HUTT VALLEY DISTRICT HEALTH BOARD

DISTRICT ANNUAL PLAN 2004/2005

20 May 2004

VISION

To be New Zealand's foremost District Health Board in optimising the health and wellbeing of our community.

MISSION

To excel in the way we consult, communicate, plan and provide health services to our community.

VALUES

Working Together

With other providers, community groups and other agencies

Leadership

Within our community and through setting a positive example

Respect

For each other and the rights of individuals

Communicating Effectively

With our community, with our staff and our clients

Caring

For our community and for each other

Excellence

In all that we do

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1 EXECUTIVE SUMMARY

1.1 STATEMENT FROM CHAIRMAN AND CHIEF EXECUTIVE

Hutt Valley District Health Board (HVDHB) is very pleased to present this District Annual Plan for 2004/05; a plan which is committed to consolidating and further building on the excellent accomplishments that have been achieved in the first three years of operation.

Some of the key achievements over the last year are:

- Application of an additional $1.2 million to strategic initiatives, which has enabled HVDHB to complete over half of the highest 40 priorities identified within the first two years of its five-year District Strategic Plan;
- Substantial progress made in the area of primary care settings, including the "near-to-complete" establishment of two additional Primary Health Organisations (PHOs) within our district;
- Considerable work on reducing inequalities, including the development of a Strategic Maori Health Plan and Pacific Health Plan, through working closely with Maori and Pacific providers and communities;
- Development of HVDHB's capability to effectively and efficiently govern and fund Disability Support Services for Older Persons;
- Active participation and commitment to a range of inter-sectoral collaborative initiatives – such as: the development of a Wellington Regional Public Health Strategic Plan, establishment of school health clinics in four secondary schools, establishment of a youth directory in collaboration with the Hutt Valley Councils, and maintaining forums with local and regional councils;
- Continued progress toward achieving Magnet Hospital accreditation and preparation for accreditation against the Quality Health NZ quality standards;
- Maintaining HVDHB's consistent track record for the delivery of District Annual Plan commitments within budget and achieving financial break-even.

HVDHB has decided that the key emphasis for 2004/05, to advance the five-year District Strategic Plan, will be a focus on reducing inequalities in health status – to seek an improvement in health status for those people currently disadvantaged within the Hutt Valley. A range of strategies are identified within this plan to address health status inequality issues and the high health needs that exist within the community for: Maori, Pacific, Refugees, people with disabilities and people living in high deprivation areas.

Other priorities in the year ahead include:

- Reviewing the District Strategic Plan, in consultation with the community;
- Further development and support of PHOs, including establishing a valley-wide primary health support agency and advancing management of referred services;

- Implementation of the Maori Health Plan and Pacific Health Plan;
- Introduction of a comprehensive approach to the reduction in incidence and impact of diabetes and a cardiovascular disease;
- Intersectoral initiatives with a key focus on housing and respiratory illnesses;
- Moving toward an integrated continuum of care consistent with the Health of Older Persons Strategy;
- Advancing implementation of the Mental Health Blueprint and the population's access to mental health services;
- Meeting waiting time targets for elective services;
- Progressing strategies on workforce development in alignment with the Health Workforce Advisory Committee's report to the Minister of Health in 2003;
- Development of a primary care information technology plan.

We have every confidence that this plan will be successfully implemented and within budget. This view stems from the constructive involvement of both the Board and staff in the development of this plan, based on realistic and achievable assumptions, and our view that the organisation culture is positive and robust. Equally, we continue to find the commitment of key community stakeholders integral in assisting and guiding our planned progress.

Accordingly, we look forward to another busy, productive and successful year.

1.2 SIGNATORIES

Peter Glensor **Chairman** **Hutt Valley DHB**	**Hon. Annette King** **Minister of Health**

2 KEY ISSUES

Aside from advancing the District Strategic Plan (which is the focus of Section 3), HVDHB will address the following key issues in the coming year.

2.1 REDUCING INEQUALITIES

The Board and the Executive Management Team, as part of the development of this 2004/05 District Annual Plan, agreed that HVDHB's key emphasis in the coming year will be on reducing inequalities in health status by addressing high health need areas.

Throughout this document, therefore, a specific inequalities 'lens' has been applied to the work we plan to carry out in 2004/05.

The key populations, which the DHB will focus on reducing inequalities in health status, are:

- Maori
- Pacific People
- People living in high deprivation areas.
- Refugees
- People with disabilities

The strategies for addressing inequalities are outlined throughout the plan.

2.2 MAORI HEALTH

Through 2003/04, the highest Maori health priority for HVDHB was to increase Maori participation in decision-making (Whakatataka Objective 2.1). This has resulted in the initiation and establishment of an Interim Partnership Group, which has been tasked to develop an appropriate infrastructure to support a relationship arrangement with the HVDHB by June 2004.

The group has the support of the Te Runanganui o Taranaki Whanui ki te Upoko o te ika and Tenth's Trust and has indicated its intent to gain further community input and support before formally ratifying the relationship arrangement (Te Awakairangi Hauora). This group has been involved in the development of the DAP and will be further consulted prior to finalisation of the DAP in May 2004.

Reducing inequalities with respect to Maori health will be a key driver for HVDHB-wide activities in 2004/05. HVDHB is committed to advancing Maori Health through:

- Consolidation of the Iwi/Maori relationship at a governance level
- Completion of the Maori health Strategic plan with leadership and support of Te Awakairangi Hauora
- Implementation of the Maori Health Gain framework

- Focussed approach to Whanau Ora, Maori Health provider and community engagement for continued development
- Increasing investment in Maori health,
- Continuing workforce development activities.

The specific activities are described in more detail in section 3.3.4.

Treaty Of Waitangi

In order to respect and recognise the special relationship between Maori and the Crown under the Treaty of Waitangi, the NZ Public Health and Disability (NZPHD) Act 2002 places special obligations on DHBs to ensure Maori can contribute to decision-making on, and delivery of, health services.

Hutt Valley DHB recognises its responsibility to respond appropriately to the relevant objectives in the NZPHD Act 2000 and is committed to practical implementation of the requirements. In setting its objectives and strategies as a step to ensuring positive health gains occur for Maori, Hutt Valley DHB is responding in the following manner:

Partnership	Seek an ongoing and active partnership relationship with Maori of the Hutt Valley/Te Awakairangi region at all levels of the organisation, to continue the development of effective strategies to improve Maori health.
Participation	Continue to actively promote Maori involvement and increase participation at all levels of the health sector.
Protection	Actively promoting Maori cultural concepts, values, beliefs and practices to ensure the improvement of Maori wellbeing.

This ensures the Hutt Valley DHB receives the expertise and resources that both the parties to a treaty relationship can contribute.

2.3 PACIFIC PEOPLE'S HEALTH

Hutt Valley DHB is one of the seven DHBs with a significant Pacific population. Recognising the importance of Pacific Health issues in the Valley, the Board has a Pacific Health Advisor, reporting directly to the Chief Executive. This, combined with the appointment of a Pacific Board member, has greatly strengthened relationships with the Pacific community. DHB staff have been meeting with organisations representing each ethnic group, and have now developed a longer term service plan with Pacific clinicians and community representatives to address the critical areas of health inequalities and a longer term Pacific provider development path. Further information on the Pacific Health service plan is contained in Section 3.3.3.

