the last 5 years. 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 (27% vs 16%), more people aged over 65 years (19% vs 16%) and more people living in areas with relatively high material deprivation (28% vs 20%).

The 2018 New Zealand Index of Deprivation explains how relative deprivation, as one measure of socio-economic status, is an indication of disadvantage in terms of people's opportunity to access and use the health system.

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.

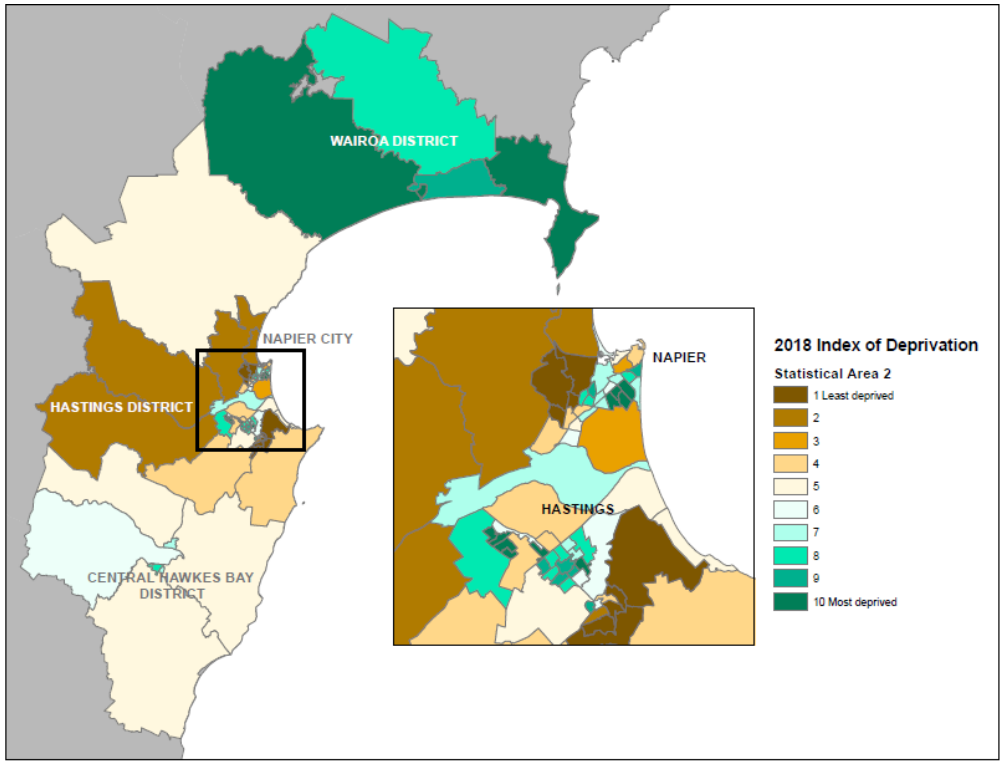


Figure 2: Deprivation Map for HBHDB (2018)

1. 2 Message from the Chief Executive and Board Chair

Pūnaha ana te hau āwhiōrangi i ngā maunga

Ihi mārangaranga ki Te Matau a Maui

Ko te papatātahi o Nukutaurua

Ko te kauanuanu o Moumoukai

Kia Horopāpera ki Whakapūnake

Tātarā-ākina ki Maunga-haruru

Ki te pū o te tonga Ko Kahurānaki

Hei tāhūhū mana taurite

He haumāru nui; He hautapu roa; He hauora e.

Tihei Mauri Ora!

Hawke's Bay District Health Board has centred its 2020/21 plan around service improvement, while at the same time working to eliminate its financial deficit.

Service improvement that addresses immediate imperatives such as; patient flow and planned care with equitable outcomes are priorities for the Board. A large body of work is already underway to address these key issues and the Board is determined to make a meaningful difference this year.

New facilities projects, that include surgical and radiology expansions as well as other minor facilities investments are now underway and will be of substantial benefit to our population by improving patient flow and increasing capacity to these critical services.

Recognition of the significant population growth in Hawke's Bay has been welcomed through increased Government funding. This will help offset pressure on services with more investment in planned care. However, demands on planned care remain the single biggest threat, with the exception of COVID-19, to the Board's financial position.

The Board's 10-year health strategy Whānau Ora, Hāpori Ora 2019-2020 is now in place and sets the foundation for the planning, delivery and monitoring of services, so better and equitable health outcomes are delivered.

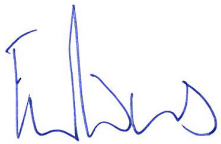
The strategy reflects the Board's commitment to building relationships with its communities and basing services on feedback from communities so it matches expectations from those communities. Alongside this approach we also have an impetus to ensure clinical leadership is supported to provide safe and high-quality services comparable to the rest of the country.

Working with our community health partners to build on our 'whole-of-system' approach and applying the equity framework to older person's care and those with chronic conditions is underway. Our focus through 2020/21 will see these frameworks applied in rural areas, like Wairoa, take shape and rollout to other rural communities.

1.3 Signatories

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

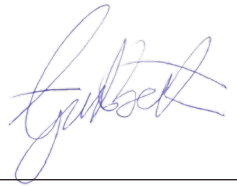
Shayne Walker, Board Chair
Hawke's Bay District Health Board



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

Ana Apatu, Chair
Māori Relationship Board

Hon. Chris Hipkins
Minister of Health



Hon. Grant Robertson
Minister of Finance

Section 2: Delivering on priorities

2.1 Health equity in DHB annual plans

In 2018 we updated the Health Equity Report, an analysis and report on health status in the region. The main focus of the report is equity because health inequities are differences in health status that are avoidable or preventable and therefore unfair. The report finds many inequities in health in Hawke's Bay, particularly for Māori, Pasifika 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 Health Equity Report concludes that inequity affects everyone and, for a difference to be made, we must tackle this collectively and take responsibility as a community. This is reflected in our plan.

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 and low occupational status are important determinants of most diseases, death, and health inequalities between and within countries.

Health, therefore, is not just the outcome of genetic or biological processes, but is also influenced by the social and economic conditions in which we live. These influences have become known as the 'social determinants of health'. Inequalities in social conditions give rise to unequal and unjust health outcomes for Māori (and for different social groups). Ref: Kanupriya Chaturvedi Dr, S.K Chaturvedi Dr.

Health equity tools

Hawke's Bay DHB has developed very good health monitoring and measuring reporting systems. The 'dashboard reports' also measure health equity (by ethnicity) against national and localised health priorities and indicators within our Annual Plan. Examples of these are the Te Ara Whakawaiora (TAW) programme and the Pacific Health indicators, as included in the Ola Manuai 2020-2025: Pacific Health and Well-being Action Plan. The TAW programme is an exception-based monitoring and improvement programme based on the non-performing indicators within the Annual Plan. TAW is led by 'TAW Champions', members of the Executive Leadership Team (ELT).

2.2 Māori health

Hawke's Bay DHB has a treaty partnership relationship with Ngāti Kahungunu Iwi Inc. The Māori Relationship Board (MRB) are the mandated health representatives of Ngāti Kahungunu Iwi Inc. and also includes HBDHB Board members. The role of MRB is to provide advice and recommendations to HBDHB's Board to ensure equity is achieved for all Māori region-wide. The DHB has committed to include MRB in all of its strategic planning exercises.

2.3.1 Give practical effect to He Korowai Oranga — the Māori Health Strategy

FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
Engagement and obligations as a Treaty partner	Review the Memorandum of Understanding with Ngāti Kahungunu Iwi Incorporated as the first step in partnering with post-treaty settlement groups and iwi organisations in HBDHB region to review, design and establish board to board relationship and joined up strategic priority setting. (EOA Māori)	Q1	SS12 Review of MOU completed	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Engage with the following Post Settlement Governance Entities (PSGEs) - Tātau Tātau o Te Wairoa, Ngāti Pāhauwera Trust, Maungaharuru-Tangitū Trust, Ngāti Hineuru Iwi Trust, Mana Ahuriri, Ahuriri District Health, Heretaunga Tamatea Settlement Trust and Ngāti Kahungunu Iwi Inc. - to develop Memorandums of Understanding and determine their preferred engagement approaches. (EOA Māori)	Q1	MOUs completed	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Review HBDHB Māori Relationship Board, taking into consideration committee make up including Post Settlement Governance Entity representation, and make agreed changes. (EOA Māori)	Q2	Changes to Māori Relationship Board completed	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
Māori Health Action Plan - Accelerate the spread and delivery of Kaupapa Māori services	Develop contract with Māori provider for a kaupapa Māori maternal wellbeing programme in Wairoa. (EOA Māori)	Q2	Contract developed	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Develop contract with Māori provider for a kaupapa Māori maternal wellbeing programme in Napier. (EOA Māori)	Q2	Contract developed	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Implement kaupapa Māori maternal wellbeing programme in Wairoa. (EOA Māori)	Q3	Service started	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Implement kaupapa Māori maternal wellbeing programme in Napier. (EOA Māori)	Q3	Service started	We have health equity for Māori and other groups	Support healthier, safer and more connected communities

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
Māori Health Action Plan - Shifting cultural and social norms	Implement He Ngākau Ora orientation programme for all DHB board and staff, the plan is for 10% of staff to go through the training by June 2021. (EOA Māori)	Q4	10% staff complete He Ngākau Ora	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
Māori Health Action Plan - Reducing health inequities - the burden of disease for Māori	Develop an Equity Action Plan, with actions, measures and milestones, for the HBDHB Health Equity Framework (completed in 19/20). (EOA Māori, Pacific)	Q2	Equity Action Plan developed	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Implement the agreed Year 1 actions of the Equity Action Plan. (EOA Māori, Pacific)	Q4	Actions completed	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
Māori Health Action Plan - Strengthening system settings	Complete the HBDHB health equity framework organisational self assessment and internal review to identify systems-focussed equity priority actions. (EOA Māori, Pacific)	Q1	Assessment & Review completed	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Embed the four key Equity Framework Cycle processes into the HBDHB commissioning cycle and monitor use. (EOA Māori, Pacific)	Q3	Process rollout completed	We have health equity for Māori and other groups	Support healthier, safer and more connected communities

2.3.2 Improving sustainability

FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
Improved out year planning processes	Determine the workforce impact of each strategic action, both in-year and out-year and explicitly include in in-year and out-year plans. This will include additions/ reductions and also changes to workforce mix.	Q2	Updated Financial Plan	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Develop an integrated workforce planning framework and tools for use in 21/22 planning.	Q2	Updated Financial Plan	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Determine financial impact of each strategic action and explicitly include in the financial plan.	Q2	Updated Financial Plan	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Implement new quarterly Board reporting for Strategic Delivery, covering progress against milestones, budgets, risk and a delivery responsibility etc., use learnings to inform future planning cycles.	Q4	Quarterly Dashboard report & capturing of lessons learned	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Develop a cost accounting function to support analysis and decision making and contribute to national cost collection programme.	Q4	Function operational	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Complete Strategic Operating Models or Frameworks for; First 1,000 Days, Long-term Conditions, Mental Health & Addiction, Ageing & Last 1,000 Days.	Q4	Strategic Operating Models or Frameworks completed	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Consider alternative approach to capturing locum workforce to improve analysis of Medical Personnel spend.	Q4	Approach tested	We have health equity for Māori and other groups	Support healthier, safer and more connected communities

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
Savings plans - in-year gains	Delivery of the annual Procurement Plan. Q2 milestone ensure procurement plan activities are on track.	Q2	Progress Report	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Deliver agreed actions from current Savings Plan which is a list of targeted savings, with a high likelihood of achieving recurrent cash releasing savings. Q2 milestone to have established delivery on current plans or identified alternative savings and be on track to achieve 2020/21 savings target.	Q2	Progress Report	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Ongoing development of targeted Savings Plan, this will consider significant cost pools and look to drive recurrent cash releasing efficiencies that will have a part year effect in 2020/21 and maintain a pipeline of savings for 2021/22. Q4 milestone to have developed/commenced savings actions which provide the pipeline of savings into 2021/22.	Q4	Target annualised savings of $5m	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Delivery of the annual Procurement Plan. Q4 milestone to have developed/commenced savings actions which provide the pipeline of savings into 2021/22.	Q4	Achieve minimum $300k saving in year	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Deliver agreed actions from current Savings Plan which is a list of targeted savings, with a high likelihood of achieving recurrent cash releasing savings. Q4 milestone to have delivered savings plan.	Q4	Achieve planned savings of $3.8m	We have health equity for Māori and other groups	Support healthier, safer and more connected communities

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
Savings plans - out year gains	The DHB commenced a rolling programme of reviews of the efficiency of current services in 2019/20, realising a combination of cash releasing and cost avoidance savings. This programme of work reviews substantial cost pools, recommending changes to improve efficiency. This is supported by the annual procurement plan. We expect to see benefits from 21/22 through the analytical information provided from the cost accounting function being developed in 2020/21.	21/22 & 22/23	Targeting recurrent cash releasing savings of $5m in 21/22 & 22/23	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Implementation of four telehealth pathways to support rural health by May 2021. This is expected to improve access to primary care, reduction in DNA rates and improved customer satisfaction for Wairoa whānau with a system and whānau estimated cost savings of $185 per patient from 21/22 onward. (EOA Māori)	21/22 & 22/23	Target savings / cost avoidance for whānau in 21/22 & 22/23 of $185 per patient	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	As a part of the bed availability project, the following two initiatives are expected to have ongoing workforce sustainability impacts across a number of financial years: 1. Emergency Department throughput (pilot & evaluation in 2020) 2. Changes to medical capacity model in 2020 and evaluated impact on hospital flow and planned care.	21/22 & 22/23	Target savings / cost avoidance of $0.8m achieved in 21/22 & 22/23	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Implementation of whānau led respiratory support service for 0-4 year olds resulting in the reduction in respiratory hospitalisation in Māori and Pacific tamariki with associated ED and bed day savings from 2022/23 onwards. This has an estimated cost avoidance/turn the curve of $1.3m per annum. (EOA Māori, Pacific)	22/23	Target savings / cost avoidance of $1.3m in 22/23	We have health equity for Māori and other groups	Support healthier, safer and more connected communities

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
	Implementation of Integrated Care team with community Coordinators in Wairoa by May 2021. This is expected to improve access to primary care, reduce DNAs, improve access to secondary services, reduce whānau cost, and reduce hospitalisation relating to long term conditions for 45-64 year old Wairoa whānau. This is estimated to have a cost avoidance/ turning the curve savings of $2m per annum from 2022/23 onwards. (EOA Māori)	22/23	Target savings / cost avoidance of $2m in 22/23	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
Consideration of innovative models of care and the scope of practice of the workforce to support system sustainability	Work in partnership with academic institutions to increase Māori and Pasifika undergraduate registrations for midwifery as chosen career. (EOA Māori, Pacific)	Q4	Māori and Pasifika undergraduate numbers	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Oral therapists workforce succession planning completed and recruitment commenced.	Q4	2 new oral therapists appointed	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Increase our Registered Nurse Prescribers. (EOA Māori, Pacific)	Q4	10 new Registered Nurse Prescribers with Nursing Council endorsement	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Develop advanced practice roles for Allied Health to deliver autonomous practice including: - Developing Psychologists into Responsible Clinician roles - Developing Radiographer Reporting - Musculoskeletal Physiotherapist - Increase Pharmacist Prescribers.	Q4	Advanced roles in operation	We have health equity for Māori and other groups	Support healthier, safer and more connected communities

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
	Create a strong Māori workforce pipeline that support Māori workforce growth within DHB a Māori internship between all professional groups (allied/ nursing/medical) in line with the tuākana/ teina model initiated in 2019: 1. Create a database of interns to support future tracking and contact in recruiting for diversity for each group. 2. Provide a structured cultural and clinical experience for interns unique to HBDHB values. 3. Provide a career pathway for each intern to support future options within HBDHB. 4. Create an alumni of Māori interns that creates a sense of belonging and value to returning to work in HB. (EOA Māori)	Q4	Activities completed Internship numbers	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
Working with sector partners to support sustainable system improvements	Support cross sector engagement and resourcing to embed Tihei Mauri Ora as a delivery model for equitable wellbeing outcomes, supporting health, social and economic whānau-driven action for the reset and recovery post COVID response. (EOA Māori, Pacific)	Q2	Tihei Mauri Ora led initiatives complete	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Apply an equity framework to all intersector activity supported by HBDHB to prioritise investment and alignment for health equity. (EOA Māori, Pacific)	Q4	Equity Framework applied	We have health equity for Māori and other groups	Support healthier, safer and more connected communities

2.3.3 Improving child wellbeing — improving maternal, child and youth wellbeing

FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
Maternity and Midwifery workforce	Midwifery Sustainable rural models of care (Wairoa); Action 2. Empower the consumer voice to be at the heart of the development of this maternity model of care. Conduct a survey with māmā and whānau consumers. (EOA Māori, Pacific)	Q2	Consumer survey themes identified, and analysed	We have health equity for Māori and other groups	Make New Zealand the best place in the world to be a child
	Midwifery Sustainable rural models of care (Wairoa); Action 1. Strengthen relationships with our rural midwifery workforce undertaking a planning workshop. Planning workshop will be held, actions identified and work plan commenced; inclusive of workforce requirements for model of care. (EOA Māori, Pacific)	Q2	Workforce requirements identified and agreed; work plan completed	We have health equity for Māori and other groups	Make New Zealand the best place in the world to be a child
	Midwifery Workforce sustainability: Action 2. Increase the retention rates of Māori and Pacific undergraduates and graduates for Midwifery workforce. (EOA Māori, Pacific)	Q3	100% enrolment (Māori and Pacific) in pastoral care (tuākana teina) programme by undergraduate and graduate midwives	We have health equity for Māori and other groups	Make New Zealand the best place in the world to be a child
	Midwifery Workforce sustainability: Action 1. Work in partnership with academic institutions to increase Māori undergraduate registrations for midwifery as chosen career. (EOA Māori, Pacific)	Q3	DHB and academic institutions will increase Māori and Pacific undergraduate numbers to increase by 2 per year over the next 5 years	We have health equity for Māori and other groups	Make New Zealand the best place in the world to be a child
Maternity and early years	Establish a First 1000 days group. Identify and map out all related plans (that come under the overarching strategy) and funding streams. Utilising the Te Ara Whakawaiora - the HBDHB Child Health equity accountability framework to improve equitable maternal and child health outcomes. (EOA Māori, Pacific)	Q1	Group established	We have improved quality of life	Make New Zealand the best place in the world to be a child

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
	Develop appropriate messaging based on 2019/20 SUDI action plan activities. Include a specific focus on smoking cessation, safe sleep and breastfeeding activities to enhance a SUDI response appropriate for whānau Māori and Pacifica. (EOA Māori, Pacific)	Q1	Action plan developed and circulated	We have improved quality of life	Make New Zealand the best place in the world to be a child
	Responding to reviews and recommendations progress implementation of agreed work plans and programmes under the First 1000 days group. These are expected to focus on Respiratory, Early Childhood Development, Dental, Skin and Maternal health. (EOA Māori, Pacific)	Q2	First 1000 days action plan implemented	We have improved quality of life	Make New Zealand the best place in the world to be a child
	Extend First 1000 days group to intersector partners. (EOA Māori, Pacific)	Q2	Group expanded to include intersector partners	We have improved quality of life	Make New Zealand the best place in the world to be a child
	Agree work plan and actions for First 1000 days group, so we are ready to respond to the maternity and Well Child Tamariki Ora reviews and recommendations. (EOA Māori, Pacific)	Q2	Action plan documented by First 1000 days group	We have improved quality of life	Make New Zealand the best place in the world to be a child
	Implement updated Model of Care and recommendations from the Oral Health Service review (including digital enablement to enhance service delivery) to modernise community oral health. (EOA Māori, Pacific)	Q3	CW01 CW03 Model of Care implemented	We have health equity for Māori and other groups	Make New Zealand the best place in the world to be a child
	Provide SUDI action plan annual report. (EOA Māori, Pacific)	Q4	Report	We have improved quality of life	Make New Zealand the best place in the world to be a child
Immunisation	Partner and strengthen our relationships with the Māori Health Team and Pacific Health Team. Support conversations around reducing immunisation inequity through the provision of regular immunisation reports. (EOA Māori, Pacific)	Q1	Quarterly immunisation reports provided	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Lessons learned from Covid-19 have proven that outreach models for immunisation to our 0-4 year age group are effective. Additional focus will be undertaken to progress and increase immunisation outreach models during 20/21. (EOA Māori)	Q4	Increased immunisations	We have health equity for Māori and other groups	Support healthier, safer and more connected communities