2.4 PRIMARY CARE

This plan continues HVDHB Board's strategic commitment to advancing the three highest priorities within primary care:

- Coverage of 85% of the Hutt Valley population by a PHO during 2004/05;
- Supporting the development of a primary health co-ordination mechanism;

- Managing demand-driven spending;
- Development of a primary mental health initiative through PHOs.

Further information on plans to address these priorities is in section 3.3.1.

HVDHB also wishes to continue its close collaboration with the pharmacy sector ensuring pharmacists can contribute directly to improving patient care through PHOs.

2.5 NEW ZEALAND DISABILITY STRATEGY

Hutt Valley DHB has undertaken a number of initiatives during 2003/04 to implement the NZ Disability Strategy. An Older Persons Plan was completed in advance of the funding devolution of disability support services for older people. An accessibility survey has also been completed of non-DHB providers, which provides a basis for enhancing accessibility to their services. Further progression of these plans and initiatives for 2004/05 is contained in section 3.3.11.

2.6 ELECTIVE SERVICES WAITING TIMES

HVDHB is committed to ensuring access to elective surgery for 95% of patients before they reach a state of unreasonable distress, ill health or incapacity. This commitment is to also ensure that patients do not wait longer than six months for first specialist assessments and that patients offered publicly funded treatment do no wait longer than six months. Specific plans to address these commitments and comment on progress made are provided in section 3.3.6.

2.7 CHRONIC DISEASE MANAGEMENT

A review of Hutt Valley diabetes services for people with diabetes has been completed. Plans now exist to pick up the review recommendations, which will support improved integration of primary and secondary care diabetes services and improve equity & access for Maori and Pacific people. Section 3.3.5 contains more information on these plans.

Developmental work has also been carried out in 2003-04 on a cardiovascular continuum of care. HVDHB proposes to implement the findings of this work (including funding a cardiovascular package of care) in 2004-05.

A key focus of activity in 2004-05 will also be around respiratory illness. The relationship between respiratory illness and housing will be the subject of a collaborative research project between HVDHB, the Wellington School of Medicine and other key agencies in 2004-05, with a proposed service initiative to meet the findings of this research.

2.8 MENTAL HEALTH BLUEPRINT

Making progress toward achievement of Mental Health Blueprint benchmark levels for mental health service provision across our population base is a key objective for HVDHB. Other objectives include:

- Ensuring adequate access to regional mental health services;

- Developing a project plan for the implementation of mental health outcome measures;
- Improving access for Pacific people to mental health services.

Section 3.3.9 provides further information.

2.9 OLDER PERSONS SERVICES

HVDHB is committed to moving towards an integrated continuum of care consistent with the Heath of Older Persons Strategy. This is evidenced by both the Ministry's full endorsement of our devolution plan as well as the development of our Older Persons' Strategic Plan, *Aging Well Together*. The 2004-05 year will see the DHB begin implementation of its Aging Well Together Strategy, with a particular focus on ensuring Maori and Pacific Peoples have access to appropriate older persons' services. Section 3.3.11 provides further information.

At the time of writing, baseline funding for older persons services is under review and wash-up and risk pool arrangements not yet finalised. Projections in this plan assume these issues are addressed so as to enable all services provided and planned prior to devolution to be maintained. If this does not eventuate, the DHB will have to implement service reprioritisation so as to remain within budget.

2.10 PUBLIC HEALTH PARTNERSHIPS

A draft regional strategic plan for public health services was developed in 2003 for the greater Wellington region and Wairarapa. A Steering Group comprising representatives from Hutt Valley DHB, Capital& Coast DHB, Wairarapa DHB and the Ministry of Health established the development of this plan. Locally, HVDHB is also committed to progressing public health plans by working where appropriate with both the Hutt City and Upper Hutt City Councils. The key priorities arising from these initiatives are to:

- Work with communities to promote health lifestyles (tobacco control, active lifestyles and nutrition, alcohol & drug initiatives);
- Reducing inequalities (Maori, Pacific, Child & Youth).

Refer to section 3.3.2 for more information.

2.11 COLLABORATION

Hutt Valley DHB is involved in a number of collaborative endeavours. The major focus for the planning period will be to further develop these collaborations. These collaborations include inter-DHB, interagency and intersectoral. Refer section 4.2.6 for more information. The key developments for 2004-05 include:

- Continued collaboration with neighbouring DHBs including Capital and Coast DHB, and Wairarapa DHB
- Strong focus on a regional approach to planning and development
- Closer relationships with educational institutions including Otago Medical School, and the Wellington School of Medicine, and Tertiary Training Institutes

- Closer research alliances with key educational institutions including the Wellington School of Medicine and Massey University
- Continued Intersectoral collaboration with both the Lower Hutt and Upper Hutt City Councils, Housing New Zealand and WINZ
- Continued excellent national relationships with the Ministry of Health and District health Board New Zealand (DHBNZ).

2.12 POPULATION BASED FUNDING AND INTER-DISTRICT FLOWS

This plan is based on HVDHB receiving funding in full alignment with HVDHB's entitled 3.19% share of nationwide population based funding in 2004/05. This includes due funding allowance for Hutt Valley residents treated within other DHB districts – noting that HVDHB is a net receiver of inter district flow services, mainly through Capital & Coast DHB. Section 4.2.7 provides further comment on this funding arrangement.

2.13 FINANCIAL RISKS

The key financial risks for 2004/05 are:

- Acute medical growth
- Growth in laboratory spending
- Pharmaceutical cost growth – particularly in relation to dispensing
- DDS Older Person's demand driven services
- Workforce capacity and capability
- Collective employment agreements moving towards national or regional MECAs.

These risks and the associated mitigation strategies are addressed within this plan.

2.14 REVIEW OF THE DISTRICT STRATEGIC PLAN

HVDHB intends to review its current District Strategic Plan in the 2004-05 year in consultation with the community. The review of the strategic plan will involve carrying out an updated health needs assessment, a review of current District service plans, and the incorporation of key funding responsibilities and priorities that have arisen since the first plan was completed. These include:

- Maori Health Plan
- Pacific Health Plan
- Refugee Health Plan
- Older Person's services
- Changed and additional funding priorities

2.15 SERVICE REVIEWS

A selection of services will be reviewed during the planning period. These reviews may lead to service reconfigurations – the extent of which is unknown at this stage. It is noted that any reconfigurations will be preceded by consultation with the appropriate groups. Service reviews will include a review of child oral health services and primary sexual and reproductive health services. Refer to Section 3 and 4.2.5 for more information.

2.16 WELLINGTON REGIONAL HOSPITAL

The rebuilding of Wellington Regional Hospital at Newtown is not expected to affect Hutt Valley DHB in the 2004/05 year. The estimated date of completion of the Regional Hospital is likely to be outside of the three years covered by this DAP.

For that reason, it is not an issue commented on any further in this DAP.

2.17 WORKFORCE

Key workforce issues for HVDHB include:

- Recruitment in the face of worldwide shortages of health professionals
- Retention and training of skilled staff
- Organisational Development
- Health & Safety
- The development of DHB wide workforce development plans and strategies.

Further details on plans to address these issues are contained in section 3.3.15.

2.18 MAGNET HOSPITAL

Hutt Valley District Health Board made the decision in December 2002 to introduce, trial and lead the Magnet Hospital programme in New Zealand. Magnet Hospitals are hospitals in both the United States and Britain that have adopted a set of key governance, management and leadership principles that result in safe, quality focussed healthcare and attract, motivate and retain well qualified and committed nursing staff.

The programme is being implemented over a two-year time frame with documentation due for completion in late 2004 and a site visit from the American Nurses Credentialing Centre planned for early 2005.

It is envisaged that the process of achieving Magnet recognition will result in enhanced quality outcomes for patients in the Hutt Valley Community, including lower mortality rates, lower complication rates, lower overall costs, and higher patient satisfaction. It is expected that staff satisfaction will increase, as well as attraction and retention rates (refer Section 3.3.13 for more information).

2.19 EMERGENCY PREPAREDNESS

The worldwide continuing risk of the severe acute respiratory syndrome (SARS) virus and recent emergence of chicken-flu has been a useful reminder of the importance of preparedness for a major incident or epidemic. Hutt Valley DHB will continue to work to develop and enhance systems to ensure that any major emergency is dealt with as efficiently and effectively as possible.

2.20 KEEPING INFRASTRUCTURE COSTS AS LOW AS POSSIBLE

HVDHB is committed to keeping infrastructure costs as low as possible. Implementation of HVDHB's Asset Management Plan, which is currently being developed, is seen as being the key initiative to achieve this on an ongoing basis – while noting that much progress has already been made in this area as a result of HVDHB's recent completion of the Site Optimisation Plan for the upgrade and modernisation of facilities and equipment at Hutt hospital. This goal will also be supported by HVDHB's ongoing commitment to achieve efficiency gains wherever possible.

2.21 INDUSTRIAL RELATIONS STRATEGIES

In addition to HVDHB's workforce development plan, HVDHB will continue its work with other DHBs, unions and the Government – both regionally and nationally – to ensure an effective approach to employee agreement settlements. Section 3.3.15 provides further information.

2.22 INNOVATIVE APPROACHES TO ENABLE MANAGING WITHIN BUDGET

This plan, which is considered to be both realistic and achievable, reflects a continuation of HVDHB's sound financial performance and ongoing commitment to operating in a financially sustainable manner. Management within budget is a key Board expectation of the CEO and HVDHB's management team. This is backed by regular monitoring of actual performance relative to budget and where performance shows any adverse variance to budget taking corrective management steps as soon as possible. The Board's continued striving for identifying and implementing efficiency gain opportunities is an integral part of our approach to enable continued management within budget.

2.23 IMPACT OF BOARD ELECTIONS

The Board notes that this District Annual Plan, and related Statement of Intent, commits HVDHB in terms of its accountability and obligations to the Crown and Hutt Valley community across a significant range of actions through until 30 June 2005. This commitment is irrespective of the fact that local elections for Board members are scheduled to occur at the end of 2004. The Board is committed to the implementation of this plan and it is envisaged that there will be no material change to this plan's commitments following the Board member elections later this year.

3 ADVANCING THE DISTRICT STRATEGIC PLAN

This section describes how Hutt Valley DHB will continue to implement key aspects of the five year District Strategic Plan (DSP), covering the period 1 July 2002 to 30 June 2007.

HVDHB is committed to reviewing the current DSP during 2004/05, noting that this year represents the third year of the five year plan and that there is a legislative requirement within the New Zealand Public Health and Disability Act 2000 to review the DSP at least once every three years. Due consultation with the community will occur as part of this DSP review (refer section 3.3.16).

3.1 KEY DISTRICT STRATEGIC GOALS

The top 10 key goals were identified in the District Strategic Plan (DSP) based on the key local health issues identified as well as the general expectations of DHBs. The top ten goals for Hutt Valley DHB are:

1. **Primary care:** implementing the New Zealand Primary Care strategy, including developing a robust, accessible primary care sector that focuses on improving the health of the population, and manages people with chronic conditions effectively.
2. **Healthy communities:** encouraging people to exercise more, eat more healthily, stop smoking and improve parenting skills through a range of health promotion strategies including intersectoral initiatives, community development, healthy public policies and supportive environments.
3. **Reduce inequalities:** reducing the inequalities in health status among certain disadvantaged populations, including Maori and Pacific Peoples, so that they can enjoy the same length and quality of life as other Hutt Valley residents.
4. **Disease management:** improving the treatment of people with chronic diseases, particularly cardiovascular disease, diabetes or respiratory disease to improve their quality and length of life.
5. **Elective services:** ensuring people have access to elective medical and surgical services before they reach an unreasonable state of ill health.
6. **Child health:** giving children the opportunity to grow up in a healthy supportive environment by implementing the new "Well Child" framework and providing co-ordinated maternity services.
7. **Youth health:** developing youth-friendly services that reduce teenage road traffic accidents, pregnancies, drug and alcohol misuse and suicides.
8. **Maori health development:** working to achieve equity of outcome for Maori, including through the development of services provided by Maori, for Maori.
9. **Mental health:** improving service quality, and developing primary mental health services to complement the specialist secondary services.
10. **Integration:** providing seamless care across health providers and across different services, so that people receive the right service from the right person at the right time.

Overall key priority

Over and above maintaining access to core services, the Board considers that the single biggest priority for the five-year period covered by the DSP, is implementing the primary care strategy. The reasons are:

1. Development of excellent primary care services will make the single largest difference to people's health in the short to medium term;
2. The primary care strategy is pivotal to achieving most of the other key goals.

Mapping the Service plans to the Key Goals

The objectives and strategies flowing from these goals are laid out in related service plans as noted in the following table. More detail on each of these service plans can be obtained from the DSP, available from the Hutt Valley DHB executive office, and the website (www.huttvalleydhb.org.nz).

Key Goal	***Strategies to achieve the goal are laid out in:***
Primary Care	The Primary Care Service Plan
Healthy Communities	The Healthy Communities Service Plan
Reduce Inequalities	Maori Health Plan, Pacific Health Plan, Primary Care Plan, Healthy Communities Plan (and in aspects of all other plans)
Maori Health Development	Maori Health Plan
Disease Management	Cardiovascular Disease Plan, Respiratory Service Plan, Cancer Service Plan, Diabetes Plan
Elective Services	Surgical Service Plan
Child Health	Child Health Plan, Maternity Plan, Oral Health Plan
Youth Health	Youth Health Plan
Mental Health	Mental Health Plan
Primary Secondary Integration	All service plans, Information Planning, Integrated Care workstream

3.2 DHB ACTIVITIES 2004/05

The tables below summarise priority activities and developments in the planning period. The activity list does not include most of the "business as usual" activities, which will occur anyway. Business as usual includes the needs assessment, service planning, funding allocation, contracting, service provision and monitoring activities. Each priority activity listed in the table below is expanded on in the section that follows. Table 3.2.1 shows activities related to the 10 key goals from the DSP. Table 3.2.2 shows activities related to other strategic developments.