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
School-Based Health Services	Rangatahi working group to put forward recommendations for model from Rangatahi redesign for approval/endorsement by Te Pītau. (EOA Māori)	Q1	Recommendation document approved	We have improved quality of life	Support healthier, safer and more connected communities
	Provide quarterly qualitative reports on the actions of the Rangatahi working group.	Q1	Reports completed	We have improved quality of life	Support healthier, safer and more connected communities
	Following Te Pītau agreement on recommendations, develop an implementation plan for Rangatahi Redesign. (EOA Māori)	Q1	Document implementation plan	We have improved quality of life	Support healthier, safer and more connected communities
	Expand the delivery of school based health services (SBHS) to include decile 5 secondary schools, parent units and alternative education facilities. (EOA Māori, Pacific)	Q1	CW12 Initiative 1 Service expanded to decile 5 (secondary schools, parent units and alternative education facilities)	We have improved quality of life	Support healthier, safer and more connected communities
	Implement quality improvement actions as identified in August 2020 with secondary schools, parent units, and alternative education facilities (deciles 1 to 5). (EOA Māori, Pacific)	Q2	Improvement actions implemented	We have improved quality of life	Support healthier, safer and more connected communities
	HBDHB will prioritise Māori and Pacific students for Y9 assessments, when undertaking catch-up activities for psychosocial/wellbeing assessments (delayed due to Covid-19). Additional FTE will be applied for catch-up activities. (EOA Māori, Pacific)	Q2	90% completed	We have improved quality of life	Support healthier, safer and more connected communities
	For the school based health service (SBHS) continue to provide quantitative reports in Quarter 2.	Q2	Report completed	We have improved quality of life	Support healthier, safer and more connected communities
	Review youth specific, STI testing and management to [refer to SHAP action].	Q4	Document review finding of STI testing and management	We live longer in good health	Support healthier, safer and more connected communities
	For the school based health service (SBHS) continue to provide quantitative reports in Quarter 4.	Q4	Report completed	We have improved quality of life	Support healthier, safer and more connected communities

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
Family violence and sexual violence	Establish an intersector stakeholder group to support the mapping project and coordination of services. (EOA Māori, Pacific)	Q1	Increased multi agency referrals between stakeholder group agencies	We have improved quality of life	Support healthier, safer and more connected communities
	Develop a sexual violence policy as set out in the HBDHB Sexual Health Plan. This will be completed as part of the review and update of family violence policies. (EOA Māori, Pacific)	Q2	Endorsed policy communicated to HBDHB staff	We have improved quality of life	Support healthier, safer and more connected communities
	Review and update HBDHB policies on family harm/ violence including new policy for sexual violence and vulnerable adults. (EOA Māori, Pacific)	Q3	Increased referrals to family violence service by HBDHB staff	We have improved quality of life	Support healthier, safer and more connected communities
	Complete a map of Hawke's Bay family harm including planning, policy, services, stakeholders and funding. Identifying best practise and informing future service design and delivery. (EOA Māori, Pacific)	Q4	Intersector stakeholder group endorsed services map	We have improved quality of life	Support healthier, safer and more connected communities

2.3.4 Improving mental wellbeing

FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
Mental Health and Addiction System Transformation	Suicide Prevention: Complete a stocktake of all the local suicide response across the district. (EOA Māori, Pacific)	Q1	Local suicide response stocktake documented	We have improved quality of life	Support healthier, safer and more connected communities
	Integrated primary mental health and addictions service: Recruit to the roles stipulated in the model for the 7 targeted general Practices (high Māori - Pasifika - Youth enrolled populations) - NGO sector to provide Community Support Worker workforce - Health Coach and Health Improvement Practitioner workforce integrated into primary care and linked to community networks - Whole of sector access to consult liaison services: CNS-Psychologist- Psychiatrist - Team approach to improving holistic health outcomes for priority populations. (EOA Māori, Pacific)	Q2	Recruitment completed	We have improved quality of life	Support healthier, safer and more connected communities
	Develop a revised crisis model that includes relocation of services within a community setting, working with existing consumer advisory group (PAG), NGO collective, Primary Care sector. The model will include a collaborative team that includes social and mental health services. This service will connect to acute respite with the aim of working with our kaupapa Māori partners. The basis of the model will be in line with assertive outreach approaches. (EOA Māori, Pacific)	Q2	Revised crisis model	We have improved quality of life	Support healthier, safer and more connected communities

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
	Complete a MH&A Strategic Operating Model that addresses HBDHB Mental Health 7 Priority Areas - Develop clinical and cultural governance: - Coordinated response to whānau in crisis - Proactive management of demand on acute beds - Growing clinical capacity within the NGO network - Growing residential options for priority population groups - Review of the CAFs service - Review of AoD services All priority areas are developed using collaborative co design practices involving our partners - Consumer Focus groups - program specific - Mental Health Patient Advisory Group (PAG) - Ngāti Kahungunu - Māori Relationship Board (MRB) - NGO collective - inclusive of kaupapa Māori services - Primary care partners and PHO - DHB services (inpatient and community based) - Population Health. (EOA Māori, Pacific)	Q2	Strategic Operating Model completed	We have improved quality of life	Support healthier, safer and more connected communities
	Suicide Prevention: Adopt "Every Life Matters" National Suicide Strategy for Hawke's Bay. Adapt to a local context using Kaupapa Māori recommendations supported by HBDHB Kaumātua, Senior Cultural advisor and informed by Sir Mason Durie He Ara Oranga report findings. (EOA Māori, Pacific)	Q2	Suicide prevention framework localised	We have improved quality of life	Support healthier, safer and more connected communities
	Real Time Consumer Feedback Address appropriate usage of devices to increase number of consumers completing the Mārama Real-time Consumer Feedback survey, and use data captured to make service changes where appropriate.	Q2	Increased survey returns, service changes ID'd	We have improved quality of life	Support healthier, safer and more connected communities

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
	Improving Mental Health through improved Physical Health (refer Improving wellbeing through prevention) - - Healthy Food and Drink Section (Child) - School Based Health Services (Youth) - Ensure current Green Px contract meets target inclusive of mental health and wellbeing (Adult) (refer Long term conditions including diabetes) - Recognition that mental health is a consideration within all areas of care (refer above - Integrated Primary Mental Health and addictions) - Use of Health Coaches within this program to work with whaiora on areas of need relating to mental and physical health. (EOA Māori, Pacific)	Q2	Collaborative Practice	We have improved quality of life	Support healthier, safer and more connected communities
	Establish a clinical and cultural governance body: Whole of sector representation: Consumer-NGO-Primary Care - Secondary Services - Iwi partners. Agenda to address: service development, clinical safety and risk, cultural safety and risk, cultural competency, upholding the Code of Health and Disability Services Consumers' rights, service sustainability and innovation. Based on model used previously 'Kawa Whakaruruhau'. (EOA Māori, Pacific)	Q2	Governance Body Established	We have improved quality of life	Support healthier, safer and more connected communities
	Use performance measures and data gathered quarterly by QI lead to identify areas for improvement and inform planning - Focused on areas specifically in relation to equity for Māori and Pasifika. (EOA Māori, Pacific)	Q2	MH01 MH02 MH03 MH05 Service improvements identified	We have improved quality of life	Support healthier, safer and more connected communities
	Implement a structured programme to ensure there is clear understanding across the sector of the legislative jurisdictions that govern mental health.	Q3	Programme implemented	We have improved quality of life	Support healthier, safer and more connected communities
	Implement a structured programme that provides tikanga guidelines for DHB inpatient services.	Q3	Programme implemented	We have improved quality of life	Support healthier, safer and more connected communities

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
	Develop an IT solution for the expansion of electronic special authority prescriptions (opiate prescriptions) for Psychiatrists.	Q3	Increased utilisation of electronic opiate prescriptions by Psychiatrists	We have improved quality of life	Support healthier, safer and more connected communities
	Adapt current Primary Mental Health Program (PHO) - To better align with IPMHA and shared team approach to care - Introduction of a tiered workforce - tailored to whaiora need. (EOA Māori, Pacific)	Q3	PMH service changes implemented	We have improved quality of life	Support healthier, safer and more connected communities
	Recruitment: Recruitment to vacant positions as per capacity and skill requirements.	Q4	Number of vacancies	We have improved quality of life	Support healthier, safer and more connected communities
	Suicide Prevention: Implement post vention processes and practices in line with; Every Life Matters national suicide strategy and Safe Side Suicide Prevention Framework. (EOA Māori, Pacific)	Q4	Child/youth suicide notifications process adhered to	We have improved quality of life	Support healthier, safer and more connected communities
	Implement Phase 1 of the agreed crisis model. (EOA Māori, Pacific)	Q4	MH01 MH03 Phase 1 implemented	We have improved quality of life	Support healthier, safer and more connected communities
	Suicide Prevention: Develop an implementation plan for a localised suicide prevention framework based on the national strategy and national action plan. (refer also COVID recovery plan action - "Haumaru Whānau").	Q4	Implementation plan	We have improved quality of life	Support healthier, safer and more connected communities
	Integrated primary mental health and addictions service: Implement the new model in the 7 targeted general Practices (high Māori - Pasifika - Youth enrolled populations). (EOA Māori, Pacific)	Q4	IPMHA service implemented in 7 GPs	We have improved quality of life	Support healthier, safer and more connected communities

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
	Proactive Management of Acute Demand (Links to Crisis Response model) Work with NGO sector to build capacity and capability to provide; -Home for life options for long stay whaiora -Step up and step-down options in community setting -Joint venture staffing options within DHB services.	Q4	Services are operating	We have improved quality of life	Support healthier, safer and more connected communities
	Mental Health Promotion (working with population health team) Implement nationally adopted Health Promotion Agency Mental Health campaigns e.g. All Right campaign and others currently under development nationally.	Q4	Localised campaign in place	We have improved quality of life	Support healthier, safer and more connected communities
	Workforce Utilise staff development and training opportunities to support the DHB, NGO and Primary Care mental health network; - in-house skills training and mentoring - Ko Awatea programs of learning - National MH Support worker certificate training - Skills matter funding via Te Pou (NESP) - Use of a range of Tertiary institutes for specific post grad study - Mental health credentialing for primary care nursing staff - De-escalation training provided to NGO sector - Skills update training for international candidates to be eligible for clinical positions (casual pool).	Q4	Training participation	We have improved quality of life	Support healthier, safer and more connected communities
	Forensic and regional service access: Work with central DHB Portfolio leads and regional coordinator to map population need against current service provision to guide review of current service delivery and future services. (EOA Māori, Pacific)	Q4	Map of service requirements	We have improved quality of life	Support healthier, safer and more connected communities

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
Mental health and addictions improvement activities	Review the CAFS service: workforce capacity, skill mix, and care pathways. Make recommendations for service improvement and redesign.	Q2	Document service review	We have improved quality of life	Make New Zealand the best place in the world to be a child
	CAFs review: Implement phase 1 of service improvements as indicated by the review and recruit to identified positions; (skill mix and vacancies).	Q2	Phase 1 completed, recruitment completed	We have improved quality of life	Make New Zealand the best place in the world to be a child
	Implement "Supporting Parents, Healthy Children (COPMIA) indicators to support early intervention in life. (Refer - Improving Child Wellbeing -improving maternal, child and youth wellbeing and First 1000 days group - focussing on improving equitable maternal and child health outcomes). (EOA Māori, Pacific)	Q2	Indicators implemented	We have improved quality of life	Support healthier, safer and more connected communities
	COVID Recovery Plan: Under the umbrella of Whānau Pounamu, apply learning from COVID - 19 - Rapid response strategies (Tihei Māori Ora) - Suicide and harm prevention and post vention - Haumaru Whānau Pilot - Cross sector approaches to crisis response. (EOA Māori, Pacific)	Q4	Learnings applied	We have improved quality of life	Support healthier, safer and more connected communities
	Implement Phase 1 of the proceeds of crime project Employment of front-line staffing to work alongside police, ED, Mental Health to; - Access appropriate clinical / non-clinical service - Reduce wait times for accessing specialised mental health services. - Minimise the need for restrictive care (CTO and Seclusion).	Q4	MH02 Project completed	We have improved quality of life	Support healthier, safer and more connected communities
	Building clinical capacity within the NGO network of providers; -Revise current contracts to increase skill base of FTE to include clinical capacity and include FTE payments to reflect national NGO benchmarks.	Q4	Contracts updated	We have improved quality of life	Support healthier, safer and more connected communities

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
Addiction	Review of AoD service in line with the AoD national model of care: Map the current addictions continuum to identify strengths and weaknesses, make recommendations for service improvement. (EOA Māori, Pacific)	Q3	Recommendations documented	We have improved quality of life	Support healthier, safer and more connected communities
	AoD Service Providers: Establish a regional advisory group to oversee Springhill service delivery and to explore integrated care options with NGO and kaupapa Māori services (community based). (EOA Māori)	Q3	Group Established	We have improved quality of life	Support healthier, safer and more connected communities
	Implement recommendations from AoD review: Implement phase 1 of the recommended activities from the AoD service review. (EOA Māori, Pacific)	Q4	Phase 1 completed	We have improved quality of life	Support healthier, safer and more connected communities
	MH03: Maintain and improve on current performance for MH03 (currently meeting target or above).	Q4	MH03 Targets met	We have improved quality of life	Support healthier, safer and more connected communities
	Cross agency coordination: (refer above - AoD service provision) (refer - Improving well-being through prevention - Reducing Alcohol Related Harm). (EOA Māori, Pacific)	Q4	Cross-agency collaboration	We have improved quality of life	Support healthier, safer and more connected communities
Maternal mental health services	Recruit additional resource to address the existing maternal mental health service schedule gap and establish service by applying approaches used by Te Ara Manapou (community engagement and outreach). (EOA Māori, Pacific)	Q2	FTE recruited into the position, number of referrals completed	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Audit maternal mental health service to analyse uptake by Māori and Pasifika. (EOA Māori, Pacific)	Q3	Audit report	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Use analysis generated in the audit to improve service delivery and performance monitoring, to increase engagement of Māori and Pasifika women. (EOA Māori, Pacific)	Q4	Performance targets met	We have health equity for Māori and other groups	Support healthier, safer and more connected communities

2.3.5 Improving wellbeing through prevention

FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
Environmental sustainability	Facilitate the integration and consideration of sustainability into Facilities Management projects by: - Holding a training meeting to introduce and engage Project Managers in the following four key documents: 1. HBDHB Sustainability Policy 2. Facilities Management Sustainability Plan 3. Integration of Sustainable Development into HBDHB Capital Projects Processes 4. HBDHB Environmentally Sustainable Building Design Guidelines - Distributing the above documents to all Facilities Project Managers.	Q1	100% of project managers using aforementioned documents in their BAU activities where appropriate	We have improved quality of life	Support healthier, safer and more connected communities
	Include provisions for the use of FSC certified paper for all of the HBDHB's print requirements in the secondary procurement process being undertaken for external print and associated services.	Q2	Change made to secondary procurement process	We have improved quality of life	Support healthier, safer and more connected communities
	Roll out standardised signage and guidance documentation for waste and recycling streams throughout the hospital.	Q4	% of departments / wards with appropriate waste signage and guidance	We have improved quality of life	Support healthier, safer and more connected communities
	Reconvene Sustainability Working Group with membership from across the DHB (including representation from Māori Health, Pacific Health, Population Health and other departments), to ensure the following work promotes a strong and equitable response to climate change, inline with expectations from the Ministry of Health: - Developing a discussion paper on the resources and investment required for HBDHB setting and achieving a major emissions reduction target - Awareness of policy and key sustainability issues and goals (waste, procurement, energy, water) throughout the hospital, particularly in EMT - Guidance and direction in sustainability planning FY2021/2022.	Q4	Endorsement of the discussion paper by SWG; input on planning for FY21-22	We have improved quality of life	Support healthier, safer and more connected communities

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
	Investigate the feasibility of replacement of single use plastic bags with sustainable alternatives (multi-walled paper, single-walled paper, or compostable or biodegradable plastic alternatives) in clinical non-clinical areas.	Q4	Feasibility document produced	We have improved quality of life	Support healthier, safer and more connected communities
	Improve data collection process for carbon reduce carbon emissions and footprint certification by ensuring monthly/quarterly/annual reporting from suppliers, regular data input, and by creating a set of guidelines to make process streamlined and easily transferrable.	Q4	% of suppliers emailing reports regularly; regular data input BAU; presence of guidelines	We have improved quality of life	Support healthier, safer and more connected communities
	Develop a discussion paper on the resources and investment required for HBDHB setting and achieving major emissions reduction target.	Q4	Endorsed by Sustainability Working Group	We have improved quality of life	Support healthier, safer and more connected communities
	Apply a Ngāti Kahungunu environmental lens over key activities (namely developing a discussion paper on a major emissions reduction target, key BAU sustainability communications and guidance documentation for staff) by partnering with Māori Health Services, Health Gains Advisor, utilising cultural knowledge to support target setting and a growth in sustainability awareness amongst staff. EOA Māori. (EOA Māori)	Q4	Discussion and consultation with Māori Health prior to endorsement of the discussion paper and publishing of communications and guidance documentation	We have improved quality of life	Support healthier, safer and more connected communities
Antimicrobial Resistance (AMR)	Antimicrobial use in ARRC - focus on urinary tract infections. Investigate and develop recommendations. ARRC action plan will consider potential for screening, reporting and clinical management requirements for multi-drug resistant organisms (MDROs) (with a focus on UTIs) to ensure consistent best practice prescribing across ARRC services and hospital services.	Q1	Recommendations documented	We live longer in good health	Support healthier, safer and more connected communities
	Antimicrobial use in ARRC - focus on urinary tract infections. Implement action plan resulting from investigation and recommendations.	Q3	ARRC action plan implemented	We live longer in good health	Support healthier, safer and more connected communities

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
	Review AMR processes across the sector in Hawke's Bay, including: a) Equity - review data to determine whether inequity exists, if it does then consider actions for 21-22 to improve b) Data capture - GAP analysis between current data, and desired data, consider actions for 21-22 to improve c) Governance - determine current governance processes and determine if this needs strengthening e.g. links to Clinical Council d) Reporting - review current reports; determine whether reports are fit for purpose, if not consider actions for 21-22 to improve e) Create report with recommendations (based on findings) to strengthen HBDHB focus on implementation of national AMR Action Plan. (EOA Māori, Pacific)	Q4	Processes updated	We live longer in good health	Support healthier, safer and more connected communities
	Establish an AMR Action Plan Review / AMR Stewardship Committee; conduct quarterly meetings that are represented by; Laboratory, Pharmacy, SMO, Public Health, Intersector Team, and Infection Control. TOR for the group to be developed. Group will report to DHB executive and Board.	Q4	AMR action plan review group created	We live longer in good health	Support healthier, safer and more connected communities
	Ensure that local IPC policy for multiple antimicrobial resistant organisms is consistent with national guidance.	Q4	Policy review	We live longer in good health	Support healthier, safer and more connected communities
	Audit hospital antimicrobial use against hospital antimicrobial prescribing guidelines.	Q4	Audit	We live longer in good health	Support healthier, safer and more connected communities

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
Drinking water	Use public health risk assessment to identify and target vulnerable populations (June to Dec 2020). (EOA Māori, Pacific)	Q2	Provide Status Reports	We have improved quality of life	Support healthier, safer and more connected communities
	Provide a drinking water programme as per the Environmental and Border Health Exemplar for Public Health Units.	Q2	Provide Status Reports	We have improved quality of life	Support healthier, safer and more connected communities
	Use public health risk assessment to identify and target vulnerable populations (Jan to Jun 2021). (EOA Māori, Pacific)	Q4	Provide Status Reports	We have improved quality of life	Support healthier, safer and more connected communities
	Provide a drinking water programme as per the Environmental and Border Health Exemplar for Public Health Units.	Q4	Provide Status Reports	We have improved quality of life	Support healthier, safer and more connected communities
	Follow Ministry guidance for drinking water assessment services and undertake the duties and functions required by the Health Act 1956 and the Drinking Water Standards for New Zealand.	Q4	Provide Status Reports	We have improved quality of life	Support healthier, safer and more connected communities
Environmental and Border Health (note that the drinking water section is separate)	We are committed to delivery on the regulatory activities and report (six monthly/Q2 & Q4) on the performance measures contained in the Environmental and Border Health exemplar planning/reporting template.	Q4	Six monthly reports completed in Q2 and Q4	We live longer in good health	Support healthier, safer and more connected communities
	Review current analytics to determine whether any inequities existing within our regulatory activities. (EOA Māori, Pacific)	Q4	Report created	We live longer in good health	Support healthier, safer and more connected communities
	Follow Ministry guidance for health protection activities focused on hazardous substances, mosquito surveillance, border health, emergency planning and response, stakeholder planning, submissions and resource management and other regulatory issues.	Q4	NO MEASURE	We live longer in good health	Support healthier, safer and more connected communities
Healthy food and drink	Implement the Healthy Active Learning program via the nutrition role and resources and support the Healthy School Lunches Programme in 5 schools located within high dep communities. (EOA Māori, Pacific)	Q2	Work in five schools to support healthy nutrition and physical activity	We live longer in good health	Make New Zealand the best place in the world to be a child