3.2.1 Priority Activities Related to Strategic Goals 2004/05

Key Strategic Goal	*Priority Activities for 2004/05*
Primary Care	1. Develop and support PHOs in the Hutt Valley. 2. Alignment of Community and Public Health Nursing in Primary Care 3. Advance Management of Referred services 4. Develop a primary mental health initiative that expands access to people with mental health needs above the 3%threshold
Healthy Communities (Public Health)	1. Alignment of Public Health Services Purchased by the MOH to the Strategic Priorities of Hutt Valley DHB: implement shared decision making with MoH 2. Work intersectorally with key agencies in specific areas 3. Contribute to improvement and participation in population health programmes especially National Cervical Screening Programme and Breastscreen Aotearoa.
Reduce Inequalities	1. Pacific Health Plan implementation 2. Enhance Reducing inequalities in Health Intervention Framework 3. Develop a Refugee Service Plan
Maori health development (He Korowai Oranga)	1. Implement Maori Health Strategic Plan 2. Improve access to and effectiveness of mainstream services for Maori 3. Increase investment in Maori Health 4. Implement a regional Whanau Ora improvement framework
Disease management	1. Implement a comprehensive approach to the reduction of incidence and impact of diabetes. 2. Implement a cardiovascular package of care
Elective services	1. Meet Elective Services Waiting Times Targets. 2. Expand local delivery of services including urology and ophthalmology. 3. Promote regional access to elective services.
Child health	1. Achieve baby friendly hospital accreditation. 2. Improve childhood immunisation rates. 3. Improve child health
Youth health	1. Improve youth health outcomes.
Mental health	1. Advance implementation of Mental Health Blueprint. 2. Ensure appropriate access to regional mental health services for residents of Hutt Valley. 3. Develop a project plan for the implementation of Mental Health SMART

Primary secondary Integration	1. Primary - Secondary Integration. 2. Manage Acute Demand pressures on provider arm

3.2.2 Priority Activities Related to Other Strategic Developments 2004/05

This table sets out the strategic and annual objectives related to organisational development, such as the effect of the New Zealand Disability Strategy, workforce development, quality and information management. While these are not listed as key goals in the DSP, they are vital to the success of the organisation.

Strategic Area	*Priority Activities for 2004/05*
Disability Strategy	1. Advance the objectives of the Disability Strategy. 2. Implement the findings of the Older Persons Plan.
Communications	1. Increase community participation in the service activities of Hutt Valley District Health Board.
Quality & risk Management	1. Quality Improvement Approach : Ensure health and disability services provided are safe, people-centred and of a high quality. 2. Risk Management Focus: Identify and improve systems to support the identification, treatment and monitoring of risk in DHB services and external providers. 3. Implement recommendations of the Emergency Department Review
Information Systems	1. Development of Primary Care IT Plan to support the roll-out of WAVE report recommendations 2. Implement and support Health Practitioner Index. 3. Develop system(s) to support delivery of oral health in schools and the community.
Workforce Development	1. Industrial Relations Strategies – participate in the development of regional and national industrial strategies 2. To develop a DHB-wide workforce development plan and commence implementation 3. To assist in the strategic development of the NGO community health workforce.
Capital Planning	1. Implement the Asset Management Plan.
Magnet Hospital	1. Participate in and trial Magnet Hospital credentialing programme at Hutt Hospital.

3.2.3. District Strategic Plan Funding Initiatives

This section describes progress in implementing the additional strategic funding initiatives listed in the DSP.

The seven service planning groups established to assist in the development of the strategic plan identified 40 new initiatives that would require additional funding before they could be implemented. Using a prioritisation methodology approved by the Board these initiatives were ranked in priority order. However, in many cases tagged MoH funding has been received that has meant that these initiatives can be implemented ahead of their order of priority. For instance mental health funding must be applied to mental health initiatives. This section shows progress in funding the 40 DSP initiatives and indicates which initiatives will be undertaken in 2004/05.

A number of new funding priorities emerged in 2003/04 that were not identified in the DSP. These additional funding priorities were reviewed and endorsed by HVDHB in October 2003. As a result, there was a re-ordering of the funding priorities. The additional priorities are described in the Table below.

New Rank	Proposal/Initiative	Original DSP Priority	One-off	Recurring	Budgeted full year new funding 2004-05	Comment
1	Diabetes & cardiovascular disease prevention pilot	v			v	
2	Intersectoral initiative – Healthy Housing Index		v		v	
3	Cancer mole removal subsidy	v		v		
4	Clinical Pharmacy Services – Medication Management		v		v	
5	Immunisation assertive outreach	v		v		
6	Research fund for all new initiatives		v			Now built into all new initiatives
7	Maori Health (for priorities out of Maori health plan)				v	
8	Chronic disease clinical pathways in primary care	v			v	
9	Clinical Pharmacy Services – Blister packaging		v		v	
10	Diabetes funding to implement review findings				v	
11	Smoking cessation	v	v		v	MoH to pick up Rangatahi project
12	Full basic dental service for low income people	v			v	
13	Maori mental health workforce - one-off programme		v			
14	Primary care Refugee Services				v	
15	Respiratory – Expansion of services for high need populations		5	5	5	Requires additional funding
16	Co-ordinating primary health organisations	v		v		
17	Cardiac rehabilitation programme	v			v	
18	Ear caravan	v			v	
19	Ethnicity collection	v	4			

New Rank	Proposal/Initiative	Original DSP Priority	One-off	Recurring	Budgeted full year new funding 2004-05	Comment
20	PHO Project – Implementation of PHOs		4			
21	Audits - additional	v	4			
22	Community health workers	v			4	
23	Primary care reduce copayments - Targeted	v		4		PHO MoH funding
24	Increase podiatry service	v			4	
25	Youth school health clinics - targeted	v			4	
26	Flu vaccine assertive recall	v		4		
27	Additional Electives		4			
28	Kidznet (superceded by National Immunisation Register)	v	v	v	v	In negotiation with MoH for funding
29	Mental Health Quality & outcomes program development	v	5	5	5	MoH-led project
30	Maternity -additional post natal support -special needs	v		4		
31	Fund psychological therapies – Primary mental health initiative	v	5	5	5	Additional funding required
32	Primary care teams - additional nurses	v		4		
33	Physical activity - green scripts	v	4			
34	Workforce development fund	v	4			
35	Acute options programme		4			Now terminated
36	Quality payments			4		
37	Expand youth health service	4			4	
38	Labs project – supply options		4			
39	Sterilisation options		4			
40	Oral health enrol adolescents	4	5	5	5	Awaiting results of review
41	Workforce study	4	4			
42	Pacific Health (for priorities resulting from PH plan)				4	
43	Implement findings of family violence policy review		5	5	5	Dependent on additional funding
44	Accredited equipment assessment		4			
45	Palliative care liaison				4	
46	Maternity coordination	4	5	5	5	Dependent on MoH devolution of maternity
47	Workforce development - MH Scholarships	4	4		4	Regional MH workforce development
48	High Cost pool – Pilot		4			
49	Additional Youth school health clinics	4	5	5	5	Postponed – awaiting results of evaluation of

						current clinics
New Rank	**Proposal/Initiative**	**Original DSP Priority**	**One-off**	**Recurring**	**Budgeted full year new funding 2004-05**	**Comment**
50	Increase nurse clinics	4			4	
51	Disability advisor	4			4	
52	Youth peer support/educators	4	5	5	5	Additional funding required
53	Mental Health Aged Care	4			4	
54	Workforce development - well child	4	5	5	5	Requires additional funding
55	Service directory	4	4			
56	Youth crisis respite services	4	5	5	5	Requires additional funding
57	Children with moderate needs pilot (MH)	4	5	5	5	Requires additional funding
58	Diagnostics - radiology	4	5	5	5	Requires additional funding
59	Psychological therapies – 3%	4			4	
60	Youth health coordinator	4	5	5	5	Requires additional funding

As can be seen from the table above, additional HVDHB funding priorities have included:

- Pharmacy services (including medication management, disease matching and discharge pharmacy services)
- Refugee services
- Intersectoral initiatives with a key focus on housing and respiratory illnesses
- Support for emerging Primary Health Organisations
- Specific funding for the implementation of both the Maori and pacific health plans
- Additional funding for an oral health low-income service.

3.3 ANNUAL OBJECTIVES AND TARGETS

Each of these priority activities is discussed further in the following sections 3.3.1 to 3.3.17. Within each strategic goal an "objective template" has been prepared for each key priority activity. This template outlines:

- The objective
- Approach to achieving the objective
- Milestones toward achievement of the objective
- Risks and mitigation strategies associated with achieving the objective
- Indicators and targets/expectations to assess whether the objective achieved.

It is noted that some performance indicators and targets conform to those sought by the Ministry of Health across all DHBs for its monitoring across key Government priorities. These indicators of DHB performance (IDPs) are summarised where relevant within section 3 and specifically referenced by the MOH label that has a three letter code, followed by a two digit number. Appendix 5 provides the full details associated with the MOH-based performance indicators and targets.

A separate list of all performance indicators and targets, for each objective, is also provided in section 6.

3.3.1 Strategic Goal 1: Primary Care

Primary health care services include:

- Health improvement and prevention services (for example, diabetes or asthma education, post-coronary counselling, flu vaccines)
- Working with communities to improve the health of populations
- Services to help children stay healthy (for example, immunisations, hearing and vision tests, Well Child check-ups)
- First level services such as general practice services, nursing services, pharmacy services and advice on healthy lifestyles and self care
- More specialist first level services for certain conditions such as maternity, sexual health, physiotherapy, psychological therapies, podiatry, etc
- Co-ordination of care for individuals and their families.

What does the District Strategic Plan Say?

The DSP identifies the following 3 top priorities for the Board in relation to primary health care:

- Developing PHOs to target high need populations.
- Developing a primary care co-ordinating mechanism.
- Managing demand driven spending.

What Progress Was Made In 0304?

Primary Health Organisations

The DHB has pursued a community development model for setting up PHOs in the Hutt Valley during 2003/04. This has involved an extensive process of educating and informing Hutt residents about PHOs and discussing various options for PHO development with specific communities of interest. This process has resulted in the community, together with community based health providers, indicating a preference for two new PHOs in addition to Piki te Ora ki te Awakairangi.

These two new PHOs include an Access PHO focused on the enrolled population of three practices in Naenae, Stokes Valley and Taita. The other PHO covers the population enrolled with practices in Upper Hutt and Southern Lower Hutt. The DHB has worked with Community Steering Groups representing Upper Hutt, Northern Lower Hutt and Southern Lower Hutt to

establish these two PHOs from 1 April 2004. This has included provision of funding to organise their registers and establish an enrolment process.

Alongside the PHO establishment process, the DHB is working with providers and the community to identify how best management support services can be provided to PHOs that are established. This involves assisting the establishment of a valley-wide services agency that would be able to coordinate Valley-wide primary health services (such as community referred radiology, referred services management activities) to all existing and new PHOs in the Hutt Valley. A tangible demonstration of this assistance by the DHB is our offer to make accommodation available to the valley-wide management agency.

Community and Public Health Nursing

The Primary Health Nursing Leadership Group developed the Primary Nursing business plan (2002 –2005), which is reviewed annually and is consistent with the District Annual Plan. A report on progress against the plan is provided to the Chair of CPHAC annually. Key focus areas that have been progressed are:

- Workforce, Communication, Education and Practice Standards. The DHB provider-arm (particularly with respect to community based nursing services) is increasingly engaging with providers who are moving towards a PHO environment. A major project centres on identification of roles and models of practice in primary health. Aligning community nursing with PHOs is a key component of this – which is identified for action during 2004/05.
- The primary health graduate nursing programme; which builds on the existing education and training for nurses in primary care. This offers a supported programme to further develop the primary care workforce in the Hutt Valley.

A nurse consultant for Primary Health has been appointed.

Referred Services Management

A Referred Services Advisory group was established in 2003-04 to develop a strategic focus on referred services. The primary focus of the group is on management of pharmaceuticals and laboratory services, and referred services activities coordinated/provided by primary care referrers in the Hutt Valley.

The group, composed of GPs, referred services facilitators, laboratory and pharmacy staff, and secondary service clinicians, has developed a referred services work plan for the coming twelve months focussing on specific areas to manage demand. Some projects (urinary tract infections, anti-depressants and asthma) are likely to decrease demand while others such as the statins project will increase use of pharmaceuticals.

HVDHB supported this plan by providing funding to valley-wide services to implement the new plan valley-wide.

New Initiatives

During 2003/04, HVDHB also extended the quality payments programme to include mammography and MMR as core components of the programme. The Primary Health Excellence Awards were also extended to a number of new categories.

What Is Planned For 04/05?

Primary Health Organisations

Depending on the outcome of discussions, it is possible that there will be at least one further PHO established in the Hutt Valley in 2004/05. The DHB will continue to work with the relevant organisations to assist them with PHO development as necessary.

In 2004/05, the DHB intends to audit the first PHO that was established in the Hutt Valley, namely Piki te Ora.

The DHB expects that a valley-wide primary health support agency will become operational early in 2004/05 and will provide primary health support services to both existing and establishing PHOs. The DHB will continue to support an agency establish its services for PHOs during 2004/05.

As part of developing PHO practices further, HVDHB plans to pilot a new low income oral health service within a PHO environment during 2004/05 – to reduce health inequalities within the district.

Community and Public Health Nursing

A primary health service plan focussing on community and public health nursing will be developed in 2004-05, with a planned trial integrated model of service delivery between PHO & service delivery arm.

A Review of Nursing procedures and practice standards for nurses in primary health will also be carried out, with identification of practice competencies for nurses in primary health completed.

Referred Services Management

The HVDHB Referred Services Workplan will be implemented and monitored in 2004-05. The HVDHB will also work collaboratively with the national Referred Services Strategy currently being developed by DHBNZ, Ministry of Health and DHBs.

A review of laboratory supply and demand will also be carried out in 2004-05 with a dual focus on containing laboratory costs both in the hospital and community markets, as well as ensuring a quality and outcome focus remains on both markets.

New Initiatives

HVDHB is committed to progressing a primary mental health initiative that expands access to people with mental health needs above the 3% threshold (ie for people with mild to moderate mental illness such as depression and anxiety), noting that this is the only priority remaining from HVDHB's top 20 DSP priorities that is yet to be progressed.

Many improvements in primary health delivery and primary/secondary integration will only be achieved by a strong PHO infrastructure, and in particular, a strong IT focus. To advance this goal, HVDHB proposes to develop and implement a primary health IT programme in 2004-05 (refer section 3.3.14)

HVDHB also wishes to encourage teamwork in the PHO environment by allowing pharmacists to contribute through PHOs. Activities we intend to promote include reviewing medications for high need groups, working with GPs and nurse practitioners towards best practice prescribing and improve the take-up of and compliance with prescribed medications.