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
	Monitor the delivery of the HBDHB Healthy Food Policy. (EOA Māori, Pacific)	Q2	Complete an implementation report	We live longer in good health	Support healthier, safer and more connected communities
	Maintain Health Food and Drink policy clause in HBDHB contracts, completed an audit - new contract, reviewed contracts, existing contracts. (EOA Māori, Pacific)	Q4	Audit report completed	We live longer in good health	Support healthier, safer and more connected communities
	Complete school and ECE Water Only and Health Food policies survey to establish a new baseline as part of the Healthy Active Learning Program. (EOA Māori, Pacific)	Q4	Baseline data reported to Best Start Advisory Group	We live longer in good health	Make New Zealand the best place in the world to be a child
Smokefree 2025	Follow Ministry guidance for tobacco control, undertake compliance and enforcement activity, and respond to community concerns. (EOA Māori, Pacific)	Q4	100% of complaints received are responded to	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	We will support Te Haa Matea (the funded Stop Smoking Service for the Hawke's Bay region) by undertaking and working alongside them. We will provide support by creating an effective evaluation pathway for their programme. Their programme is called Te Ohakura: A model for Māori women to quit smoking while pregnant project. The objective: to test the effectiveness of combining a vape with a karakia (prayer) to quit smoking for Māori pregnant women and their partner of choice living in Napier / Hastings regions of Hawke's Bay. The project started on 1st February 2020 and will cease when all 200 vapes are allocated and participants have completed the programme. (EOA Māori)	Q4	# Smokefree wahine hapū # Smokefree whānau Evaluation of project	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Continuing on the success of the COfree Homes Carbon Monoxide Screening project in Wairoa, undertake to deliver this project in Central Hawke's Bay in partnership with the Midwives / LMC's providing maternity care to Māori / Pacific Wahine Hapū who smoke tobacco. (EOA Māori, Pacific)	Q4	# CO Monitors distributed # LMC's delivering Wahine Hapū programme # Smokefree wahine hapū # Smokefree whānau	We have health equity for Māori and other groups	Support healthier, safer and more connected communities

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
	Develop Registered Stop Smoking Practitioners that work for the funded Stop Smoking Service in Hawke's Bay. This will be done by supporting staff that Work for these service providers. Support will be provided by; allocating training for staff to become registered Stop Smoking practitioners as required by MOH. Training will be fully funded and will continue to include individual peer support, and group peer support throughout the time of training. The National Training Service (NST) will provide the training, undertaken extramurally, which can take from 3 months to 12 months to complete. Peer support will be facilitated and coordinated by one of our experienced Stop Smoking practitioners.	Q4	# Registered stop smoking practitioners, # Peer support contacts	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
Breast Screening	Target Māori and Pacific unscreened women by conducting data matching between Breast Screen Coast to Coast and general practices patient databases, sending letters offering incentives for women who complete screening. (EOA Māori, Pacific)	Q4	PV01 Letters sent to eligible Māori and Pacific women that have not have a breast screening	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Priority women who do not confirm their appointment when booked to have a mammogram on the BSA Mobile unit will be referred to an Independent Service Provider for support to services. (EOA Māori, Pacific)	Q4	PV01 Referrals	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Increase uptake of mobile BSA service by unscreened Māori & Pasifika in rural communities, through deployment of the Kaiāwhina outreach team. (EOA Māori, Pacific)	Q4	PV01 Reduction in unscreened eligible woman	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
Cervical Screening	Undertake internal review and community engagement with our vulnerable groups on ways to increase active participation in screening programmes beyond the current outreach activities. (EOA Māori, Pacific)	Q4	PV02 Document outcome of review	We live longer in good health	Support healthier, safer and more connected communities
	Improve on time attendance for cervical screening, by encouraging general practices to recall patients at 32 months rather than 35 months. (EOA Māori, Pacific)	Q4	PV02	We live longer in good health	Support healthier, safer and more connected communities

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
Reducing alcohol related harm	Work with ED staff and business intelligence to review and improve the quality of ED alcohol data collection. (EOA Māori, Pacific)	Q2	# presentations and/ or data shared with intersector partners	We have improved quality of life	Support healthier, safer and more connected communities
	We are committed to delivery on the NFSL on a quarterly basis. The Health Protection Planning/ Reporting template will be completed six monthly (at the end of Q2 and Q4).	Q2	Six monthly report completed in Q2	We have improved quality of life	Support healthier, safer and more connected communities
	Undertake the Māori Wardens Project - reducing harms from tobacco and alcohol. (EOA Māori)	Q4	# licensing decisions supported with intelligence from Māori wardens; DHB response to whānau voice	We have improved quality of life	Support healthier, safer and more connected communities
	Integrate alcohol harm reduction into existing programmes & information, focusing on young people and pregnancy such as first 1000 days. (EOA Māori, Pacific)	Q4	# of programmes, information where alcohol harm messaging is integrated	We have improved quality of life	Support healthier, safer and more connected communities
	Undertake compliance activities related to the Sale and Supply of Alcohol Act 2012.	Q4	# compliance activities, # outcomes reported	We have improved quality of life	Support healthier, safer and more connected communities
	We are committed to delivery on the NFSL on a quarterly basis. The Health Protection Planning/ Reporting template will be completed six monthly (at the end of Q2 and Q4).	Q4	Six monthly report completed in Q4	We have improved quality of life	Support healthier, safer and more connected communities
Sexual health	Investigate opportunities to fund pharmacists to provide contraception and sexual health advice and information. (EOA Māori, Pacific)	Q4	Recommendations agreed	We live longer in good health	Support healthier, safer and more connected communities
	Increase the choice and availability of sexual and reproductive health services with a focus on priority populations. (EOA Māori, Pacific)	Q4	Increase number of services	We have improved quality of life	Support healthier, safer and more connected communities
	Design a kaupapa Māori wellness response for rangatahi and their whānau using mātauranga Māori as the platform. (EOA Māori)	Q4	Design documented	We live longer in good health	Support healthier, safer and more connected communities
	Build the capability of pharmacists in sexual and reproductive health. (EOA Māori, Pacific)	Q4	NO MEASURE	We have improved quality of life	Support healthier, safer and more connected communities

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
Communicable Diseases	Review Rheumatic Fever prevention evidence base and develop response to meet the needs of whānau. (EOA Māori, Pacific)	Q2	CW13 Proposal developed	We live longer in good health	Support healthier, safer and more connected communities
	Develop and deliver a catch up vaccination programme for adults (subject to Ministry funding). (EOA Māori)	Q4	Increase in coverage	We live longer in good health	Support healthier, safer and more connected communities
	Based on the learnings of Covid-19 we will review; our health assessment and surveillance tools, public health capability development, and ongoing health protection and promotion.	Q4	Documented outcomes	We live longer in good health	Support healthier, safer and more connected communities
	A catch up immunisation programme will be conducted; though there will be delays in delivery due to the COVID-19 response.	Q4	Have met Performance Measure targets	We live longer in good health	Support healthier, safer and more connected communities
Cross Sectoral Collaboration including Health in All Policies	Work with cross sector partners to develop ways to coordinate collecting and sharing information gained from whānau voice - starting with Kahungunu and councils. (EOA Māori, Pacific)	Q2	Approach for whānau voice collection and use endorsed by Matariki Pou tahi working group and governance	We have improved quality of life	Support healthier, safer and more connected communities
	Share data and evidence to support planning and programme development for intersector action including place based housing projects, joint alcohol strategy and safer communities forums. (EOA Māori, Pacific)	Q2	Project plans, programme design are informed by shared data and evidence	We have improved quality of life	Support healthier, safer and more connected communities
	Support the delivery of the locality based planning approaches by contributing population health expertise to actions in the Matariki HB Regional Development Plan, Iwi and Council community plans/strategies. (EOA Māori, Pacific)	Q4	Project milestones completed	We have improved quality of life	Support healthier, safer and more connected communities
	Support the delivery of actions in the Matariki HB Regional Development Plan, led by HBDHB. Note Matariki partners include government sector, employers, business, Iwi, Hapū, local government and community sector. (EOA Māori, Pacific)	Q4	Project milestones completed	We have improved quality of life	Support healthier, safer and more connected communities

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

FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
Delivery of Whānau Ora	Work with Tātau Tātau o Te Wairoa (Post Treaty Settlement Entity), using a community-led approach, to design and implement community coordinators into Māori rural communities within the Wairoa District to support whānau within isolated rural communities, organising and coordinating local wellbeing programmes, visiting rural services and transport to care. (EOA Māori)	Q2	SS17 Community coordinators implemented	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Implement compulsory Relationship Centred Practice training (a localised version of the Pōwhiri Model and the Meihana Model and based on tikanga Māori approaches of working with the individual and their whānau) for all HBDHB staff within HBDHB new values-based programme, He Ngākau Ora. (EOA Māori, Pacific)	Q4	SS17 Programme implemented	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
Ola Manuia 2020-2025: Pacific Health and Well-being Action Plan	Under the Pacific Youth Project, co-design services with Youth Leaders to promote wellbeing within the school and community settings. (EOA Pacific)	Q4	Document Pacific Youth Leaders wellbeing programme in communities	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Provide an outreach service to follow up for Pacific FSA appointments, follow ups and Bowel Screening outreach. (EOA Pacific)	Q4	Outreach service implemented	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	HBDHB provides commitment to the new Pacific health plan, Ola Manuia 2020-2025: Pacific Health and Wellbeing Action Plan (once agreed). Initiatives will be prioritised once understood and agreed. (EOA Pacific)	Q4	Document prioritised initiatives. Action selected initiatives (e.g. increased vaccinations)	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Establish processes to review and monitor Pacific recruitment and employment into the HBDHB. (EOA Pacific)	Q4	Process documented to monitor and review Pacific recruitment and employment	We have health equity for Māori and other groups	Ensure everyone who is able to, is earning, learning, caring or volunteering

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
	Establish a Pacific Child Health Improvement project to coordinate the existing work within the First 1,000 days, providing a focus on Pasifika families. (EOA Pacific)	Q4	Create a Pacific Child Health Improvement project	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Deliver Engaging Pasifika workforce development to HBDHB services and as part of HBDHB Orientation programme. (EOA Pacific)	Q4	Implement Engaging Pasifika Workforce Development	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
Care Capacity Demand Management (CCDM)	Std 5: Variance Response Management Implement priority modifications to HaaG screen. (EOA Māori, Pacific)	Q2	HaaG screen updated to include priority modifications	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Std 4: Staffing Methodology Recommendations for the 2019/20 FTE calculations are implemented by Dec 2020 All eligible areas have calculations completed by June 2021. (EOA Māori, Pacific)	Q2	# of eligible areas completed FTE Calculations	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Std 2: Validated Patient Acuity Tool Nurse/Midwifery director complete weekly data reviews to effect a change in practice to ensure 12 month data compliance is achieved and maintained by Maternity units and Mental Health by December 2020. (EOA Māori, Pacific)	Q2	CCDM TrendCare data quality checks are met	We have health equity for Māori and other groups	Make New Zealand the best place in the world to be a child
	Std 3: Core Data Set Increase the core data set suite by 1 per quarter to enable reporting on all 23 metrics. (EOA Māori, Pacific)	Q4	CCDM all 23 metrics reported	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Std 1: CCDM Governance CCDM team member will attend one ward meeting (data council) per month to educate and support CNMs/ union delegates with using core data metrics for improvement initiatives. (EOA Māori, Pacific)	Q4	12 meetings attended	We have improved quality of life	Support healthier, safer and more connected communities

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
Disability Action Plan	Embed the disability awareness training programme for HBDHB staff and monitoring attendance as outlined in HBDHB Disability Plan which is aligned and supports the delivery of the national Pasifika Disability Plan Faiva Ora 2016-2021 and Māori Disability Action Plan Whāia Te Ao Mārama 2018-2022. (EOA Māori, Pacific)	Q4	# and % of staff completing training	We have improved quality of life	Support healthier, safer and more connected communities
Disability	Develop a policy to respond effectively vulnerable adults which aligns with child and older adult policies, engaging the disability community in this process. (EOA Māori, Pacific)	Q2	Endorsed policy communicated to HBDHB staff	We have improved quality of life	Support healthier, safer and more connected communities
	Develop a policy to improve access to health information for people with impairments, beginning with public health alerts, health information. Removing barriers to services and health information. (EOA Māori, Pacific)	Q2	Endorsed policy communicated to HBDHB staff	We have improved quality of life	Support healthier, safer and more connected communities
	Establish to record patient impairment status, to measure equity outcomes for people with disability and understand our patient population. - IS system in place (confirmed registered activity with Digital Enablement), communications plan completed, roll out plan completed, to achieve the HBDHB Disability Plan "Health and Wellbeing Outcome. (EOA Māori, Pacific)	Q4	Test IS system	We have improved quality of life	Support healthier, safer and more connected communities
Planned Care	Planned Care SP4: Care definition - Categorise procedures/operations into 4 categories to understand volumes: 1. Must be done in theatre 2. Possibly could be moved 3. Can be moved/in process Use this information to improve planned theatre usage and maximise interventions delivered outside of hospital settings. (EOA Māori, Pacific)	Q2	SS08 ESPI 5 - Reduction in wait times	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Planned Care SP3: Implement a communication plan, and Year 1 milestones. (EOA Māori, Pacific)	Q2	SS08 Communication plan implemented Increased understanding	We have health equity for Māori and other groups	Support healthier, safer and more connected communities

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
	Planned Care SP3: Establish the Health pathways team, prioritise specialties for localisation via Health Pathways ensuring that the process has a strong focus on improving equity. Launch locally. (EOA Māori, Pacific)	Q2	SS08 Strategy & Plan # Pathways localised	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Planned Care SP3, SP4, and SP5: Review production planning process across focus areas, and implement identified changes for improvement.	Q3	SS08 Updated processes	We have improved quality of life	Support healthier, safer and more connected communities
	Planned Care SP2: Complete business case for the Linac project and implement Year 1 milestones. (EOA Māori, Pacific)	Q3	SS08 Approved Business Case	We have improved quality of life	Support healthier, safer and more connected communities
	Planned Care SP2: Complete business case for Cardiology / PCI and implement Year 1 milestones. (EOA Māori, Pacific)	Q3	SS08 Approved Business Case	We have improved quality of life	Support healthier, safer and more connected communities
	Planned Care SP1: Further analyse the statistical differences for surgical ESPI 5 by specialty and ethnicity, determine the cause of any undesirable variation and implement mitigation strategies. (EOA Māori, Pacific)	Q3	SS08 Report findings of investigation and mitigation strategies implemented	We have improved quality of life	Support healthier, safer and more connected communities
	Planned Care SP1 and SP2: Develop an aTT scoring prioritisation for equity, and implement Year 1 milestones. (EOA Māori, Pacific)	Q3	SS08 aTT prioritisation tool	We have improved quality of life	Support healthier, safer and more connected communities
	Implement the Covid-19 recovery plan for ESPI 2.	Q3	SS07 Planned Care Measure 2	We have improved quality of life	Support healthier, safer and more connected communities
	Planned Care SP4: Increase theatre capacity and capability via the surgical expansion project - begin construction.	Q4	SS08 Project report	We have improved quality of life	Support healthier, safer and more connected communities
	Planned Care SP4: Implement Radiology project milestones - improved services.	Q4	SS08 Project report	We have improved quality of life	Support healthier, safer and more connected communities
	Planned Care SP4 and SP5: Develop a procurement plan for community beds, and implement Year 1 milestones.	Q4	SS08 Procurement plan	We have improved quality of life	Support healthier, safer and more connected communities

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
	Planned Care SP4 and SP5: Develop a procurement plan for community based ambulatory care, and implement Year 1 milestones.	Q4	SS08 Procurement plan	We have improved quality of life	Support healthier, safer and more connected communities
	Planned Care SP3 and SP5: Develop packages of care for outcomes based funding, and implement Year 1 milestones. (EOA Māori, Pacific)	Q4	SS08 Packages of care procured	We have improved quality of life	Support healthier, safer and more connected communities
Acute Demand	Work with information services to further understand the scale and scope of implementing SNOMED in ED. Make a decision on whether to change the ED codes at the front end or to map behind.	Q1	SS07 Implementation plan	We live longer in good health	Support healthier, safer and more connected communities
	Implement Medical Model of Care (Phase 2) - Increase medical bed base, aligning bed availability with demand from adult Māori. (EOA Māori, Pacific)	Q1	SS07 Number of beds & utilisation including medical outliers	We live longer in good health	Support healthier, safer and more connected communities
	ED Clinical staff to decide on subset they require changed to SNOMED codes.	Q2	SS07 Codes confirmed	We live longer in good health	Support healthier, safer and more connected communities
	Information services to make all required changes to implement SNOMED coding.	Q3	SS07 Changes made to codes	We live longer in good health	Support healthier, safer and more connected communities
	Work with Primary care to reduce variation in outlier General Practices unplanned hospitalisations rates.	Q4	SS07 Improvement plan	We live longer in good health	Support healthier, safer and more connected communities
	Evaluate options for an ICU/HDU expansion, make recommendations.	Q4	SS07 Report & recommendations	We live longer in good health	Support healthier, safer and more connected communities
	Develop a plan for training of ED staff in SNOMED coding.	Q4	SS07 Training plan developed	We live longer in good health	Support healthier, safer and more connected communities

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
Rural health	Write Telehealth strategy with prioritisation on rural health services. (EOA Māori, Pacific)	Q2	Strategy written	We have improved quality of life	Support healthier, safer and more connected communities
	Realign PHO Flexible Funding under contracts targeted specifically to achieve the Ka Hikitia Outcomes with the purpose of supporting the provider network to achieve equitable health outcomes for Māori. (EOA Māori, Pacific)	Q2	PHO contracts amended to target outcomes framework	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Progress the first two Health Care Home groups to the next step of development, and identify further general practices to begin implementation. (EOA Māori, Pacific)	Q4	First two groups implement new parts of the model and third group begins implementation	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Complete localities plan for Wairoa, CHB and Napier. (EOA Māori, Pacific)	Q4	Plan completed	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
Healthy Ageing	Community Strength and Balance programme improve Māori engagement and participation by increasing availability and co-design service review, to improve system outcomes as per "Live Stronger for Longer". Focus on developing new classes in Pōrangahau and Takapau, as well as increasing classes offered in Hastings, Taradale and Waipawa. (EOA Māori)	Q1	SS04 Increase participation, decrease in falls	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Data analytics for our ageing population, integrating multiple data sources to provide a robust analysis and benchmarking. Focus on guidance provided by Matthew Parsons regarding data to support strategies to improve lives in their last 1,000 days.	Q2	Data Analytics suite	We have improved quality of life	Support healthier, safer and more connected communities
	Connect with Ageing Well groups (sector wide within HB region).	Q2	Connected network	We have improved quality of life	Support healthier, safer and more connected communities
	Complete a strategic framework for an updated approach to ageing and last 1,000 days. (EOA Māori)	Q2	SS04 Strategy document created	We live longer in good health	Support healthier, safer and more connected communities

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
	Support newly implemented Community non-acute rehabilitation service (Hoki ki te kainga service) to achieve proposed benefits of the initiative. Focus on Māori and Pasifika participation and achieved outcomes. (EOA Māori, Pacific)	Q3	SS04 Reports completed with equity focus	We have health equity for Māori and other groups	Ensure everyone who is able to, is earning, learning, caring or volunteering
	Explore requirements to implement frailty assessment and identification tools within primary and secondary systems, to support frailty based community models of care.	Q3	Document findings	We have improved quality of life	Support healthier, safer and more connected communities
	Self-education advice for ageing and dementia/ brain health, review and promote availability, as per regional dementia approach. Liaise with other regions on high needs approaches to ageing health literacy that have proven benefits. Focus on Māori, Pasifika and Asian population groups. (EOA Māori, Pacific)	Q4	SS04 Ageing health literacy established implementation plan for Māori, Pasifika, and High Needs	We have improved quality of life	Support healthier, safer and more connected communities
	Home & Community support services, continue building the restorative service approach and alignment with national framework. Focus on establishing measureable equity and performance outcomes. (EOA Māori)	Q4	SS04 Delivery of report	We live longer in good health	Ensure everyone who is able to, is earning, learning, caring or volunteering
	Age & disability friendly communities, inter-sector discussions. Focus on the potential for Hawke's Bay to be known for its strong age, dementia and disability friendly environments.	Q4	Document findings	We have improved quality of life	Support healthier, safer and more connected communities
Improving Quality	Identify an additional named lead for hand hygiene audits in the following areas: - Medical Directorate - Surgical Directorate.	Q1	Individuals identified	We live longer in good health	Support healthier, safer and more connected communities
	Train additional named lead for hand hygiene audits in the following areas: - Medical Directorate - Surgical Directorate.	Q2	2 FTEs trained in hand hygiene	We live longer in good health	Support healthier, safer and more connected communities
	Following receipt and understanding of the SURE framework; data will be uploaded onto the consumer engagement QSM dashboard.	Q2	Data uploaded quarterly	We live longer in good health	Support healthier, safer and more connected communities