Amendment of HVDHB's quality payment system will also be progressed in line with review finding recommendations.

Annual Objective 1	**Develop and support PHOs**
Approach	• Work with candidate organisations to develop additional PHOs in Hutt Valley. • Audit PHOs currently established • The DHB will support a valley-wide primary health support agency to become operational in 2004/05 as it works to provide primary health services to both existing and establishing PHOs in the Hutt Valley. • Encourage teamwork in PHOs through supporting GPs, community health workers, pharmacists, nurses and allied health providers in specific funding initiatives. • Enable participation by Iwi and Maori providers, and Pacific providers in PHO governance • Implement new services within a PHO environment where appropriate
Milestones	• Work with other groups on PHO establishment, e.g. Tamaiti Whangai and Ropata, during Q1 and Q2 • Piki te Ora, Valley and Mid Valley PHOs audited by Q4 • Contract in place for a valley-wide primary health support agency by Q1. Review Sterilisation programme Q3 and implement findings Q4 • Contract for a low-income oral health pilot through Piki Te Ora by Q1 • Review progress of 2004/05 PHO business plans and approve 2005/06 business plans in Q3
Risks and Mitigation Strategies	*Risks* • Providers remain uncertain about what, if any, PHOs they want to join. • PHOs find that it is difficult to carry out the necessary management functions within the funding available. • Inability to recruit key clinical staff to the low income oral health service *Mitigation* • The PHO establishment process provides flexibility to providers should they want to join existing PHOs, or decide that they want to leave an established PHO for another PHO. • The DHB supports a valley-wide primary health support agency in its development to ensure that existing and newly establishing PHOs have access to PHO management services at an affordable price.

	• Develop a contingency plan for recruitments and retention of clinical staff to oral health low income pilot service
Indicators and targets/expectations	• 85% of Hutt population enrolled in a PHO by 30 June 2005 • Evidence of collaborative-approach to PHO service delivery [SER-01 IDP]

Annual Objective 2	**Alignment of Community & Public Health Nursing in Primary Care**
Approach	• Development of a framework for nursing services, including Community and Public Health Nursing and a transition plan for the next 3 years. • Implementation of service plan recommendations for community and public health nursing services • Review Advanced Nursing Practice within Primary Care
Milestones	• Draft service plan for community nursing by Q3, finalised in Q4 • Draft service plan for Regional School Health Service (public health nursing) developed by Q4
Risks and Mitigation Strategies	*Risks* • Resistance to proposed changes by key stakeholders • Changes in funding to services *Mitigation* • Workforce development strategies being employed and the ongoing communication of services to the relevant parties. • Clear nursing team support structure
Indicators and targets/expectations	• Framework for Community and Public Health Nursing Service Plan • Nursing Practice and Development [part of INV-02 IDP]

Annual objective 3	**Advance Management of Referred Services**
Approach	• Develop a referred service strategy in line with national and regional developments, focusing on management of pharmaceutical and laboratory expenditure • Implement HVDHB's 12-month referred services work plan • Develop business cases for implementation of demand and supply side intervention to Labs management in both the hospital and community markets (contingent on regional work) • Implementation and review of medication management project
Milestones	• Medication Management Project and Pharmacy contracts in

	place by Q1 • HVDHB Referred Services Management framework drafted by Q4 • Business cases for supply and demand sides developed by Q3 • HVDHB referred services work plan projects implemented by Q4 • Medication Management project reviewed by Q4
Risks and Mitigation Strategies	*Risks* • Lack of buy-in from referrers • IT problems • Litigation on supply-side laboratory interventions *Mitigation* • Active engagement with referrers • Support development of IT in primary care (refer section 3.3.14) • Development of robust business case for laboratory intervention
Indicators and targets/expectations	Achievement of key milestones: • Referred services strategy complete • Three referred services work plan projects implemented • Laboratory services business cases completed for hospital and community markets (contingent on regional work) • Medication management project implemented and reviewed

Annual objective 4	**Develop a primary mental health initiative that expands access to people with mental health needs above the 3% threshold**
Approach	• Develop a three-year pilot programme proposal in consultation with key stakeholders and community
Milestones	• Support PHOs to develop primary mental health initiatives in Q1 • Pilot Proposal completed by Q2 • Develop a primary mental health framework for HVDHB by Q3
Risks and Mitigation Strategies	*Risk* • Remains subject to funding availability and confirmation of prioritisation at the time *Mitigation* • This is the last of the top twenty DSP priorities
Indicators and targets/expectations	• Development of Pilot Proposal

3.3.2 Strategic Goal 2: Healthy Communities - Public Health

Promoting Healthy Communities is about enabling people to increase control over and to improve their health. Particular areas for focus are improved nutrition increased physical activity, reduced smoking, safety and wellbeing of children.

These activities mainly fall within the Public Health service-funding stream which currently remains with the Ministry of Health. Hutt Valley DHB provides public health services to the greater Wellington region through the Regional Public Health business unit (RPH). While the 14 regional Public Health Units (including Hutt) are key providers of New Zealand public health services, it is important to remember that a wide range of Non-Governmental Organisations (NGOs) and Maori, Pacific and other health providers are involved in the delivery of public health services, and account for around 50% of public health funding. These organisations (together with Regional Public Health) play a vital role in implementing health promotion and prevention strategies to keep people healthy.

What does the District Strategic Plan Say?

In addition to a wide range of potential strategies to improve health, the DSP identifies the following 3 top priorities for the Board in relation to the healthy communities' goals:

1. Funding additional smoking cessation services.
2. Working with communities and intersectorally to promote healthy lifestyles (especially physical activity and nutrition).
3. Improving the collection of ethnicity data.

What Progress Was Made In 0304?

The CPHACs of Capital and Coast, Wairarapa & Hutt Valley DHBs approved a Wellington Regional Public Health Strategic Plan that was developed by a Public Health Services Steering Group that has been established by the three DHBs. The Steering Group also worked to jointly prioritise the needs of the DHBs in conjunction with to Service Planning for RPH. The following key priority areas have been identified for more detailed work on improving health outcomes: Tobacco, Active Lifestyles and Nutrition, Alcohol and Other Drugs, Reducing inequalities (Maori/Pacific/Child/Youth). The Ministry of Health is exploring options around additional resourcing for this area of work. HVDHB is also participating in a wider regional forum for Public Health Units, DHBs and the Ministry of Health, the Central Regional Public Health Service Reference Group (CRPHSRG).

During 2003/04 HVDHB worked with both the Hutt City and Upper Hutt City Councils as they developed their Community Plans and indicators. Specific projects where there has been collaboration with local councils include PHO development and Elder Care. Both Councils are represented on the PHO Community Steering Groups that are assisting with the process of PHO establishment. Work to establish regular meetings and ongoing linkages has progressed.

Additional Smoking cessation programmes were purchased in 2003-04 through Kokiri marae for 1) Hutt Valley DHB staff as part of the implementation of its smokefree campus, 2) mental health clients, and 3) young people.

Regional Screening Services has increased its coverage for Breast and Cervical Screening and are on target to meet the coverage objectives outlined in the 03-04 DAP.

BreastScreening has rolled out a GP funding and recruitment pilot throughout the region. The pilot encourages GP's to be more involved in the programme and thus enhance coverage rates.

Screening Services is working collaboratively with PHOs and across the 3 DHB in the Region. This collaboration is important in developing strategies for screening that will enhance coverage especially in relation to Maori and Pacific women.

In the area of ethnicity coding there is ongoing progress. More than 70% of primary care registers now have valid ethnicity codes. HVDHB have employed a Data Quality Educator and training programmes have been developed and are being delivered to staff, inclusive of an ethnicity collection component. Linking work is also occurring with Kowhai Health, the local IPA, who are delivering similar training as part of PHO development and enrolment work within the Hutt Valley.

What Is Planned For 0405?

HVDHB will continue membership and support in the Regional Public Health Steering Group and participation in the CRPHSRG. Relationships with local councils and other key organisations (including Housing NZ and WINZ) will be strengthened through regular meetings and joint projects. It is anticipated that both local Councils will want to stay involved in PHO development, through the DHB, with PHOs and their activities once they are fully established.

Additional nutrition and lifestyle classes for high need populations will also be purchased throughout 2004-05 (refer section 3.3.3)

Plans also exist for improving participation in cervical screening and breast-screening services. The HVDHB will also expand access to breast screening services to include women aged between 40-70.

Annual objective 5	**Alignment of Public Health Services Purchased by the MOH to the Strategic Priorities of Hutt Valley DHB: implement shared decision making with MoH**
Approach	In conjunction with Capital & Coast DHB, Wairarapa DHB and MOH implement shared decision-making: • Implement the regional strategic plan for the funding of public health services delivered to the greater Wellington region; • Services delivered by region-wide public health providers, such as RPH, are aligned to the priorities identified in the strategic plan: *Tobacco Control, Active Lifestyles and Nutrition, Alcohol and Drug, and Reducing Inequalities for Maori Communities, Pacific Communities, and Child and Youth Health.* HVDHB continued membership of and support for the Greater Wellington public health shared decision-making group.
Milestones	• Regular Steering and Reference Group meetings
Risks and mitigation strategies	*Risk* • Lack of resources to implement Regional Public Health Strategic Plan.

	Mitigation • Explore options with MoH and DHBs for additional support.
Indicators and targets	• RPH Service Plans are aligned to regional priorities by end Q3.

Annual objective 6	**Work inter-sectorally with key agencies in specific areas**
Approach	Ongoing forums maintained between HVDHB and key agencies, e.g. local and regional councils. Work jointly on agreed key projects, e.g. PHO development, Healthy Housing projects, Elder care, Problem Gambling and Family Violence, Wellington School of Medicine.
Milestones	Regular forums and participation in joint initiatives.
Risks and Mitigation Strategies	*Risk* • Disparate views between different agencies. *Mitigation* • Consider working with agencies separately on some projects. • Develop Memorandums of Agreement with key agencies to ensure joint work programmes and outcomes
Indicators and targets/expectations	• Six monthly update & progress report to HVDHB Board

Annual objective 7	**Contribute to improvement and participation in population health programmes especially National Cervical Screening Programme and Breastscreen Aotearoa**
Approach	• National Cervical Screening o GP and smeartaker education and health promotion o Complete Health Promotion Plan, implement and evaluate o Participate in National and local media Strategies o Promote NSU funded smear takers course o Explore options with Local DHB's around strategies e.g.: "quality payments" that will increase under-representation amongst Maori and Pacific women • Breastscreening o Continuation of GP recruitment pilot o Complete Health Promotion Plan, implement and evaluate o Expand the Regional Breast screening service to women aged 40-70.
Milestones	• 6 monthly measurements against screening targets

	• Health Promotion plans are written, implemented and evaluated
Risks and Mitigation Strategies	*Risk* • Failure to meet target *Mitigation* • Monthly review of screening volumes and 6 monthly review against targets. • Close collaboration with community groups, PHO's and P&F departments across the DHB's • Participate in local and National Media Strategies
Indicators and targets/expectations	• BreastScreening Coverage to reach 29% of eligible population *(this only refers to the 50-65 age group at this time)* • Cervical Screening Coverage rate to reach 80% • Participation rate is maintained at > 90%

3.3.3 Strategic Goal 3: Reduce Inequalities

What does the District Strategic Plan Say?

The DSP identifies reducing the inequalities in health status among certain higher need populations, including Maori and Pacific Peoples who have evident lower health status and hence higher health service needs, so that they can enjoy the same length and quality of life as other Hutt Valley residents, as a key goal. The strategies to progress toward this goal are contained in a number of different service plans, because inequalities exist across the full range of publicly funded health services.

Health status inequalities evident within the Pacific People's community are the focus for this particular section. Service developments targeting high needs for Maori and low income populations are dealt within other relevant service sections. Maori Health need issues are dealt within section 3.3.4. There is a focus in Primary Care and Healthy Communities (sections 3.3.1 and 3.3.2), in particular, on addressing the needs of deprived populations, including low income, Maori and Pacific People. Similarly, the Chronic Disease Management section (section 3.3.5) addresses two very high priority health needs for Pacific people – the detection/treatment of diabetes and heart disease.

The key priorities identified in the DSP in relation to Pacific Health are:

1. Detection and treatment of diabetes;
2. Detection and treatment of heart disease;
3. Development of healthy community strategies to reduce the risk factors for these diseases, including smoking, nutrition, and inadequate physical activity among the Pacific population.

What Progress Was Made In 0304?

One of HVDHB's major achievements was the development and consultation of its Pacific Health Plan. A Pacific Health Advisory Group and Working Group was established to assist with the development and consultation on this plan; inclusive of consultation with Pacific youth and Pacific mental health providers. Regular meetings with Pacific Health Providers are now scheduled for implementation of the plan.

The Plan identifies some key strategies for reducing health disparities amongst Pacific peoples in the Hutt Valley, including improving access to primary health services for families, improving access and reach to Well child services, and a focus on improving healthy lifestyles for Pacific peoples. It also identifies the high need for active chronic disease management of diabetes and cardiovascular diseases for Pacific People.

What Is Planned For 0405?

Implementation of the Pacific Health plan will begin, as will continued support for the Pacific Provider Development Fund.

A key focus of activity for 2004-05 will be ensuring that the key cornerstone for all HVDHB new initiatives and service improvements focus on reducing inequalities. Part of this will be ensuring a strong equity framework to our prioritisation tools as well as ensuring initiatives are researched and evaluated with a view to their impact on reducing health disparities (example is objective two in section 3.3.1).

As part of work toward the development of the next District Strategic Plan, updating Health Needs Assessment work will be also undertaken. This will include a review of Refugee services.