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
	Implement the HQSC Korero Mai improvement initiative to reduce harm from failures to listen to the concerns of patients, families and whānau, and improve, patient family and whānau experiences of care. (EOA Māori, Pacific)	Q4	Introduction of consumer/ whānau escalation process at Wairoa Hospital. (initiative under development using co-design methodology)	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Engage with Māori partners to understand the health service access barriers for Māori to manage their gout and define what an improved, community-led, gout service could look like. (EOA Māori)	Q4	Proof of consultation, concept	We have improved quality of life	Ensure everyone who is able to, is earning, learning, caring or volunteering
	Complete the required number of hand hygiene audits within both the Medical and Surgical Directorates.	Q4	Meet volume of hand hygiene audits required by MOH. compliance target (80%) minimum data requirements (1,700 moments)	We live longer in good health	Support healthier, safer and more connected communities
	Commitment to annual reporting of the Consumer Engagement QSM SURE framework. Data will be captured following receipt and understanding of the SURE framework; and 12 months of analytics will be provided in the annual report.	Q4	Data captured	We live longer in good health	Support healthier, safer and more connected communities
New Zealand Cancer Action Plan 2019 - 2029	Implement the Covid-19 recovery plan for cancer services.	Q2	SS11	We have improved quality of life	Support healthier, safer and more connected communities
	Complete a stocktake and map of Hawke's Bay Cancer Services and identify opportunities to integrate and streamline services for patients and their whānau. (EOA Māori, Pacific)	Q2	SS11 Complete Stocktake report Document pathway	We have improved quality of life	Support healthier, safer and more connected communities
	Complete HB Cancer Services recommendations report that identify opportunities to integrate and streamline services with a strong focus on improving access for Māori and Pasifika. Initiate implementation. (EOA Māori, Pacific)	Q3	SS15 % of recommendations approved/agreed for integration	We have improved quality of life	Support healthier, safer and more connected communities
	Initiate implementation of the changes agreed as a result of the HB Cancer Services recommendations report. (EOA Māori, Pacific)	Q4	SS15 Recommendations initiated	We have improved quality of life	Support healthier, safer and more connected communities

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
Bowel Screening and colonoscopy wait times	Implement the Covid-19 recovery plan for faster cancer treatment (subject to successful clinical recruitment).	Q2	SS15	We have improved quality of life	Support healthier, safer and more connected communities
	Implement the Covid-19 colonoscopy recovery plan to meet maximum wait times. (EOA Māori, Pacific)	Q2	SS15 (Maximum wait times) Recovery plan implemented	We have improved quality of life	Support healthier, safer and more connected communities
	Develop a bowel screening plan to increase engagement in the national programme specifically for Māori and Pacific. (EOA Māori, Pacific)	Q3	SS15 Plan developed	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Implement Bowel Screening plan to increase engagement specifically for Māori and Pacific. (EOA Māori, Pacific)	Q4	SS15 Plan implemented	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Complete Gastroenterologist recruitment to increase Colonoscopy capacity. (EOA Māori, Pacific)	Q4	SS15 Workforce capacity	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Introduce nurse endoscopy (subject to successful Gastroenterologist recruitment): - Plan and implement the expanded scope pathway for nurse endoscopists - Recruitment of already qualified nurse endoscopists.	Q4	SS15 Nurse Endoscopy implemented	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Implement the colonoscopy production plan (which incorporates increased engagement for Māori and Pacific) to meet recommended waiting times. This is subject to successful clinical recruitment. (EOA Māori, Pacific)	Q4	SS15 (Recommended wait times) Production plan implemented	We have improved quality of life	Support healthier, safer and more connected communities

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
Workforce	Investigate adoption of comprehensive health and safety system to provide repository for accident and incident recording, training records, corrective action register and health and safety risk register by September 2020.	Q1	Report findings of investigation	We live longer in good health	Ensure everyone who is able to, is earning, learning, caring or volunteering
	Development of a process to identify future workforce needs to meet implementation of the clinical services plan is developed by August 2020.	Q1	Process defined	We live longer in good health	Ensure everyone who is able to, is earning, learning, caring or volunteering
	An education and development framework will be redefined which defines mandatory training for all staff, core training by specialty and clinical role and will be signed off by ELT by September 2020.	Q1	Document mandatory training	We live longer in good health	Ensure everyone who is able to, is earning, learning, caring or volunteering
	Roll out our values based recruitment training by December 2020 to 80% of hiring managers and develop an online learning package to ensure the longevity of this initiative by end of December 2020 which is available to all managers in the health sector in the Hawke's Bay.	Q2	80% of hiring manager use values based recruitment	We live longer in good health	Ensure everyone who is able to, is earning, learning, caring or volunteering
	New ways of working following the pandemic response are continued and refined including "working from home guidelines" are finalised by November 2020 and made available to staff and management, home workstation assessments are developed by physio in occupational health and rolled out via zoom starting July 2020.	Q2	New process documented	We live longer in good health	Ensure everyone who is able to, is earning, learning, caring or volunteering
	Provide access to cultural safety education for all staff through "Engaging Effectively with Māori" courses monthly and incorporate this programme as a key pillar of the new DHB orientation through Te Ngākau Ora which launches in September 2020 and will run every three months. (EOA Māori)	Q2	# Engaging Effectively with Māori course offerings	We have health equity for Māori and other groups	Ensure everyone who is able to, is earning, learning, caring or volunteering

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
	An internal workforce development plan will be developed and available from January 2021 to ensure training programmes are in place to meet identified needs in the education and development framework.	Q3	Document a development plan	We live longer in good health	Ensure everyone who is able to, is earning, learning, caring or volunteering
	HBDHB will actively support leadership development opportunities for management following the finalisation of the SSC directives on leadership development by December 2020 or if not finalised will implement tailored in-house solution from March 2021.	Q3	# Development opportunities offered for management	We live longer in good health	Ensure everyone who is able to, is earning, learning, caring or volunteering
	Source appropriate comprehensive health and safety system solution for implementation by May 2021. This objective will ensure we have a comprehensive overview of our worker risk profile and will inform our activities to address any gaps.	Q4	Document identified solution	We live longer in good health	Ensure everyone who is able to, is earning, learning, caring or volunteering
	Implementing development programmes for Māori/ Pacific staff so that 20% of these staff to in first, second or third tier positions have a development plan which may include advanced education, secondments to different roles and identified allocated mentors by June 2021. (EOA Māori, Pacific)	Q4	20% focused development programme for Māori and Pacific staff (1st, 2nd and 3rd tier positions)	We have health equity for Māori and other groups	Ensure everyone who is able to, is earning, learning, caring or volunteering
	Implement the new programme He Ngākau Ora which incorporates cultural competence training with 10% of staff having completed this by June 2021. (EOA Māori)	Q4	10% staff complete He Ngākau Ora	We have health equity for Māori and other groups	Ensure everyone who is able to, is earning, learning, caring or volunteering
	Implement new future workforce needs process with each service by May 2021 to ensure that a future workforce picture will be available. This picture will guide activities for 2021/2022 dependent on the outcomes.	Q4	New process implemented	We live longer in good health	Ensure everyone who is able to, is earning, learning, caring or volunteering

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
	Implement monitoring systems by July 2020 which measure percentage of interview team makeups and whether these include Māori and Pacific by directorate and department. By June 2021 100 % of interview panels comply with the recruitment policy in having a Māori representative on every panel and a pacific representative on appropriate role panels. (EOA Māori)	Q4	100% of interview panels include a Māori representative (in June 2021)	We have health equity for Māori and other groups	Ensure everyone who is able to, is earning, learning, caring or volunteering
	Develop recruitment approaches outside of traditional advertising forums which specifically target responses for Māori /Pacific applicants ensuring one per quarter is implemented with first milestone June 2021. (EOA Māori, Pacific)	Q4	# 1 non traditional advertisement for Māori and Pacific candidate completed each quarter	We have health equity for Māori and other groups	Ensure everyone who is able to, is earning, learning, caring or volunteering
	Develop a HBDHB Health Literacy Toolkit and make it available to all staff. This will assist Clinical and non-clinical staff to develop and build their health literacy skills.	Q4	Toolkit created and published	We live longer in good health	Ensure everyone who is able to, is earning, learning, caring or volunteering
Data and Digital	Single View of Information: Provide a consolidated, accurate, shared & comprehensive view of health, care, and community information. Initiatives to be delivered include: - Advanced Hospital Analytics solution (aka SystemView) that will provide clinicians with near real-time insights and configurable notifications into hospital operations. - Data Sharing Platform that will integrate data held in our systems to standardise data and make information easier to access, use and share. - Data Warehouse Modernisation. (EOA Māori, Pacific)	Q4	All 4 components of SystemView in use Fully supported Data Warehouse platform	We have health equity for Māori and other groups	Support healthier, safer and more connected communities

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
	Secure Infrastructure: Optimise our infrastructure to improve connectivity, be more reliable and resilient, and to ensure 'always on' access to our information. Initiatives to be delivered include: - MS365 Phase 2 migration (Office & Teams) - Cloud Backups and Disaster Recovery facility - Windows 10 Migration - Network Capacity and Modernisation - Security Improvements incl. Awareness, Routine Vulnerability Scanning, Event Management - External Fax Replacement. (EOA Māori, Pacific)	Q4	Significantly reduced system recovery times Supported systems Ability to respond quicker to capacity needs Significant reduction in use of fax	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Integrated Systems: Enable a team-based and federated model of care integrating processes and applications across our health system. Initiatives to be delivered include: - Regional Radiology Upgrade including electronic ordering. - Redesign of referral processes and enabling digital workflow and task management to improve the coordination of care across community, primary, and secondary care and improve HBDHB internal referral processes. (EOA Māori, Pacific)	Q4	Migration to Regional RIS completed Progress towards paperless handovers and triaging of referrals	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Accessibility: Enabling access to healthcare services and information at the right place and time, by providing people with access options that support different preferences and care situations. Initiatives to be delivered include: - Continue our mobility programme to improve workforce safety, workflow and access to clinical information at the point of care - Improve collaboration capabilities utilising MS365 (e.g. Teams, Document Sharing) - Improve remote access to clinical systems - Enhance telehealth capabilities introduced as part of our Covid-19 response. (EOA Māori, Pacific)	Q4	Improved availability of information at point of care Reduction in use of paper Reduction in Citrix use Telehealth solutions embedded in our models of care	We have health equity for Māori and other groups	Support healthier, safer and more connected communities

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
Implementing the New Zealand Health Research Strategy	Improve the research capacity and capability by supporting 2 FTE researchers to improve their research skills. This is subject to receiving funding from an application we have put forward to the Health Research Council. (EOA Māori)	Q1	SS17 SS12 Research career development grant proposal submitted to HRC	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Develop a Research Proposal for whānau voice to influence decisions made and ultimately improve outcomes for Māori, Pacific and Quintile 5 populations. (EOA Māori)	Q1	SS17 SS12 Research Grant Proposal Submitted to HRC for consideration of funding	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Develop a Research Strategy in Partnership with EIT and funded through Health Research Council Activation grant. (EOA Māori)	Q2	SS17 SS12 Research Strategy consistent with Hāpori ora/ whānau Ora	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	HBDHB will continue to engage with National analytics for the purposes of ongoing research and innovation.	Q4	Access National analytics	We live longer in good health	Support healthier, safer and more connected communities
Delivery of Regional Service Plan (RSP) priorities and relevant national service plans	Regional Workforce - Collaborate regionally to increase Māori and Pacific participation in the workforce. (EOA Māori, Pacific)	Q4	RSP activity completed	We live longer in good health	Ensure everyone who is able to, is earning, learning, caring or volunteering
	Hepatitis C - Support implementation of key priorities in the National Hepatitis C Action Plan (once the plan is published).	Q4	RSP activity completed	We live longer in good health	Support healthier, safer and more connected communities
	Data & Digital - Regional ICT Investment Portfolio - Support implementation of regional RIS.	Q4	RSP activity completed	We have improved quality of life	Support healthier, safer and more connected communities
	Cardiac - Continue implementation of priorities in the Cardiac Health System Plan in MidCentral and Hawke's Bay DHBs.	Q4	RSP activity completed	We live longer in good health	Ensure everyone who is able to, is earning, learning, caring or volunteering

2.3.7 Better population health outcomes supported by primary health care

FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
Primary health care integration	Review current booking and transport processes for Wairoa. (EOA Māori)	Q2	Review & recommendations	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Implement an Integrated Care team in Wairoa, pilot use of telehealth to support model. (EOA Māori)	Q2	Integrated Care Team operational	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Implement booking and transport process changes in Wairoa. (EOA Māori)	Q3	Service operational, performance evaluated	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Implement Health Pathways to support the patient journey through the health system. (EOA Māori, Pacific)	Q4	Number of pathways	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Complete the Hawke's Bay process and pathway for roll out of community nurse prescribing. The process and pathway will be prioritised to our Māori and Pacific community. (EOA Māori, Pacific)	Q4	Implementation completed Number of participants	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
Air Ambulance Centralised Tasking	To support the "Air ambulance services - 10 year modernisation programme", and the emerging focus on a "National co-ordination of non-clinical tasking (pre-hospital emergency and inter-hospital transfers)"; HBDHB will participate in the design and planning phase for activities that that contribute to a nationally coordinated, integrated Air Ambulance Service, subject to an agreement of resource requirements and amount of contribution required.	Q4	a) Joint agreement b) Participation provided	We have improved quality of life	Ensure everyone who is able to, is earning, learning, caring or volunteering

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
Pharmacy	Taking an evidenced based approach determine current immunisation rates for Asians over 65 years of age in Hawke's Bay. The data will be used as base-line influenza vaccination rate, on which we will base direct and specific communication to specific Asian groups in Hawke's Bay to promote influenza vaccination and availability through community pharmacy. (EOA Asian)	Q1	Analytical report produced	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Subject to business case approval, implement Clinical Pharmacist Facilitator service expansion first year milestones. (EOA Māori, Pacific)	Q4	First year milestones implemented	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Review the current usage of MR FRAT tool and identify actions to reduce falls, and implement using Community Pharmacists in the role of "Educators".	Q4	Identified actions implemented. # CP delivered educations	We have improved quality of life	Support healthier, safer and more connected communities
	Meet with two local Kaumātua groups to understand current barriers to influenza vaccinations and codesign with them solutions to these barriers to increase rate of Māori 65 years and older have 'flu vaccination at their community pharmacy. (EOA Māori)	Q4	List of barriers and co-designed solutions to these	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Implement use of UTI screening tool to reduce the over use of antibiotics, within ARRC settings using Community Pharmacy as Educators.	Q4	UTI screening tool implemented in ARRC	We live longer in good health	Support healthier, safer and more connected communities
	Following receipt of the Ministry of Health strategy, guidance and funding, implement MMR vaccination in community pharmacies. (EOA Māori, Pacific)	Q4	MMR vaccinated in community pharmacies implemented	We live longer in good health	Support healthier, safer and more connected communities
	COVID-19 response - HBDHB will support Community Pharmacies via the ICPSA (Integrated Community Pharmacy Services Agreement) through the provision of one off seed-funding for innovation and technology. The purpose of seed-funding will be to enhance Community Pharmacy service provision following Covid-19 learnings. (EOA Māori, Pacific)	Q4	ICPSA holders provided funding to utilise for technology investment	We live longer in good health	Support healthier, safer and more connected communities

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
	COVID-19 response - Following an updated/agreed ICPSA (Integrated Community Pharmacy Services Agreement) the HBDHB will work collaboratively with the local Community Pharmacy sector to progress initiatives agreed.	Q4	Implemented national decision/action once agreed	We live longer in good health	Support healthier, safer and more connected communities
	Community pharmacy / pharmacists will support HBDHB Pacific Health led initiatives to provide influenza vaccinations to Pacific 65 years and older, within the community pharmacy and settings that are suitable to the Pacific community e.g. Church. (EOA Pacific)	Q4	Increased immunisation rates of Pacific 65 years and old by community pharmacists	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Building on the successful Clinical Pharmacist Facilitator service delivering medicines optimisation programme; develop a co-designed model of care and business case that seeks to expand delivery of this service to high needs communities. (EOA Māori, Pacific)	Q4	Document a model of care for Clinical Pharmacist Facilitators	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
	Agree a framework between Pharmacy and Health of Older People which ensures future HOP and ARRC programmes include both services' input.	Q4	SS04 HOP and Pharmacy model documented	We have improved quality of life	Support healthier, safer and more connected communities
Long-term conditions including diabetes	Incorporate Heart Failure Rehabilitation into the Pulmonary Rehabilitation service. (EOA Māori, Pacific)	Q1	SS05 Number of heart failure patients through by ethnicity	We live longer in good health	Support healthier, safer and more connected communities
	Request clinicians to complete CVD risk assessment with all patients (independent of age) who present with symptoms of gout. (EOA Māori)	Q2	Number of CVD risk assessments completed outside screening age group	We live longer in good health	Support healthier, safer and more connected communities
	Map the cardiology service pathway. (EOA Māori, Pacific)	Q2	Document pathway	We live longer in good health	Support healthier, safer and more connected communities
	Establish a long term conditions consumer and clinician group. (EOA Māori, Pacific)	Q2	Establish group	We live longer in good health	Support healthier, safer and more connected communities
	Develop an integrated diabetes work plan, informed by consumer feedback and input, ensuring a focus on improving HBA1c results.	Q2	Plan developed Document pathway	We have improved quality of life	Support healthier, safer and more connected communities

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FOCUS AREA	ACTIVITY	MILESTONE	MEASURE	SYSTEM OUTCOME	GOVERNMENT PRIORITY OUTCOME
	Work with Health Hawke's Bay to improve cardiovascular screening by identifying further opportunities for screening and monitoring of follow up activity.	Q3	CVDRA volumes Process and contracting changes	We live longer in good health	Support healthier, safer and more connected communities
	Complete business case for RADONC / LINAC and Year 1 milestones. (EOA Māori, Pacific)	Q3	Business case approved	We live longer in good health	Support healthier, safer and more connected communities
	Develop a Strategic Operating Model for Long Term Conditions (encompassing Renal, Diabetes, Cardio, and Respiratory). (EOA Māori, Pacific)	Q4	Strategic operating model	We live longer in good health	Support healthier, safer and more connected communities
	Develop a joint action plan for Renal and Diabetes service, around the management of shared patients, beginning with identifying the cohort who sit outside renal service criteria where early intensive management has been proven to stop or slow progression of renal, vascular and cardiac complications. (EOA Māori)	Q4	Action plan	We live longer in good health	Support healthier, safer and more connected communities

2.4 Financial performance summary

Projected Statement of Comprehensive Revenue and Expense

Projected Statement of Revenue and Expense For the year ended 30 June *in thousands of New Zealand Dollars*	2019 Audited	2020 Forecast	2021 Projected	2022 Projected	2023 Projected	2024 Projected
Ministry of Health - devolved funding	545,844	580,996	617,845	654,901	691,003	724,164
Ministry of Health - non devolved contracts	15,013	14,496	14,614	15,519	16,428	17,124
Other District Health Boards	13,340	12,661	13,038	13,791	14,383	14,952
Other Government and Crown Agency sourced	5,760	5,564	5,719	5,962	6,322	6,588
Patient and consumer sourced	1,294	1,442	1,297	1,356	1,416	1,476
Other	5,969	4,519	3,380	3,720	4,007	4,176
Operating revenue	**587,220**	**619,677**	**655,893**	**695,249**	**733,559**	**768,480**
Employee benefit costs	242,970	249,875	261,373	272,397	293,537	306,960
Outsourced services	20,227	21,913	14,668	15,196	16,260	16,956
Clinical supplies	56,245	59,016	66,773	68,898	71,768	79,032
Infrastructure and non-clinical supplies	52,951	56,265	55,493	57,147	60,473	63,012
Payments to non-health board providers	243,251	262,697	272,056	281,611	289,021	300,020
Operating expenditure	**615,644**	**649,767**	**671,112**	**695,249**	**731,059**	**765,980**
Surplus/(Deficit) for the period	**(28,425)**	**(30,090)**	**(14,469)**	**-**	**2,500**	**2,500**
Revaluation of land and buildings	13,399	-	-	-	-	-
Other comprehensive revenue and expense	**13,399**	**-**	**-**	**-**	**-**	**-**
Total comprehensive revenue and expense	**(15,026)**	**(30,090)**	**(14,469)**	**-**	**2,500**	**2,500**

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*	2019 Actual	2020 Forecast	2021 Projected	2022 Projected	2023 Projected	2024 Projected
Prevention Services						
Revenue	8.9	8.5	9.6	9.9	10.2	10.6
Expenditure	8.0	9.7	9.6	9.9	10.2	10.6
	0.9	**(1.2)**	**-**	**-**	**-**	**-**
Early Detection and Management						
Revenue	135.4	139.0	148.5	153.3	159.1	165.8
Expenditure	133.5	157.3	148.5	153.3	159.1	165.8
	1.9	**(18.3)**	**-**	**-**	**-**	**-**
Early Detection and Management						
Revenue	311.5	397.3	406.7	438.0	467.4	491.4
Expenditure	312.4	398.7	421.2	438.0	464.9	488.9
	(0.9)	**(1.4)**	**(14.5)**	**-**	**2.5**	**2.5**
Rehabilitation and Support						
Revenue	79.0	74.9	91.1	94.0	96.7	100.5
Expenditure	77.3	84.1	91.1	94.0	96.7	100.5
	1.7	**(9.2)**	**-**	**-**	**-**	**-**
Net Result	**3.6**	**(30.1)**	**(14.5)**	**-**	**2.5**	**2.5**

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

Section 3: Service configuration

3.1 Service coverage

The Minister explicitly agrees to the level of service coverage for which the MoH 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 20/21 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
Whole of system recovery plan	Responding to emerging risks from COVID-19 including: • Health service provision • Inequity • Performance • Emerging vulnerable populations • Opportunities to embed learnings into BAU operations	Improved DHB performance, increased equity and population responsiveness.	Local

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Change	Description of change	Benefits of change	Change for local, regional or national reasons
CIMS COVID-19 Review	Review of the HBDHB Co-ordinated Incident Management System (CIMS) structure including: • Group feedback • Lessons learned • What worked / didn't work • What we would take forward into BAU Any services changes made in response to COVID-19 that would be of benefit to continue into 20/21 will be determined as part of this review and in conjunction with the whole of system recovery plan (above).	Improved efficiency and effectiveness of incident response management. Improved DHB performance, increased equity and population responsiveness.	Local
Mental Health	Review the CAFS service: workforce capacity, skill mix, and care pathways. and redesign	Make recommendations for service improvement.	Local
	Develop a revised crisis model and potential relocation, working with existing consumer advisory group (PAG), NGO collective, Primary Care sector. The model will include a collaborative team that includes social and mental health services. This service will connect to acute respite with the aim of working with our kaupapa Māori partners. The basis of the model will be in line with assertive outreach approaches.	The outcome of this service will be improved accessibility and connection of whaiora to appropriate services.	Local

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Change	Description of change	Benefits of change	Change for local, regional or national reasons
Community Pharmacy and Pharmacist services	Implement the National Integrated Community Pharmacy Services Agreement annual review changes.	More integration across the primary care team. Improved access to pharmacist services by consumers. Consumer empowerment. Safe supply of medicines to the consumer. Improved support for vulnerable populations. More use of pharmacists as a first point of contact within primary care. Increased geographical coverage Pharmacy services improving patient outcomes related to SLM	National
	Develop local services and continue assessment of Schedule 3B services for local review. • ARRC / LTC assessment • CPAMS – service enhancement • Community Pharmacy enhanced CHD service for Māori and Pacific – new service		Local
	Continue to implement the Community Based Pharmacy Services in Hawke's Bay Strategy 2016-2020 • MUR disease-specific service focus • Clinical Facilitator Service • Pharmacy contract policy implementation		Local
Surgical Expansion Project	Project to expand HBDHB surgical in-house capacity to better meet elective health targets and HB population surgical needs.	HBDHB able to better meet elective health targets, manage acute demand and population surgical needs in-house and within budget.	Local
Under 18s	Reconfigure zero fees for Under 18s to align with government intention to provide greater access to services through a Rangatahi led design process	Improved utilisation and access to Rangatahi led services.	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	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
Health and Social Care Localities	Health and Social Care Localities development supported within Wairoa, Napier and CHB	Achieving equity within our rural localities.	Local

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Change	Description of change	Benefits of change	Change for local, regional or national reasons
Laboratory	Community laboratory service reconfigure and enhancements	Enhancing provision and coordination of services Facilitate wise and effective use of laboratory tests by community based referrers	Local
Radiology	Community radiology including X-ray service review	Enhancing provision and coordination of services Services closer to home	Local / Regional
After-hours care	Streamlined after-hours service provision for Napier	Improved DHB performance, improved quality and safety for whānau and staff	Local
Workforce/FTE Changes	Included in the Annual Plan are the following changes to FTE: • 11 FTE to support delivery of projects and service improvement programme • 8 FTE related to service changes in Cardiology Services and Early Supported Discharge • 12.5 FTE to increase inpatient capacity in A2 ward We also estimate the following FTE impacts, which are not included in our Annual Plan as the planning activity has not been finalised: • 30 FTE to support delivery of the Planned Care production plan • 9 FTE related to CCDM FTE calculations	Improved, enhanced service delivery and patient outcomes Improved DHB performance	Local / Regional / National

Service integration

In line with our strategic documents and the national drive to shift services out of the specialised hospital setting and into the community, HBDHB is continually reviewing services and considering where these could be provided in the community and/or with better integration with primary care.

Procurement of health & disability services

HBDHB 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 4: 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.

Operational

- Exceptions Report on Annual Plan performance
- Quality Improvement and Patient Safety
- Te Ara Whakawaiora – reporting on key Māori health indicators
- Pasifika Health Dashboard
- Provider performance monitoring (including quality improvement and patient safety)
- Risk Management
- Monthly Strategic and High/Emerging Risk Report
- Occupational Health and Safety.

General

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

Funding and financial management

HBDHB, 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, HBDHB has faced increasing difficulty achieving financial sustainability. HBDHB has posted financial deficits in its Operating Result (result on normal operations, before extraordinary costs) for the last three financial years, as shown in the table below.

Financial year	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21 *Forecasted*
Surplus/ (Deficit)	$4.4m	$3.6m	($8.6m)	($12.8m) *	($32.3m) **	($14.5m)***

**The Operating Result for 2018/19 is before the provisioning for Holidays Act remediation of $13m, and full impairment of the Finance, Procurement and Information Management system (FPIM) of $2.6m.*

*** The Operating Result for 2019/20 excludes the net expenditure impact of COVID-19 pandemic response of $9.7m and estimate of annual increase in Holidays Act remediation liability of $1.3m.*

**** The planned Operating Result for 2020/21 excludes the net impact of COVID-19 pandemic response and estimate of annual increase in Holidays Act remediation liability.*

Hawke's Bay DHB is planning to deliver a $14.5 million deficit result for 2020/21. MoH revenue will be higher than inflation in 2020/21, largely as a result of the Population Based Funding Formula now reflecting population increases experienced in recent years. However, the ongoing deficit is being driven by the continued pressure on delivery, with contributing factors including:

- aged and old-fashioned facilities that create barriers to delivering services in an efficient and modern manner
- the impact of ongoing and sustained population growth on demand
- demographic factors including higher than national average population aged 65+ and socio- economic deprivation.

HBDHB expects to see an improvement to breakeven for 2021/22, and $2.5 million surpluses to fund capital projects in each of 2022/23 and 2023/24. Improvements 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. HBDHB 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.

HBDHB 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.

HBDHB has a number of aged facilities that significantly impact our ability to deliver quality services efficiently. We intend to commence enablement activities required to update our asset masterplan during 2020/21. This will support the development of a longer-term rolling programme of extensive refurbishment of HBDHB facilities.

In the interim, supported by additional capital funding from the MoH, we have some mid-sized strategic projects we expect to deliver in the coming years. These include:

- expansion of our Surgical Services with extensive reconfiguration and refurbishment of our theatre block and addition of an eighth operating theatre
- 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
- seismic strengthening of identified areas
- replacement of four dental vans to facilitate improvements in service delivery.

We are also working with Mid-Central DHB to provide the specialist facilities required to house a linear accelerator on our Hastings site and allow provision of radiation oncology services locally.

We also developed an Interim Asset Plan in 2019/20, which will allow us to maximise our existing assets over the short to medium term.

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 registers are maintained throughout HBDHB with high and emerging risks and trends regularly reviewed at operational, senior management and governance levels.

4.2 Building capability

Whānau Ora, Hāpori Ora 2019-2029 and the Clinical Services Plan provide the 10-year direction for the Hawke's Bay health sector and direct our planning and development over this period. There are a number of sub-plans used to support improvements in capability within our workforce, technology and communications, capital and infrastructure and with sector partners.

The national review of the health system, the mental health inquiry and our response to the COVID-19 pandemic will also inform our planning and delivery. Broadly we will focus on these areas of resilience and capability building:

- Educate and embed safety practices and thinking throughout the organisation to ensure staff's safety and wellbeing at work.
- Develop workforce plans to meet short, medium and longer term initiatives.
- Capital and infrastructure development focussing on facilities on-and-off the hospital campus.
- Develop digital competence and solutions to ensure productivity and capacity within the sector.
- Enable access to healthcare services and information at the right place and time, by providing options to support different preferences and care situations.
- Build a sustainable organisation-wide staff development plan to deliver current services, transitional capability and future-proof human resources.
- Initiatives to develop staff so they demonstrate cultural confidence.
- Build a diverse workforce to meet community needs and achieve the equity goals for the region.
- Collaborate with a range of stakeholders across the community, including other agencies.
- Health Capital Envelope (HCE) investment in urgent seismic strengthening, radiology redevelopment, surgical expansion and LINAC projects.
- Health Infrastructure Package investment (HIP) in four replacement mobile dental clinics.

4.3 Workforce

HBDHB continues to implement its five-year People Plan and safety and wellbeing strategy. These are reviewed annually to meet the changing needs of our staff and our community. When combined, this updated plan will include a stronger focus on the safety and wellbeing of our staff, 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 our focus on the future, our initiatives will challenge past thinking and norms to fully make the most of our resources.

Improving meaningful workforce participation is a key priority within all areas of health care and delivery. Continuing our work in growing the Māori and Pasifika workforce is a key focus as we believe this will help address the disparity of health gains.

4.4 Information technology

HBDHB will continue implementing smarter 'ways of doing things' 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 across our health system.

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.

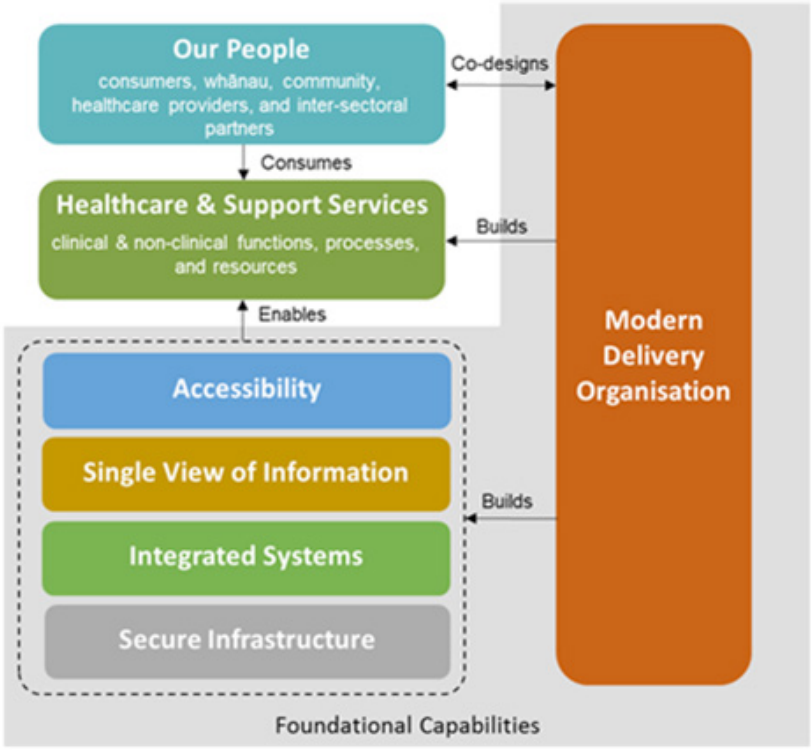

Figure 3: Digital Enablement, Modern Delivery Organisation approach

Section 5: Performance measures

5.1 2020/21 performance measures

The health and disability system has been asked to focus on the following priorities:

- Improving child wellbeing
- Improving mental wellbeing
- Improving wellbeing through prevention.
- Better population health outcomes supported by strong and equitable public health and disability system
- Better population health outcomes supported by primary health care.

The DHB monitoring framework and accountability measures have been updated for 2020/21 to provide 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.

Performance measure		Expectation		
CW01	Children caries free at 5 years of age	Year 1	62%	
		Year 2	62%	
CW02	Oral health: Mean DMFT score at school year 8	Year 1	<0.67	
		Year 2	<0.67	
CW03	Improving the number of children enrolled and accessing the Community Oral health service	Children (0-4) enrolled (≥ 95 percent of pre-school children (aged 0-4 years of age) will be enrolled in the COHS)	Year 1	≥95%
			Year 2	≥95%
		Children (0-12) not examined according to planned recall (≤ 10 percent of pre-school and primary school children enrolled with the COHS will be overdue for their scheduled examinations with the COHS.)	Year 1	≤10%
			Year 2	≤10%
CW04	Utilisation of DHB funded dental services by adolescents from School Year 9 up to and including 17 years	Year 1	≥85%	
		Year 2	≥85%	
CW05	Immunisation coverage at eight months of age and 5 years of age, immunisation coverage for human papilloma virus (HPV) and influenza immunisation at age 65 years and over	95% of eight-month-olds olds fully immunised.		
		95% of five-year-olds have completed all age-appropriate immunisations due between birth and five year of age.		
		75% of girls and boys fully immunised – HPV vaccine.		
		75% of 65+ year olds immunised – flu vaccine.		
CW06	Child Health (Breastfeeding)	70% of infants are exclusively or fully breastfed at three months.		
CW07	Newborn enrolment with General Practice	The DHB has reached the "Total population" target for children enrolled with a general practice by 6 weeks of age (55%) and by 3 months of age (85%) and has delivered all the actions and milestones identified for the period in its annual plan and has achieved significant progress for the Māori population group, and (where relevant) the Pacific population group, for both targets.		
CW08	Increased immunisation at two years	95% of two-year-olds have completed all age-appropriate immunisations due between birth and age two years,		
CW09	Better help for smokers to quit (maternity)	90 percent of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking.		
CW10	Raising healthy kids	95% of obese children identified in the Before School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and family-based nutrition, activity and lifestyle interventions.		
CW12	Youth mental health initiatives	Initiative 1: Report on implementation of school-based health services (SBHS) in decile one to four (and decile five after January 2020) secondary schools, teen parent units and alternative education facilities and actions undertaken to implement Youth Health Care in Secondary Schools: A framework for continuous quality improvement in each school (or group of schools) with SBHS.		

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Performance measure		Expectation	
		Initiative 3: Youth Primary Mental Health.	
		Initiative 5: Improve the responsiveness of primary care to youth. Report on actions to ensure high performance of the youth service level alliance team (SLAT) (or equivalent) and actions of the SLAT to improve health of the DHB's youth population.	
MH01	Improving the health status of people with severe mental illness through improved access	Age (0-19) Maori, other & total	≥4.3%
		Age (20-64) Maori, other & total	≥5.4%
		Age (65+) Maori, other &total	≥1.15%
MH02	Improving mental health services using wellness and transition (discharge) planning	95% of clients discharged will have a quality transition or wellness plan.	
		95% of audited files meet accepted good practice.	
MH03	Shorter waits for non-urgent mental health and addiction services	Mental health provider arm	80% of people seen within 3 weeks.
			95% of people seen within 8 weeks.
		Addictions (Provider Arm and NGO)	80% of people seen within 3 weeks.
			95% of people seen within 8 weeks.
MH04	Rising to the Challenge: The Mental Health and Addiction Service Development Plan		
		Provide reports as specified	
MH05	Reduce the rate of Māori under the Mental Health Act: section 29 community treatment orders	Reduce the rate of Māori under the Mental Health Act (s29) by at least 10% by the end of the reporting year.	
MH06	Output delivery against plan	Volume delivery for specialist Mental Health and Addiction services is within 5% variance (+/-) of planned volumes for services measured by FTE; 5% variance (+/-) of a clinically safe occupancy rate of 85% for inpatient services measured by available bed day; actual expenditure on the delivery of programmes or places is within 5% (+/-) of the year-to-date plan.	
MH07	Improving the health status of people with severe mental illness through improved acute inpatient post discharge community care	(expectation to be confirmed)	
(tbc)			

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Performance measure		Expectation		
PV01	Improving breast screening coverage and rescreening	70% coverage for all ethnic groups and overall.		
PV02	Improving cervical Screening coverage	80% coverage for all ethnic groups and overall.		
SS01	Faster cancer treatment – 31 day indicator	85% of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat.		
SS02	Ensuring delivery of Regional Service Plans	Provide reports as specified		
SS03	Ensuring delivery of Service Coverage	Provide reports as specified		
SS04	Delivery of actions to improve Wrap Around Services for Older People	Provide reports as specified		
SS05	Ambulatory sensitive hospitalisations (ASH adult)	≤3510 per 100,000		
SS06	Better help for smokers to quit in public hospitals (previous health target)	95% of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking.		Only applies to specified DHBs
SS07	Planned Care Measures	Planned Care Measure 1: Planned Care Interventions		TBC
		Planned Care Measure 2: Elective Service Patient Flow Indicators	ESPI 1	100% (all) services report Yes (that more than 90% of referrals within the service are processed in 15 calendar days or less)
			ESPI 2	0% – no patients are waiting over four months for FSA
			ESPI 3	0% - zero patients in Active Review with a priority score above the actual Treatment Threshold (aTT)
			ESPI 5	0% - zero patients are waiting over 120 days for treatment
			ESPI 8	100% - all patients were prioritised using an approved national or nationally recognised prioritisation tool
		Planned Care Measure 3:	Coronary Angiography	95% of patients with accepted referrals for elective coronary angiography will receive their procedure within 3 months (90 days)
		Diagnostics waiting times	Computed Tomography (CT)	95% of patients with accepted referrals for CT scans will receive their scan, and the scan results are reported, within 6 weeks (42 days).

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Performance measure		Expectation		
			Magnetic Resonance Imaging (MRI)	90% of patients with accepted referrals for MRI scans will receive their scan, and the scan results are reported, within 6 weeks (42 days).
		Planned Care Measure 4: Ophthalmology Follow-up Waiting Times	No patient will wait more than or equal to 50% longer than the intended time for their appointment. The 'intended time for their appointment' is the recommendation made by the responsible clinician of the timeframe in which the patient should next be reviewed by the ophthalmology service.	
		Planned Care Measure 5: Cardiac Urgency Waiting Times	N/A	
		Planned Care Measure 6: Acute Readmissions	The proportion of patients who were acutely re-admitted post discharge improves from base levels.	Target: ≤11.8%
		Planned Care Measure 7: Did Not Attend Rates (DNA) for First Specialist Assessment (FSA) by Ethnicity (Developmental)	Note: There will not be a Target Rate identified for this measure. It will be developmental for establishing baseline rates in the 2020/21 year.	
SS08	Planned care three year plan	Provide reports as specified		
SS09	Improving the quality of identity data within the National Health Index (NHI) and data submitted to National Collections	Focus Area 1: Improving the quality of data within the NHI	New NHI registration in error (causing duplication)	>1% and < = 3%
			Recording of non-specific ethnicity in new NHI registration	>0.5% and < or equal to 2%
			Update of specific ethnicity value in existing NHI record with a non-specific value	>0.5% and < or equal to 2%
			Validated addresses excluding overseas,	>76% and < or equal to 85%

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Performance measure		Expectation		
			unknown and dot (.) in line 1	
			Invalid NHI data updates	Still to be confirmed
		Focus Area 2: Improving the quality of data submitted to National Collections	NPF collection has accurate dates and links to NNPAC and NMDS for FSA and planned inpatient procedures.	Greater than or equal to 90% and less than95 %
			National Collections completeness	Greater than or equal to 94.5% and less than 97.5 %
			Assessment of data reported to the NMDS	Greater than or equal to 75%
		Focus Area 3: Improving the quality of the Programme for the Integration of Mental Health data (PRIMHD)		Provide reports as specified
SS10	Shorter stays in Emergency Departments	95% of patients will be admitted, discharged or transferred from an emergency department (ED) within six hours.		
SS11	Faster Cancer Treatment (62 days)	90% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks.		
SS12	Engagement and obligations as a Treaty partner	Reports provided and obligations met as specified		
SS13	Improved management for long term conditions (CVD, Acute heart health, Diabetes, and Stroke)	Focus Area 1: Long term conditions	Report on actions, milestones and measures to:	
			Support people with LTC to self-manage and build health literacy.	
		Focus Area 2: Diabetes services	Report on the progress made in self-assessing diabetes services against the Quality Standards for Diabetes Care.	
			Count of enrolled people aged 15-74 in the PHO who have completed a DAR in the previous 12 months.	

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Performance measure		Expectation	
			Ascertainment: target 95-105% and no inequity
			HbA1c<64mmols: target 60% and no inequity
			No HbA1c result: target 7-8% and no inequity
		Focus Area 3: Cardiovascular health	Provide reports as specified
		Focus Area 4: Acute heart service	Indicator 1: Door to cath - Door to cath within 3 days for >70% of ACS patients undergoing coronary angiogram.
			Indicator 2a: Registry completion- >95% of patients presenting with Acute Coronary Syndrome who undergo coronary angiography have completion of ANZACS QI ACS and Cath/PCI registry data collection within 30 days of discharge and
			Indicator 2b: ≥ 99% within 3 months.
			Indicator 3: ACS LVEF assessment- ≥85% of ACS patients who undergo coronary angiogram have pre-discharge assessment of LVEF (i.e. have had an echocardiogram or LVgram).
			Indicator 4: Composite Post ACS Secondary Prevention Medication Indicator in the absence of a documented contraindication/intolerance ≥85% of ACS patients who undergo coronary angiogram should be prescribed, at discharge
			- Aspirin*, a 2nd anti-platelet agent*, and an statin (3 classes)
			- ACEI/ARB if any of the following – LVEF ,50%, DM, HT, in-hospital HF (Killip Class II to IV) (4 classes),
			- Beta-blocker if LVEF<40% (5-classes).
			* An anticoagulant can be substituted for one (but not both) of the two anti-platelet agents.
			Indicator 5: Device registry completion
			≥ 99% of patients who have pacemaker or implantable cardiac defibrillator implantation/replacement have completion of ANZACS-QI Device PPM forms completed within 2 months of the procedure.
			Indicator 6: Device registry completion- ≥ 99% of patients who have pacemaker or implantable cardiac defibrillator implantation/replacement have completion of ANZACS QI Device PPM (Indicator 5A) and ICD (Indicator 5B) forms within 2 months of the procedure.

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Performance measure		Expectation	
		Focus Area 5: Stroke services Provide confirmation report according to the template provided	Indicator 1 ASU:
			80% 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
			Indicator 2 Reperfusion Thrombolysis /Stroke Clot Retrieval:
			12% of patients with ischaemic stroke thrombolysed and/or treated with clot retrieval and counted by DHB of domicile, (Service provision 24/7)
			Indicator 3: In-patient rehabilitation:
			80% patients admitted with acute stroke are transferred to in-patient rehabilitation services are transferred within 7 days of acute admission
			Indicator 4: Community rehabilitation:
			60% of patients referred for community rehabilitation are seen face to face by a member of the community rehabilitation team within 7 calendar days of hospital discharge.
SS15	Improving waiting times for Colonoscopy	90% of people accepted for an urgent diagnostic colonoscopy receive (or are waiting for) their procedure 14 calendar days or less 100% within 30 days or less.	
		70% of people accepted for a non-urgent diagnostic colonoscopy will receive (or are waiting for) their procedure in 42 calendar days or less, 100% within 90 days or less.	
		70% of people waiting for a surveillance colonoscopy receive (or are waiting for) their procedure in 84 calendar days or less of the planned date, 100% within 120 days or less.	
		95% of people who returned a positive FIT have a first offered diagnostic date that is within 45 working days or less of their FIT result being recorded in the NBSP IT system.	
SS17	Delivery of Whānau ora	Appropriate progress identified in all areas of the measure deliverable.	
SS18	Financial outyear planning & savings plan	Provide reports as specified	
SS19	Workforce outyear planning	Provide reports as specified	
PH01	Delivery of actions to improve SLMs	Provide reports as specified	
PH02	Improving the quality of ethnicity data collection in PHO and NHI registers	All PHOs in the region have implemented, trained staff and audited the quality of ethnicity data using EDAT within the past three-year period and the current results from Stage 3 EDAT show a level of match in ethnicity data of greater than 90 percent.	
PH03	Access to Care (PHO Enrolments)	The DHB has an enrolled Māori population of 95 percent or above	
PH04	Primary health care: Better help for smokers to quit (primary care)	90% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months	
Annual plan actions – status update reports		Provide reports as specified	

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.

2020/21 **Statement of Performance Expectations**

Hawke's Bay District Health Board

Appendix 1:
Statement of performance expectations including financial performance

This section includes information about the measures and standards against which Hawke's Bay District Health Board's (HBDHB) service performance will be assessed. 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 past performance (baseline data) and the performance target to give the context of what we are trying to achieve and to enable better evaluation of our performance.

Service Performance

Explaining the contribution that our services make towards achieving the population and system level outcomes and impacts outlined in our SoI, requires consideration of service performance. For each output class, we will assess performance in terms of the New Zealand Triple Aim. Maintaining a balance of focus across the Triple Aim is at the core of the Health Quality and Safety Commission's drive for quality improvement across the health sector.

The system dimension: Best value for public health system resources

For each output class we show expected funding and expenditure to demonstrate how output class performance will contribute to the outcome of a financially sustainable system.

The population dimension: Improved health and equity for all populations

Services may target the whole population or specified sub-populations. In either case we select measures that apply to the relevant group. These measures usually refer to rates of coverage or proportions of targeted populations who are served and are indicative or responsive to need.

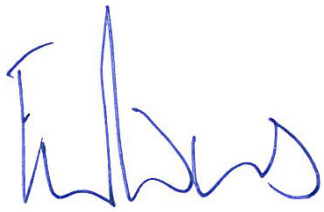
The individual dimension: Improved quality, safety and experience of care

Ensuring quality and safety, within hospitals and wider health services, is a fundamental responsibility of DHBs'. Measurements in this dimension indicate how well the system responds to expected standards and contributes to patient and consumer satisfaction.

Note: all targets are an annual target or, where monitored quarterly, show the expected performance by the end of quarter four. Targets are set at the total population level and monitored, where appropriate, across different population groups to gauge the equity of results. A detailed technical description of each indicator is available in a data dictionary maintained by our information services.

The HBDHB SPE for the 2020/21 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, as 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.

Prevention Services						
For the year ended 30 June	2019	2020	2021	2022	2023	2024
in millions of New Zealand Dollars	Actual	Forecast	Projected	Projected	Projected	Projected
Ministry of Health	8.7	8.3	9.5	9.8	10.1	10.5
Other sources	0.2	0.2	0.1	0.1	0.1	0.1
Income by Source	**8.9**	**8.5**	**9.6**	**9.9**	**10.2**	**10.6**
Less:						
Personnel	1.6	2.1	2.2	2.3	2.5	2.6
Clinical supplies	0.1	0.1	0.1	0.1	0.1	0.1
Infrastructure and non-clinical supplies	0.4	0.4	0.4	0.4	0.4	0.4
Payments to other providers	5.9	7.1	6.9	7.1	7.2	7.5
Expenditure by type	**8.0**	**9.7**	**9.6**	**9.9**	**10.2**	**10.6**
Net Result	**0.9**	**(1.2)**	**0.0**	**0.0**	**0.0**	**0.0**

Detailed plans for the new investment and efficiency programmes have yet to be defined and the impact of the programmes on financial performance have been recognised in the provider arm across personnel, clinical supplies, and infrastructure and non-clinical supplies. When the plans are determined the efficiencies will be reclassified and could affect any line in any output class.

Table 3: Funding and Expenditure for Output Class 1 – Prevention Services

SPE Measures for Output Class 1

			Baseline					
Short Term Outcome	**Indicator**	**MoH Measure**	**Period**	**Māori**	**Pasifika**	**Other**	**Total**	**2020/21 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	Jan 19 - Dec 19	83.30%	No Data	No Data	82.20%	≥90%
	% 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 Dec 19	68%	65%	74%	69%	≥90%
	% of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking	SS06	Jan 19 - Dec 19	97%	98%	97%	97%	≥95%
Improve breast screening rates	% of women aged 50-69 years receiving breast screening in the last 2 years	PV01	2y to Dec 19	73%	70%	67%	76%	≥70%
Improve cervical screening coverage	% of women aged 25-69 years who have had a cervical screening event in the past 36 months	PV02	3y to Dec 19	75%	76%	76%	75%	≥80%
Increase immunisation	% of eight-month-olds olds fully immunised.	CW05	Apr 19 - Mar 20	91%	95%	84%	92%	≥95%
	% of five-year-olds have completed all age-appropriate immunisations due between birth and five year of age.	CW05	Apr 19 - Mar 20	89.40%	94.90%	82.50%	91.00%	≥95%
	% of girls and boys fully immunised - HPV vaccine	CW05	Jul 18 - Jun19	85.60%	75.00%	65.00%	73.80%	≥75%
	% of 65+ year olds immunised - flu vaccine	CW05	Mar 19 - 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	Jan 19 - Dec 19	93.2%	98.0%	93.9%	93.9%	≥95%
Reduced incidence of first episode of rheumatic fever	Acute rheumatic fever initial hospitalisation rate per 100,000		Jul 18 - Jun 19	No Data	No Data	No Data	2.3	≤1.5 per 100,000

Table 4: SPE measures for Output Class 1 – Prevention Services

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. The Output

Class 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.

Early Detection and Management						
For the year ended 30 June *in millions of New Zealand Dollars*	2019 Actual	2020 Forecast	2021 Projected	2022 Projected	2023 Projected	2024 Projected
Ministry of Health	129.9	134.2	144.3	148.4	154.0	160.5
Other District Health Boards (IDF)	2.1	2.1	2.2	3.4	3.5	3.6
Other sources	3.4	2.7	2.0	1.5	1.6	1.7
Income by Source	**135.4**	**139.0**	**148.5**	**153.3**	**159.1**	**165.8**
Less:						
Personnel	26.9	34.3	35.9	37.4	40.3	42.2
Outsourced services	5.3	6.3	4.3	4.4	4.7	4.9
Clinical supplies	3.0	3.7	4.2	4.3	4.5	5.0
Infrastructure and non-clinical supplies	8.1	3.7	3.6	3.7	3.9	4.1
Payments to other District Health Boards	2.6	2.9	3.1	3.3	3.4	3.5
Payments to other providers	87.6	106.4	97.4	100.2	102.3	106.1
Expenditure by type	**133.5**	**157.3**	**148.5**	**153.3**	**159.1**	**165.8**
Net Result	**1.9**	**(18.3)**	**0.0**	**0.0**	**0.0**	**0.0**

Detailed plans for the new investment and efficiency programmes have yet to be defined and the impact of the programmes on financial performance have been recognised in the provider arm across personnel, clinical supplies, and infrastructure and non-clinical supplies. When the plans are determined the efficiencies will be reclassified and could affect any line in any output class.

Table 5: Funding and Expenditure for Output Class 2 – Early Detection and Management Service

SPE Measures for Output Class 2

			Baseline					
Short Term Outcome	Indicator	MoH Measure	Period	Māori	Pasifika	Other	Total	2020/21 Target
Better oral health	% of preschool children (aged 0-4 years of age) enrolled in and accessing community oral health services (Yr1)	CW03	Jan 19 - Dec 19	75.9%	83.1%	106.8%	91.2%	≥95%
	% of children (aged 0-12 years of age) overdue for their scheduled examinations with Community Oral health service (Yr1)	CW03	Jan 19 - Dec 19	15.20%	21.50%	12.00%	13.70%	≤10%
	% utilisation of DHB funded dental services by adolescents for school Year 9 up to and including 17 years (Yr1)	CW04	Jan 18 - Dec 18	No Data	No Data	No Data	62.4%	≥85%
Improved access primary care	% of Māori population enrolled in the PHO	PH03	Jan 20	99%	n/a	n/a	n/a	≥95% Māori
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		5y to Dec 19	78.00%	76.10%	84.30%	82.20%	≥90%
	% of people with diabetes who have good or acceptable glycaemic control (HbA1c<64mmols)	SS13	Jan 19 - Dec 19	30.4%	26.6%	42.6%	37.3%	≥60% No Inequity
Improving new-born enrolment in General Practice	% of new-borns enrolled in general practice by 6 weeks of age	CW07	Jan 19 - Dec 19	56%	81%	79%	70%	≥55%
	% of new-borns enrolled in general practice by 3 months of age	CW07	Jan 19 - Dec 19	75.70%	87.50%	102.10%	91.70%	≥85%
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	Jan 19 - Dec 19	99.4%	100.0%	99.2%	99.4%	≥95%
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	Jan 19 - Dec 19	No Data	No Data	No Data	85.6%	≥95%
	% of patients with accepted referrals for MRI scans who receive their scan, and the scan results are reported, within 6 weeks (42 days).	SS07	Jan 19 - Dec 19	No Data	No Data	No Data	85.0%	≥90%

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			Baseline					
Short Term Outcome	Indicator	MoH Measure	Period	Māori	Pasifika	Other	Total	2020/21 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		Oct 19 - Dec 19	53%	n/a	n/a	n/a	80% Māori
Reduce ASH 45-64	Ambulatory sensitive hospitalisations (ASH) rate per 100,000 45-64 years	SS05	Jan 19 - Dec 19	8044	8372	3510	4564	≤3510
Reduce the difference between Māori and other rate for ASH Zero-Four - SLM	Ambulatory Sensitive Hospitalisation (ASH) rate per 100,000 zero - 4 years	PH01	Jan 19 - Dec 19	8637	n/a	n/a	n/a	≤8205 Māori

Table 6: SPE measures for Output Class 2 – Early Detection and Management Services

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 health care 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 HBDHB 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.

Intensive Assessment and Treatment						
For the year ended 30 June *in millions of New Zealand Dollars*	2019 Actual	2020 Forecast	2021 Projected	2022 Projected	2023 Projected	2024 Projected
Ministry of Health	294.4	380.6	390.1	422.0	450.4	473.8
Other District Health Boards (IDF)	4.2	4.3	4.4	6.7	7.0	7.3
Other sources	12.9	12.4	12.2	9.3	10.0	10.3
Income by Source	**311.5**	**397.3**	**406.7**	**438.0**	**467.4**	**491.4**
Less:						
Personnel	160.3	204.5	213.8	222.8	240.1	251.1
Outsourced services	12.9	15.5	10.4	10.8	11.6	12.1
Clinical supplies	44.1	54.2	61.4	63.4	66.1	72.7
Infrastructure and non-clinical supplies	35.6	50.2	49.6	51.0	54.0	56.2
Payments to other District Health Boards	47.6	52.6	56.4	59.6	62.1	64.6
Payments to other providers	11.9	21.7	29.6	30.4	31.0	32.2
Expenditure by type	**312.4**	**398.7**	**421.2**	**438.0**	**464.9**	**488.9**
Net Result	**(0.9)**	**(1.4)**	**(14.5)**	**0.0**	**2.5**	**2.5**

Detailed plans for the new investment and efficiency programmes have yet to be defined and the impact of the programmes on financial performance have been recognised in the provider arm across personnel, clinical supplies, and infrastructure and non-clinical supplies. When the plans are determined the efficiencies will be reclassified and could affect any line in any output class.

Table 7: Funding and Expenditure for Output Class 3 – Intensive Assessment and Treatment Service

SPE Measures for Output Class 3

			Baseline					
Short Term Outcome	Indicator	MoH Measure	Period	Māori	Pasifika	Other	Total	2020/21 Target
Better access to MH&A services	Proportion of the population seen by Mental Health and Addiction (MH&A) services Adult (20-64)	MH01	Oct 18 - Sep 19	11.00%	3.40%	3.90%	5.60%	≥5.4%
	Proportion of the population seen by MH&A services Older adult (65+)	MH01	Oct 18 - Sep 19	1.4%	1.4%	1.0%	1.0%	≥1.15%
	Proportion of the population seen by MH&A services Child & youth (zero -19)	MH01	Oct 18 - Sep 19	4.10%	1.90%	3.50%	3.70%	≥4.3%
Equitable access to care for stroke patients	% of patients with ischaemic stroke thrombolysed and/ or treated with clot retrieval (Service provision 24/7)	SS13	Jan 19 - Dec 19	7%	N/A	N/A	10%	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	Jan 19 - Dec 19	78.6%	88.9%	74.4%	75.5%	80%
	% of patients admitted with acute stroke are transferred to in-patient rehabilitation services are transferred within 7 days of acute admission	SS13	Jan 19 - Dec 19	88.9%	No Data	No Data	69.6%	≥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.	SS13	Jul 19 - Sep 19	No Data	No Data	No Data	69%	≥60%
Faster cancer treatment (FCT)	% of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat.	SS01	6m to Dec 19	92.31%	100.00%	84.85%	86.32%	≥85%
	% 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	6m to Dec 19	91.67%	100.00%	85.96%	87.32%	≥90%
Fewer missed outpatient appointments	Did not attend (DNA) rate across first specialist assessments		Jan 19 - Dec 19	11.1%	12.9%	3.7%	5.8%	≥6%

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			Baseline					
Short Term Outcome	Indicator	MoH Measure	Period	Māori	Pasifika	Other	Total	2020/21 Target
Improving mental health services using discharge planning	Community services transition (discharge) plans: % of clients discharged from community MH&A will have a transition (discharge) plan		Oct 18 - Sep 19	N/A	N/A	N/A	77.90%	≥95%
	% of clients discharged from adult inpatient MH&A services have a transition (discharge) plan		Oct 18 - Sep 19	No Data	No Data	No Data	72.50%	≥95%
	% of clients discharged will have a quality transition or wellness plan	MH02	Oct 18 - Sep 19	No Data	No Data	No Data	99.4%	≥95%
Increasing consumer focus 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	MH05	Jan 19 - Jun 19	439	n/a	n/a	n/a	≤395 Māori
Less waiting for ED treatment	% of patients admitted, discharged or transferred from an emergency department (ED) within six hours.	SS10	Jan 19 - Dec 19	84.5%	86.9%	79.2%	81.4%	≥95%
More appropriate elective surgery	Number of planned care procedure discharges for people living within the HBDHB region.	SS07	Jul 18 - Jun 19	N/A	N/A	N/A	6907	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	Jan 19 - Dec 19	66.1%	50.0%	60.8%	59.2%	≥70%
	% of ACS patients who undergo coronary angiogram have pre-discharge assessments of LVEF	SS13	Jan 19 - Dec 19	74.6%	83.3%	70.4%	71.8%	≥85%
	% 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)	SS13	Jan 19 - Dec 19	69.0%	100.0%	59.3%	61.0%	≥85%
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	Jan 19 - Dec 19	N/A	N/A	N/A	73.70%	100%
	% of patients waiting over four months for FSA (ESPI 2)	SS07	Dec 19	28%	27%	27%	28%	0%
	% of patients waiting over 120 days for treatment (ESPI 5)	SS07	Dec 19	19.6%	23.4%	20.2%	21.8%	0%
	% of Ophthalmology patients that wait more than or equal to 50% longer than the intended time for their appointment.	SS07	43983	38.7%	37.4%	30.1%	29.9%	0%

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			Baseline					
Short Term Outcome	Indicator	MoH Measure	Period	Māori	Pasifika	Other	Total	2020/21 Target
	Acute readmissions to hospital	SS07	Oct 18 - Sep 19	12.10%	11.40%	11.80%	11.90%	≤11.8%
Quicker access to diagnostics	% of patients with accepted referrals for elective coronary angiography receive their procedure within 3 months (90 days)	SS07	Jan 19 - Dec 19	No Data	No Data	No Data	94.8%	≥95%
	% of people accepted for an urgent diagnostic colonoscopy will receive their procedure within 2 weeks (14 calendar days, inclusive),	SS15	Jan 19 - Dec 19	85.1%	93.1%	93.4%	92.0%	≥90%
	% of people accepted for a non-urgent diagnostic colonoscopy will receive their procedure within 6 weeks (42 calendar days)	SS15	Jan 19 - Dec 19	45.6%	55.7%	50.8%	50.1%	≥70%
	% of people waiting for a surveillance colonoscopy will wait no longer than 12 weeks (84 days) beyond the planned date	SS15	Jan 19 - Dec 19	51.4%	58.8%	50.7%	50.8%	≥70%
	% 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	Jan 20	98%	100%	No Data	97%	≥95%
Reducing waiting times Shorter waits for non-urgent mental health and addiction services for zero-19 year olds	% of zero-19 year olds seen within 3 weeks of referral Mental health provider arm	MH03	Jan 19 - Dec 19	77.7%	68.2%	73.5%	75.2%	≥80%
	% of zero-19 year olds seen within 3 weeks of referral Addictions (provider arm and non-government organisation (NGO))	MH03	Jan 19 - Dec 19	78.9%	100.0%	85.2%	83.0%	≥80%
	% of zero-19 year olds seen within 8 weeks of referral Mental health provider arm	MH03	Jan 19 - Dec 19	92.1%	100.0%	93.8%	93.3%	≥95%
	% of zero-19 year olds seen within 8 weeks of referral Addictions (provider arm and NGO)	MH03	Jan 19 - Dec 19	94.7%	100.0%	100.0%	97.9%	≥95%

Table 8: SPE measures for Output Class 3 – Intensive Assessment and Treatment Services

Output Class 4: Rehabilitation and Support Services

This output class includes: needs assessment and service co-ordination, 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. Other services are provided by our provider arm, general practice and a number of community- based 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.

Rehabilitation and Support						
For the year ended 30 June	2019	2020	2021	2022	2023	2024
in millions of New Zealand Dollars	Actual	Forecast	Projected	Projected	Projected	Projected
Ministry of Health	76.5	72.4	88.6	90.2	92.7	96.3
Other District Health Boards (IDF)	2.3	2.3	2.4	3.7	3.9	4.1
Other sources	0.2	0.2	0.1	0.1	0.1	0.1
Income by Source	**79.0**	**74.9**	**91.1**	**94.0**	**96.7**	**100.5**
Less:						
Personnel	7.1	9.0	9.5	9.9	10.7	11.2
Clinical supplies	0.8	1.0	1.1	1.1	1.1	1.2
Infrastructure and non-clinical supplies	1.9	2.0	1.9	2.0	2.1	2.2
Payments to other District Health Boards	3.9	4.4	4.8	5.1	5.3	5.5
Payments to other providers	63.6	67.7	73.8	75.9	77.5	80.4
Expenditure by type	**77.3**	**84.1**	**91.1**	**94.0**	**96.7**	**100.5**
Net Result	**1.7**	**(9.2)**	**0.0**	**0.0**	**0.0**	**0.0**

Detailed plans for the new investment and efficiency programmes have yet to be defined and the impact of the programmes on financial performance have been recognised in the provider arm across personnel, clinical supplies, and infrastructure and non-clinical supplies. When the plans are determined the efficiencies will be reclassified and could affect any line in any output class.

Table 9: Funding and Expenditure for Output Class 4 – Rehabilitation and Support Service

SPE Measures for Output Class 4

			Baseline					
Short Term Outcome	Indicator	MoH Measure	Period	Māori	Pasifika	Other	Total	2020/21 Target
Better community support for older people	Acute readmission rate: 75 years +		Oct 18 - Sep 19	11.6%	9.7%	12.4%	12.3%	≤12%
	Acute bed days per 1000 population (in the last 12 months) 65 years + (Māori and Pacific) and 75 years + (Other)			No Data	No Data	No Data	2002 acute bed days per 1,000 population	≤ 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).		19/20	No Data	No Data	No Data	1795	≥1795
	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.		18/19	No Data	No Data	No Data	33 per 1,000	≤ 35 per 1,000
More older patients receive falls risk assessment and care plan	% of older patients given a falls risk assessment		Jan 19 - Dec 19	No Data	No Data	No Data	91%	≥90%
	% of older patients assessed as at risk of falling receive an individualised care plan		Jan 19 - Dec 19	No Data	No Data	No Data	94%	≥90%

Table 10: SPE measures for Output Class 3 – Rehabilitation and Support Service

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 the DHB. Summary financial performance statements for funding services, providing services, and governance and funding administration are also included in this section.

Performance against the 2020/21 financial year projections will be reported in the 2020/21 Annual Report.

Projected financial statements

Introduction

Hawke's Bay DHB is planning to deliver a $14.5 million deficit result for 2020/21. MOH revenue will be higher than inflation in 2020/21, largely as a result of the Population Based Funding Formula now reflecting population increases experienced in recent years. However the ongoing deficit is being driven by the continued pressure on delivery, with contributing factors including aged and old-fashioned facilities that create barriers to delivering services in an efficient and modern manner, the impact of population growth on demand and demographic factors including higher than national average population aged 65+ and socio economic deprivation. The result is expected to see an improvement to breakeven for 2021/22, and $2.5 million surpluses to fund capital projects in each of 2022/23 and 2023/24.

Improvements are expected from recognition of population increases through population-based funding and efficiencies.

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 12 June 2020.

Accounting Policies

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.

The accounting policies applied in the projected financial statements are consistent with those used in the 2018/19 Annual Report. That report is available on the HBDHB website at ourhealthhb.nz/assets/Publications/Annual-Reports/2019-Annual-Report-web.pdf

Projected Statement of Revenue and Expense For the year ended 30 June *in thousands of New Zealand Dollars*	2019 Audited	2020 Forecast	2021 Projected	2022 Projected	2023 Projected	2024 Projected
Ministry of Health - devolved funding	545,844	580,996	617,845	654,901	691,003	724,164
Ministry of Health - non devolved contracts	15,013	14,496	14,614	15,519	16,428	17,124
Other District Health Boards	13,340	12,661	13,038	13,791	14,383	14,952
Other Government and Crown Agency sourced	5,760	5,564	5,719	5,962	6,322	6,588
Patient and consumer sourced	1,294	1,442	1,297	1,356	1,416	1,476
Other	5,969	4,519	3,380	3,720	4,007	4,176
Operating revenue	**587,220**	**619,677**	**655,893**	**695,249**	**733,559**	**768,480**
Employee benefit costs	242,970	249,875	261,373	272,397	293,537	306,960
Outsourced services	20,227	21,913	14,668	15,196	16,260	16,956
Clinical supplies	56,245	59,016	66,773	68,130	70,964	78,192
Infrastructure and non-clinical supplies	52,951	56,265	55,493	57,891	61,241	63,816
Payments to non-health board providers	243,251	262,697	272,056	281,635	289,057	300,056
Operating expenditure	**615,644**	**649,767**	**670,362**	**695,249**	**731,059**	**765,980**
Surplus/(Deficit) for the period	**(28,425)**	**(30,090)**	**(14,469)**	**-**	**2,500**	**2,500**
Revaluation of land and buildings	13,399	-	-	-	-	-
Other comprehensive revenue and expense	**13,399**	-	-	-	-	-
Total comprehensive revenue and expense	**(15,026)**	**(30,090)**	**(14,469)**	**-**	**2,500**	**2,500**

Table 11: Projected Statement of Comprehensive Revenue and Expense

Projected Statement of Movements in Equity For the year ended 30 June *in thousands of New Zealand Dollars*	2019 Audited	2020 Forecast	2021 Projected	2022 Projected	2023 Projected	2024 Projected
Equity as at 1 July	**148,723**	**143,641**	**134,487**	**165,432**	**181,787**	**203,755**
Funding of health and disability services	(82)	(11,154)	(14,469)	-	2,500	2,500
Governance and funding administration	128	(69)	-	-	-	-
Provision of health services	(28,471)	(18,867)	-	-	-	-
Gain on disposal of assets held for sale	-	-	-	-	-	-
Revaluation of land and buildings	13,399		-	-	-	-
Total comprehensive revenue and expense:	**(15,026)**	**(30,090)**	**(14,469)**	**-**	**2,500**	**2,500**
Contributions from the Crown (equity injections)	10,300	21,293	45,772	16,712	19,825	11,800
Repayments to the Crown (equity repayments)	(357)	(357)	(357)	(357)	(357)	(357)
Equity as at 30 June	**143,641**	**134,487**	**165,433**	**181,787**	**203,755**	**217,699**

Table 12: Projected Statement of Movements in Equity

Projected Statement of Financial Position For the year ended 30 June *in thousands of New Zealand Dollars*	2019 Audited	2020 Forecast	2021 Projected	2022 Projected	2023 Projected	2024 Projected
Equity						
Paid in equity	91,944	112,881	158,296	174,651	194,119	205,562
Asset revaluation reserve	96,103	96,103	96,103	96,103	96,103	96,103
Asset replacement reserve	-	-	-	-	-	-
Trust and special funds (no restricted use)	-	-	-	-	-	-
Accumulated deficit	(44,407)	(74,497)	(88,966)	(88,966)	(86,466)	(83,966)
Total equity	**143,640**	**134,487**	**165,432**	**181,787**	**203,755**	**217,699**
Current assets						
Cash	13	5	14	14	14	14
Short term investments	-	-	-	-	-	-
Short term investments (special funds/clinical trials)	2,636	2,631	2,636	2,636	2,636	2,636
Receivables and prepayments	29,328	22,180	22,725	23,283	23,856	24,442
Loans (Hawke's Bay Helicopter Rescue Trust)	15	-	-	-	-	-
Inventories	4,023	4,919	5,040	5,164	5,291	5,421
Assets classified as held for sale	-	-	-	-	-	-
	36,014	**29,735**	**30,415**	**31,097**	**31,796**	**32,512**
Non-current assets						
Property, plant and equipment	191,356	197,736	227,655	259,876	283,904	296,974
Intangible assets	12,292	4,374	5,258	4,707	3,991	3,211
Investment property	694	694	694	694	694	694
Investment in associates	1,189	1,120	1,120	1,120	1,120	1,120
	205,532	**203,924**	**234,727**	**266,397**	**289,709**	**301,999**
Total assets	**241,546**	**233,659**	**265,142**	**297,494**	**321,505**	**334,511**

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Projected Statement of Financial Position For the year ended 30 June *in thousands of New Zealand Dollars*	2019 Audited	2020 Forecast	2021 Projected	2022 Projected	2023 Projected	2024 Projected
Less:						
Current liabilities						
Bank overdraft	10,216	10,337	10,170	21,942	21,707	19,302
Payables and accruals	31,320	28,411	31,688	33,570	33,271	32,989
Employee entitlements	53,373	57,423	54,784	57,051	59,551	61,221
Loans and borrowings	(5)	-	-	-	-	-
	94,905	**96,171**	**96,641**	**112,563**	**114,529**	**113,513**
Non-current liabilities						
Employee entitlements	3,001	3,001	3,068	3,144	3,221	3,300
Finance Leases	-	-	-	-	-	-
Loans and borrowings	-	-	-	-	-	-
	3,001	**3,001**	**3,068**	**3,144**	**3,221**	**3,300**
Total liabilities	**97,906**	**99,172**	**99,710**	**115,707**	**117,750**	**116,813**
Net assets	**143,640**	**134,487**	**165,432**	**181,787**	**203,755**	**217,699**

Table 13: Projected Statement of Financial Position

Projected Statement of Cash Flows For the year ended 30 June *in thousands of New Zealand Dollars*	2019 Audited	2020 Forecast	2021 Projected	2022 Projected	2023 Projected	2024 Projected
Cash flow from operating activities						
Cash receipts from MOH, Crown agencies & patients	582,876	625,474	655,752	662,070	688,646	704,849
Cash paid to suppliers and service providers	(352,631)	(375,124)	(385,053)	(367,795)	(379,184)	(386,906)
Cash paid to employees	(229,967)	(249,875)	(261,373)	(264,422)	(276,684)	(284,278)
Cash generated from operations	278	475	9,326	29,853	32,778	33,665
Interest received	387	105	44	84	84	84
Interest paid	(323)	(214)	(453)	-	-	-
Capital charge paid	(8,541)	(8,480)	(8,079)	(9,998)	(11,060)	(12,257)
	(8,199)	**(8,114)**	**837**	**19,939**	**21,802**	**21,492**
Cash flow from investing activities						
Proceeds from sale of property, plant and equipment	144	-	(9)	-	-	-
Acquisition of property, plant and equipment	(14,067)	(12,583)	(43,282)	(46,566)	(39,535)	(29,030)
Acquisition of intangible assets	(3,185)	(971)	(2,776)	(1,500)	(1,500)	(1,500)
Acquisition of investments	(1,530)	-	15	-	-	-
	(18,637)	**(13,554)**	**(46,052)**	**(48,066)**	**(41,035)**	**(30,530)**
Cash flow from financing activities						
Proceeds from borrowings	-	580	-	-	-	-
Proceeds from equity injections - capital	-	1,293	26,129	16,712	19,825	11,800
Proceeds from equity injections - deficit support	10,300	20,000	19,643	-	-	-
Repayment of finance lease liabilities	-	-	-	-	-	-
Equity repayment to the Crown	(357)	(357)	(357)	(357)	(357)	(357)
	9,943	**21,516**	**45,415**	**16,355**	**19,468**	**11,443**

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Projected Statement of Cash Flows For the year ended 30 June *in thousands of New Zealand Dollars*	2019 Audited	2020 Forecast	2021 Projected	2022 Projected	2023 Projected	2024 Projected
Net increase/(decrease) in cash and cash equivalents	(16,893)	(152)	200	(11,772)	235	2,405
Cash and cash equivalents at beginning of year	7,444	(9,449)	(9,601)	(9,401)	(21,173)	(20,938)
Cash and cash equivalents at end of year	**(9,449)**	**(9,601)**	**(9,401)**	**(21,173)**	**(20,938)**	**(18,533)**
Represented by:						
Cash	(10,203)	(10,332)	(10,156)	(21,928)	(21,693)	(19,288)
Short term investments	755	731	755	755	755	755
	(9,449)	**(9,601)**	**(9,401)**	**(21,173)**	**(20,938)**	**(18,533)**

Table 14: Projected Statement of Cash Flows

Projected Funder Arm Operating Results For the year ended 30 June *in thousands of New Zealand Dollars*	2019 Audited	2020 Forecast	2021 Projected	2022 Projected	2023 Projected	2024 Projected
Revenue						
Ministry of Health - devolved funding	545,844	580,996	617,845	654,901	691,003	724,164
Inter district patient inflows	8,748	8,689	9,027	8,542	8,899	9,252
Other revenue	204	235	191	204	216	228
	554,796	**589,920**	**627,063**	**663,647**	**700,118**	**733,644**
Expenditure						
Governance and funding administration	**3,424**	**3,603**	**3,603**	**3,702**	**3,865**	**4,032**
Own DHB provided services						
Personal health	273,125	299,698	331,166	342,106	366,920	387,696
Mental health	23,522	23,057	22,627	23,616	24,624	25,644
Disability support	9,370	9,572	9,572	9,984	10,416	10,848
Public health	1,567	1,829	1,830	1,896	1,992	2,088
Māori health	619	619	679	708	744	780
	308,203	**334,774**	**365,873**	**378,310**	**404,696**	**427,056**
Other DHB provided services (Inter district outflows)						
Personal health	54,229	55,220	59,902	62,683	65,392	68,004
Mental health	1,771	2,260	2,031	2,124	2,220	2,304
Disability support	3,139	3,129	3,001	3,143	3,287	3,420
Public health	-	-	-	-	-	-
Māori health	-	-	-	-	-	-
	59,139	**60,609**	**64,933**	**67,950**	**70,899**	**73,728**

Continues over page »

Projected Funder Arm Operating Results For the year ended 30 June *in thousands of New Zealand Dollars*	2019 Audited	2020 Forecast	2021 Projected	2022 Projected	2023 Projected	2024 Projected
Other provider services						
Personal health	95,587	105,784	110,213	110,232	108,027	111,552
Mental health	12,831	13,622	13,637	14,695	15,768	16,452
Disability support	71,823	75,848	79,001	84,283	89,707	93,488
Public health	1,033	4,138	1,323	1,403	1,452	1,500
Māori health	2,839	2,696	2,949	3,072	3,204	3,336
	184,113	**202,088**	**207,122**	**213,685**	**218,158**	**226,328**
Total Expenditure	**554,878**	**601,075**	**641,532**	**663,647**	**697,618**	**731,144**
Net Result	**(82)**	**(11,154)**	**(14,469)**	**-**	**2,500**	**2,500**

Table 15: Projected Funder Arm Operating Results

Projected Governance and Funding Administration Operating Results						
For the year ended 30 June	2019	2020	2021	2022	2023	2024
in thousands of New Zealand Dollars	Audited	Forecast	Projected	Projected	Projected	Projected
Revenue						
Funding	3,424	3,603	3,603	3,702	3,865	4,032
Other government and Crown agency sourced	-	-	-	-	-	-
Other revenue	30	20	-	-	-	-
	3,454	**3,623**	**3,603**	**3,702**	**3,865**	**4,032**
Expenditure						
Employee benefit costs	1,215	1,277	1,402	1,410	1,465	1,524
Outsourced services	531	577	573	600	624	648
Clinical supplies	3	0	-	-	-	-
Infrastructure and non-clinical supplies	631	892	683	708	744	780
	2,380	**2,746**	**2,658**	**2,718**	**2,833**	**2,952**
Plus: allocated from Provider Arm	946	946	946	984	1,032	1,080
Net Result	**128**	**(69)**	**-**	**-**	**-**	**-**

Table 16: Projected Governance and Funding Administration Operating Results

Projected Provider Arm Operating Results For the year ended 30 June *in thousands of New Zealand Dollars*	2019 Audited	2020 Forecast	2021 Projected	2022 Projected	2023 Projected	2024 Projected
Revenue						
Funding	308,203	334,704	365,873	378,364	404,743	427,104
Ministry of Health - non devolved contracts	15,013	14,496	14,614	15,519	16,428	17,124
Other District Health Boards	4,592	3,972	4,011	5,249	5,484	5,700
Accident insurance	5,264	5,070	5,305	5,530	5,866	6,108
Other Government and Crown Agency sourced	497	494	413	432	456	480
Patient and consumer sourced	1,294	1,442	1,297	1,356	1,416	1,476
Other revenue	5,734	4,263	3,189	3,516	3,791	3,948
	340,596	**364,441**	**394,703**	**409,966**	**438,184**	**461,940**
Expenditure						
Employee benefit costs	241,755	248,598	259,971	270,987	292,072	305,436
Outsourced services	19,696	21,266	14,095	14,650	15,683	16,356
Clinical supplies	56,241	59,016	66,773	68,130	70,964	78,192
Infrastructure and non-clinical supplies	52,320	55,374	54,810	57,183	60,497	63,036
	370,013	**384,254**	**395,649**	**410,950**	**439,216**	**463,020**
Less: allocated to Governance & Funding Admin.	946	946	946	984	1,032	1,080
Surplus/(Deficit) for the period	**(28,471)**	**(18,867)**	**-**	**-**	**-**	**-**
Revaluation of land and buildings	(13,399)	-	-	-	-	-
Net Result	**(15,072)**	**(18,867)**	**-**	**-**	**-**	**-**

Table 17: Projected Provider Arm Operating Results

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.
- No allowance has been made for the costs of unusual emergency events e.g. pandemic or earthquake, including any impact from the current COVID-19 emergency response and recovery.
- Allowance has been made for the implementation costs of and net savings from regional and national entity initiatives as advised by the MOH.
- No allowance has been made for increase in the provision for Holidays Act remediation due to uncertainty over the amount, in accordance with MoH advice. No allowance has been made for the payment of remediation costs relating to compliance with the Holidays Act, due to uncertainty over timing.
- Allowance has been made for expected costs arising from the Regional Digital Health System (RDHS).
- The majority of savings initiatives have been attributed to the appropriate service and/or cost type. However detailed plans for new investment and efficiency programmes have yet to be finalised.
- Unless otherwise stated, increases in revenue and expenditure due to changes in price levels have been allowed for at 2.0% per annum from 2021/22, based on Treasury forecasts for CPI inflation in the Half Year Economic and Fiscal Update 2019 published (11 December 2019).

Revenue

- Crown funding under the national population based funding formula is as determined by MOH. Funding for 2021/22, 2022/23 and 2023/24 is based on the standard DHB funding allocation methodology that projects demographic increases and contribution to cost pressures of $29 million, $30 million and $31 million for 2021/22, 2022/23 and 2023/24 respectively, and population based funding adjustments of a further $7 million and $4 million in 2021/22 and 2022/23 respectively.
- Crown funding for non-devolved services of $61.6 million are based on agreements already in place with the appropriate MOH directorates, and assumes receipt of the DHB's full entitlement to planned care funding.
- Inter district flows revenues are in accordance with MoH advice.
- Other income has been budgeted at the DHB's best estimates of likely revenue.

Personnel Costs and Outsourced Services

- Workforce costs for 2020/21 have been budgeted at actual known costs, including step increases where appropriate. Increases to employment 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 3.4%, 3.6% and 3.6% for 2021/22, 2022/23 and 2023/24 respectively based on Treasury forecasts for wage inflation in the Half Year Economic and Fiscal Update 2019 (published 11 December 2019).

Supplies and Infrastructural Costs

- The cost of goods and services 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.

Services Provided by Other DHB's

- Inter district flows expenditure is in accordance with MOH advice.

Other Provider Payments

- Other provider payments have been budgeted at the DHB's best estimate of likely costs.

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 borrowing costs at 3% per annum have been recognised in the plan.
- The DHB expects to finance a number of capital expenditure projects using equity injections provided by the Crown.

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	2021 Projected	2022 Projected	2023 Projected	2024 Projected
Buildings and Plant	29,903	36,625	32,710	24,530
Clinical Equipment	9,872	8,441	5,325	3,000
Information Technology	4,683	3,000	3,000	3,000
Motor Vehicles	**1,600**	-	-	-
Capital Investment	**46,058**	**48,066**	**41,035**	**30,530**

Table 18: Capital investment

Capital Investment Funding

- The DHB's capital investment requirements are significant, capital funding is limited, and the DHB is unlikely to have all its needs met within the timeframe it would prefer. Nevertheless the DHB has planned for all necessary capital projects to proceed, and to be funded from capital equity injections.
- 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	2020 Projected	2021 Projected	2022 Projected	2023 Projected
Capital Investment	46,058	48,066	41,035	30,530
Funded by:				
Depreciation and amortisation	15,255	16,396	17,723	18,240
Finance leases	580	2,952	2,000	-
Equity injections	25,772	16,712	19,825	11,800
Cash holdings/overdraft	**4,451**	**12,006**	**1,487**	**490**
Capital Investment Funding	**46,058**	**48,066**	**41,035**	**30,530**

Table 19: 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 2019.

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.
- Equity movements are projected to be in accordance with the table below:

Equity				
in thousands of New Zealand Dollars	2021 Projected	2022 Projected	2023 Projected	2024 Projected
Opening equity	134,487	165,432	181,787	203,755
Surplus/(deficit)	(14,469)	-	2,500	2,500
Equity injection (deficit funding)	20,000	-	-	-
Equity injections (capital)	25,772	16,712	19,825	11,800
Equity repayments (FRS3)	**(357)**	**(357)**	**(357)**	**(357)**
Closing equity	**165,433**	**181,787**	**203,755**	**217,698**

Table 20: Equity

Cash and Overdraft

- The DHB's bank overdraft is projected to increase in 2020/21 due to deficits and capital expenditure, before levelling off from 2021/22. The bank overdraft is not expected to reach the DHB's overdraft limit at any time over the time horizon of the plan, noting the general assumptions and that the projections do not make allowance for unusual emergency events, including any impact from the current COVID-19 emergency response and recovery, or Holidays Act.

Disposal of Land

- Disposal of land is subject to current legislative requirement and protection mechanisms. Hawke's Bay District Health Board 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 mar

TE PĪTAU HEALTH ALLIANCE

OURHEALTH HAWKE'S BAY Whakawāteatia

2020/21

System Level Measures Improvement Plan

Hawke's Bay District Health Board

Te Pītau

The purpose of Te Pītau is to improve health outcomes for our populations by transforming, developing, evolving and integrating primary and community healthcare services.

The Te Pītau Alliance Group is now in place and will provide governance to our System Level Measures. This is a transition year and we are looking forward to establishing service level alliances and working groups to support the System Level Measures and align under the full structure of Te Pītau.

Ka Hikitia

In the 2020/2021 year, Health Hawke's Bay will be implementing Ka Hikitia, a new strategy which defines the outcomes Health Hawke's Bay is trying 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 System Level Measures Improvement Plan with this icon:**

Please note:

Due to COVID-19, the full System Level Measures Improvement Plan consultation process was not able to be completed as planned, which may result in changes to actions during the year.

System Level Measures provide a framework for continuous quality improvement and integration across the health system.

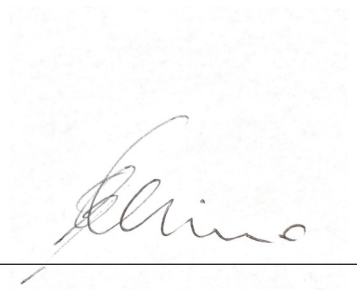
Equity gaps for Māori and Pasifika populations are evident in all System Level Measures. This framework provides us with a great opportunity to work with health system partners to address equity gaps.

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:

1. Ambulatory Sensitive Hospitalisation (ASH) rates for 0-4 years
2. Acute Hospital Bed Days
3. Patient experience of care
4. Amenable mortality rates
5. Babies living in smokefree homes
6. Youth access to and utilisation of youth appropriate health services



Craig Climo, CEO (Interim)
Hawke's Bay District Health Board

Wayne Woolrich, CEO
Health Hawke's Bay

Na Raihania, Chair
Te Pītau Alliance Group

Keeping children out of hospital

SYSTEM LEVEL MEASURE:

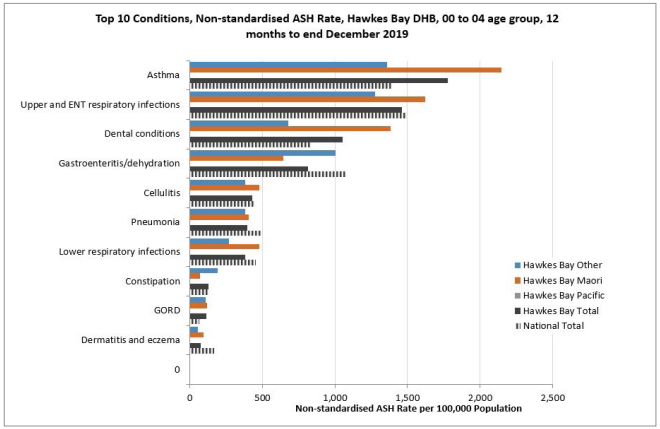
Ambulatory Sensitive Hospitalisation (ASH) rates per 100,000 for 0–4 year olds

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 (for example 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, for example, 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 cellulitis, asthma, and dental conditions.



SLM 2020/21 Milestone: Māori 0-4 year old ASH rates ≤8205 - rates per 100,000 (5% decrease from January 2020 baseline of 8673).

Contributory measures

Measure	Baseline
Increased percentage of preschool children enrolled in and accessing community dental services	91.2% of total population
Decreased hospitalisations due to respiratory for Māori and Pasifika 0-4 (rate per 100,000)	4792 for Māori 9714 for Pasifika
Decreased hospitalisations due to skin conditions (cellulitis, dermatitis, impetigo, eczema) for Māori and Pasifika 0-4	1049 for Māori 2875 for Pasifika

How will we achieve it?

- Continuing on the success of the CO-free Homes Carbon Monoxide Screening project in Wairoa, undertake to deliver this project in Central Hawke's Bay in partnership with Midwives/ LMCs providing maternity care to Māori/Pacific wāhine hapu who smoke tobacco.
- Te Pae Mahutonga model: Implementation of whānau-focused respiratory support service for 0-4 year olds resulting in the reduction in respiratory hospitalization in Māori and Pacific tamariki.
- All children seen under Te Pae Mahutonga model will be referred to Healthy Homes where eligible.
- Implement a catch up programme targeting Māori and Pacific children who missed their dental screening and/or treatment exacerbated by COVID-19 to ensure all these children are up to date with their care.
- Review general practice dental pilot, giving dental brief advice and dental packs to six month olds, and progress planning in line with outcomes.
- Expand skin condition education programme with Pacific ECEs to include ECEs with high Pacific cohorts.

Using health resources effectively

SYSTEM LEVEL MEASURE:

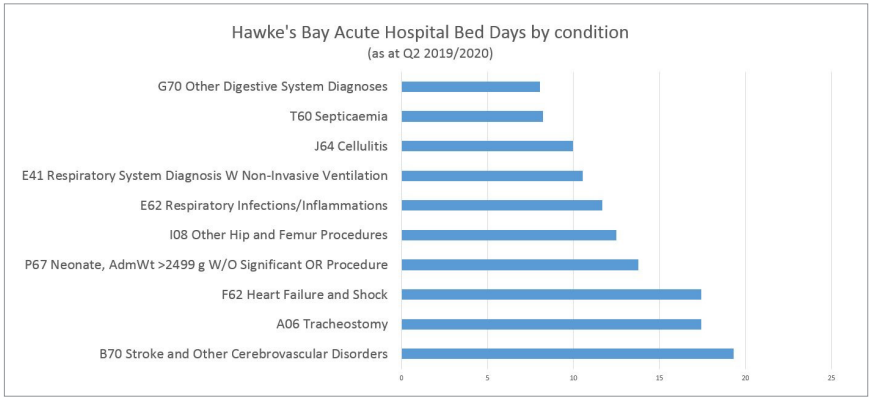
Acute hospital bed days per capita

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.

Reducing acute hospital bed days aligns with our challenge in Transform and Sustain of being more efficient at what we do. We continue to focus our efforts on reducing avoidable admissions through more effective care in the community, and reducing length of stay and readmission rates through better hospital processes and collaboration across the sector.

The conditions with the highest impact on acute hospital beds are stroke and heart conditions, tracheostomy, respiratory conditions, and neonatal admissions. The 70+ age groups make the major contribution to acute hospital bed days — however, the rate is lower than national figures.

There is a strong connection between conditions which cause the highest acute hospital bed days and the conditions which cause amenable mortality. For further actions around these conditions, see SLM — Prevention and Early Detection.



SLM 2020/21 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
Decreased Inpatient Average Length of Stay (ALOS)	2.29 days
Decreased hospitalisations due to respiratory conditions	4196 total population 4792 for Māori 9714 for Pasifika
Decreased standardised acute bed days for Māori	580 per 1000 for Māori

How will we achieve it?

- Investigate options for caring for patients with tracheostomies in the community.
- Implement Medical Model of Care (Phase 2) — increase medical bed base, aligning bed availability with demand from adult Māori.
- Subject to business case approval, implement medicines optimisation programme by pharmacy facilitators for frail elderly rest home residents.
- Explore the Hospital in the Home Model for COPD patients linking respiratory services with Hoki ki te Kāinga, Early Supported Discharge service, which is aimed at decreasing bed days.
- Localise and socialise HealthPathways for COPD and stroke.
- Investigate feasibility of a regional telestroke service, focussing on improving health outcomes for Māori.
- Complete a root-cause analysis of readmissions for Māori to better understand how many of the readmissions are preventable and the drivers behind the high readmission rate.

= included in Ka Hikitia

Person centred care

SYSTEM LEVEL MEASURE:

Patient experience of care

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

Consumer experience surveys provide scores for four domains which cover key aspects of consumer's experience when interacting with health care services: communication, partnership, coordination, and physical and emotional needs.

The purpose of these measures is to ensure consumers in New Zealand are receiving quality, effective and integrated health services. Evidence suggests that if consumers experience good care, they are more engaged with the health system and therefore likely to have better health outcomes.

In Hawke's Bay, consumer experience surveys are only one part of much wider pieces of work under "Person and Whānau Centered Care." The four focus areas are: consumer engagement, patient experience, health literacy and consumer participation.

This measure captures consumer experience in two settings:

1. hospital inpatient surveys (undertaken quarterly since 2014)
2. primary care survey (introduced in a phased approach quarterly from February 2016).

In 2020, both surveys were updated to make the questions more accurate and meaningful. The different wording on some questions means that it is difficult to have accurate baseline data, but we can use the survey in Q1 as a baseline.

SLM 2020/21 Milestone: increase average Patient Experience Survey scores for both primary and hospital surveys by 1% between the first and last surveys in 2020/2021 year.

Contributory measures

Measure	Baseline
Improve inpatient survey score for question "did the hospital staff include your family/whānau or someone close to you in discussions about your care" [new Q16]	54% (November 2019 survey)
Improve primary care survey average scores for questions "did the reception and/or admin staff treat you with respect" (new Q17), and "did the [HCP] treat you with respect" (new Q20) for Māori participants.	Question wording changed, so will get baseline from first survey done in 2020/2021 year
Improve primary care survey score for question "in the last 12 months, was there ever a time when you wanted health care from a GP or nurse, but you couldn't get it?" (new Q35)	Question wording changed, so will get baseline from first survey done in 2020/2021 year

How will we achieve it?

- Implement the HQSC Korero 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.
- Implement the new programme He Ngākau Ora which incorporates cultural competence training, with 20% of all HBDHB staff having completed this by June 2021.
- 100% of general practices under a priority patient partnership agreement undertake an improvement activity based on one of their lowest rated questions and report to PHO on the effectiveness.
- Embed cultural responsiveness framework in general practices, covering 30% Māori ESU.
- Progress tranche one of Health Care Home (HCH) practices into proactive care domain, and commence HCH implementation for tranche two practices. Identify tranche three practices.
- Offer telehealth optimisation to all general practices.
- Implement an Integrated Care team in Wairoa, and pilot use of telehealth to support model.

= included in Ka Hikitia

Prevention and early detection

SYSTEM LEVEL MEASURE:

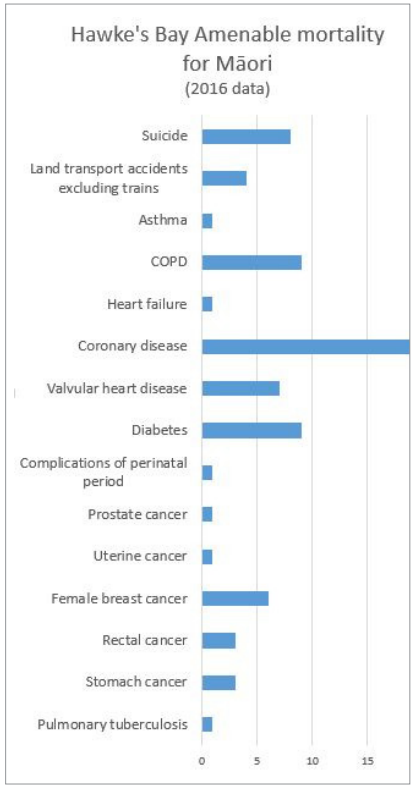
Amenable mortality rates

Many deaths before the age of 75 years are avoidable due to either disease prevention or effective treatment and health care.

Deaths due to these diseases or conditions can be counted and expressed as a rate. Any difference in these rates by ethnicity or by area of residence can therefore be considered to be a health inequity. We have seen significant reduction in deaths, which could have been minimised by prevention, early treatment programmes or better access to medical care, however this seems to have leveled off since 2012.

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 2020/21 Milestone: reduce relative rate of amenable mortality to 2.50 for 0-74 year olds between Māori and non-Māori non-Pasifika by July 2021 (baseline: 2.53).

Contributory measures

Measure	Baseline
Decreased ASH rates in Māori 45-64 year olds for coronary heart disease	645 per 100,000 for total population
Increase percentage of people who have good or acceptable glycaemic control (HbA1c<64mmols)	37.3% total population 30.40% Māori
Decreased ASH rates in Māori 45-64 year olds for COPD	869 per 100,000 for total population

How will we achieve it?

- Implement enhanced community pharmacy service for coronary heart disease.
- Incorporate heart failure rehab into the current pulmonary rehab programme.
- Complete a consumer survey to inform the diabetes workplan.
- Develop an action plan around the management of shared and potentially-shared patients between diabetes and renal services. This will begin with identifying the cohort who sit outside the renal service criteria, where early intensive management has been proven to stop or slow progression of renal, vascular and cardiac complications
- Implement community pharmacy facilitated medicines use reviews for COPD.
- Localise and socialise HealthPathways for COPD.

= included in Ka Hikitia

Healthy start

SYSTEM LEVEL MEASURE:

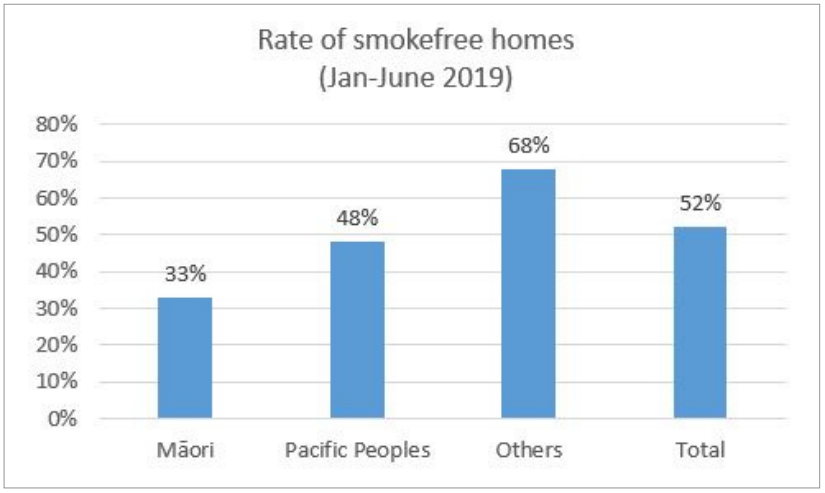
Proportion of babies who live in a smoke-free household at six weeks postnatal

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 that in Hawke's Bay we have an alarmingly high number of women, especially Māori women, who smoke during pregnancy.

HBDHB's focus for 2020/2021 will be on two areas:

1. ensuring that hapu māmā have good contacts with midwives and WCTO practitioners, giving more opportunities to discuss becoming smokefree
2. increasing the number of referrals to smokefree programmes, particularly Wāhine Hapu programme, by increasing the understanding of health practitioners of what is available and how to refer.



SLM 2020/21 Milestone: increase smokefree home rates for Māori babies at six weeks postnatal to gain equity with non-Māori (68%).

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 Hāpu programme	37 completed per quarter (Q2 2019)

How will we achieve it?

- Continuing on the success of the CO-free Homes Carbon Monoxide Screening project in Wairoa, undertake to deliver this project in Central Hawke's Bay in partnership with the Midwives/LMCs providing maternity care to Māori/Pacific wāhine hapu who smoke tobacco.
- Continue Te Ohakura programme until supply of vapes is exhausted.
- Implement kaupapa Māori maternal wellbeing programme for Wairoa.
- Recruit smokefree practitioner to help workforce capacity meet demand for Te Ohakura programme and Wāhine Hapu programme.
- Develop plan between smokefree facilitators and Health Improvement and Equity directorate to encourage midwives at Māori Health Providers to refer to a smokefree practitioner.
- Organise study day for health practitioners and social support workers to understand smokefree referral pathways.

Youth are healthy, safe and supported

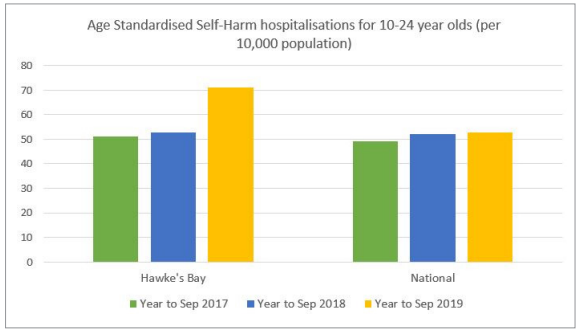
SYSTEM LEVEL MEASURE:

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 reasonable first choice.

Hawke's Bay self-harm hospitalisations for 10-24 year olds are well above both the national average and was the highest in the country for the year to September 2019. This makes lowering our self-harm rates of highest priority. Local Response Teams are investigating why there were such a big increase in the 2018-2019 year and if there are any trends.

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



SLM 2020/21 Milestone: reduce self harm hospitalisations for 10-24 year olds by 10% to 64 per 10,000 population (baseline = 71.2 for year to September 2019)

Contributory measures

Measure	Baseline
Reduce self harm hospitalisations for Māori 10-24 year olds	29.2 per 10,000
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?

- Implement the Te Tumu Wairoa: Integrated Primary Mental Health Service model in Hawke's Bay. Māori, Pacifica and youth will be provided with primary care-based rapid brief interventions in general practices with integration with community mental health and addictions NGOs.
- Review the dedicated primary care youth mental health funding to determine the most effective way to utilise this funding to support youth/rangatahi.
- Identify a suicide prevention framework that aligns with HB population. Map existing resources and identify gaps needed to implement the framework.
- HBDHB will prioritise Māori and Pacific students for Y9 assessments, when undertaking catch-up activities for psychosocial/wellbeing assessments (delayed due to COVID-19). Additional FTE will be applied for catch-up activities.
- Begin reconfiguration of zero fees for under 18s to align with government intention to provide greater access to services through a rangatahi-led design process.
- Explore options with rangatahi for opportunistic testing in priority settings for male rangatahi.
- Provide free/low cost access to long-acting reversible contraception for Māori, Pacific and women from high needs communities.
- Increase the choice and availability of sexual and reproductive health services in locations most appropriate for rangatahi, with a focus on priority populations.

= included in Ka Hikitia