Annual Objective 8	**Pacific Health Plan Implementation**
Approach	• Implement the Pacific Health Plan recommendations, including the priority milestones identified below, subject to confirmation of these through consultation due for completion by April 2004
Milestones	• Increase the number of outreach programmes for improving Healthy lifestyles of Pacific communities by end of Q2 • Re-configure the Pacific health well child facilitation service to ensure it meets the new Well Child framework and a whole package of care can be delivered from that base by Q3 (refer section 3.3.7) • Management of chronic diseases – diabetes and cardiovascular services (refer section 3.3.5) • Pilot one additional initiative resulting from the Pacific health plan once these have been prioritised in the current consultation process by Q2 • Develop a Pacific Workforce Strategy as identified in the Pacific Health Plan
Risks and Mitigation Strategies	*Risks* • Time line may slip • Provider capacity issues may exist *Mitigation* • Activities are prioritised in a way that permits innovative flexible solutions • Ensure Pacific provider Development funding is integrated with the Plan

Indicators and targets/expectations	• Report on progress towards the implementation of priority areas identified in the Pacific Health & Disability Action Plans [PAC-01 IDP] • Report quarterly on implementation of the Pacific health Plan recommendations for Year 1

Annual Objective 9	**Enhance Reducing Inequalities in Health Intervention Framework**
Approach	• Incorporate the new equity assessment tools (Health Equity Assessment Tool and Reducing Inequalities Intervention Framework) into HVDHB's Decision-Making Principles that address equity considerations • Apply the new tools to informing funding of new services and service reconfigurations (eg low income oral health services in PHO environment in section 3.3.1) • Apply the new tools for the development of the next District Strategic Plan (eg refugee service plan development, following)
Milestones	• HEAT tool in Funding Management Group template by Q1 • DSP planning Q2, implementation from Q3
Risks and Mitigation Strategies	*Risks* • Access to robust data to inform health status, risk factors and access *Mitigation* • Continue to develop service and inequality analysis capability; including development of ethnicity and deprivation mapping
Indicators and targets/expectations	• Report on progress towards raising awareness of inequalities and refocusing planning & funding activities to address inequalities in health [RIH-01 IDP]

Annual Objective 10	**Develop a Refugee Services Plan**
Approach	• Analysis to complete Health Needs Assessment of refugee services • Consultation with key stakeholders in development of plan
Milestones	• Establish Refugee services planning group Q1, develop plan Q2, consultation Q3, finalisation Q4
Risks and Mitigation Strategies	• No significant risks are envisaged that will impact on achieving the milestone above
Indicators and targets/expectations	• Service Plan for Refugee Health

3.3.4 Strategic Goal 4: Maori Health Development- He Korowai Oranga and Whakatataka

The overall aim of He Korowai Oranga is Whanau Ora – Maori families that are supported to achieve the fullness of health and wellbeing within Maori and New Zealand society as a whole. This aim builds directly from the New Zealand Health Strategy and the seven fundamental principles that should be reflected across the health sector, including: acknowledging the special relationships between Maori and the Crown under the Treaty of Waitangi.

He Korowai Oranga recognises that both Maori and the Government have aspirations for Maori Health and will play critical roles in achieving the desired outcome for whanau. Realising those aspirations requires putting the Treaty of Waitangi principles of partnership, protection and participation into action.

Whakatataka, the national Maori Health Action Plan, sets out what the Government will do to progress the aims of He Korowai Oranga over the next two to three years. Whakatataka brings together the existing responsibilities of District Health Boards in regard to Maori health and places them in the context of He Korowai Oranga.

What does the District Strategic Plan Say?

The strategic plan identifies a range of conditions where significant health disparities exist between Maori and other residents. These include smoking, heart disease, cancer (lung, breast, cervical), diabetes, high blood pressure and respiratory disease (pneumonia, influenza and asthma).

The DSP identifies the following three key priorities for the Board in relation to Maori health:

1. Developing a partnership with local Maori.
2. Implementing service plan strategies to reduce inequalities.
3. Expanding Maori capacity through provider and workforce development.

What Progress Was Made In 0304?

Development of Local Maori Governance Partnership agreement

Resource allocation has occurred to support the development of a group. Te Awakairangi Hauora 'Te Ruru' has been established as an interim group who have been tasked to develop an appropriate infrastructure to support a relationship arrangement with the Hutt Valley District Health Board by June 2004. The group has articulated the need to be a potent and independent Maori body that can assist Maori and the Hutt Valley DHB to achieve a new level of understanding, and can foster better relationships between Maori communities and between Maori and HVDHB.

Develop Maori Health Plan

Draft Terms of reference for a Maori Health Strategic Plan have been written and developmental discussions have occurred with key stakeholders. Maori Provider engagement has been initiated. Steering group members will be confirmed by the end of June. Maori Health Providers have been engaged to contribute to the process.

Investment in Maori Health

Sustained: An Additional $150,000 will have been invested in Maori Health providers by the end of the year. This figure does not include the number of one-off initiatives which have been funded this year as pilot initiatives.

What Is Planned For 0405?

A Maori Health Strategic Plan will be consulted and implemented in 2004-05. This Plan will include an identified pathway for key Maori Provider and workforce developments.
Funding has been set aside specifically for the implementation of Maori Health initiatives which result from the implementation of the Maori Health Strategic Plan for the Hutt Valley.

A Maori Health Gain Framework will be initiated and implemented throughout 2004-2005 with consolidation in 2005-2006 (Maori Participation in decision making) and continued active support and engagement of Maori Partnership group will occur.

HVDHB will continue to maintain their current leadership role in the Whanau Ora Service specification redesign and pricing arrangements. It will also continue to support development of all local models of care that build on Whanau Ora (Korowai Oranga) and will work closely with the Ministry of Health to develop models and profiling.

Annual Objective 11	**Implement Maori Health Strategic Plan**

Approach	• Te Awakairangi Hauora (Maori Governance Group) is supported to consolidate and build on gains made through 2003-2004. This will include:
	  • Working with Te Awakairangi Hauora to plan a pathway forward for the group that is sustainable and durable.
	  • Supporting proactive leadership and involvement in establishing the key strategic outcomes based on Maori Health Need.
	• Maori Health Strategic Plan Consultation with Iwi / Maori communities / wider Hutt community
	• Implementation of Maori Health Strategic Plan
	• Implementation of Maori Workforce Development Strategy (sub-set of the Maori health Strategic plan)

Milestones	• Report on Business Plan for 2004/05 to Te Awakairangi Hauora Q1 • Maori Health Strategic Plan Consultation in Q1, Te Awakairangi Hauora endorsement Q2 and implementation from Q3 • NGO workforce plan needs analysis completed in Q1, recommendations implemented by Q4
Risks and Mitigation Strategies	*Risks* • Hutt Valley District Health Board expectations and alignment with Iwi/ Maori Community aspirations • Ministry of Health pressure for delivery of Strategic plan *Mitigation* • Ensure communications are open/timely and consistent with Te Awakairangi Hauora and Board • Maintain good communications with Te Kete Hauora. (Maori Health Directorate MOH)

	• Maintain good communications with Iwi/Maori Community
Indicators and targets/expectations	• Finalisation of Maori Health Strategic Plan in Q2 • Report on development of Maori Health workforce and Maori Health Providers [HKO-02 IDP]

Annual Objective 12	**Improve access to and effectiveness of mainstream services for Maori**

Approach	• Develop a **Maori Health Gain Framework** in consultation with key stakeholders
	  • Services from both NGO and Provider Arm will be identified and nominated as champions to initiate framework development and implementation
	  • Work with both groups to Grandparent/Mentor other services/ providers onto framework
	• Monitoring the implementation of the Whanau Ora facilitator
	• Initiate and support strategies that decrease Maori Did Not Attends (DNAs)
	• Develop and implement staff training in topics relative to Maori for all DHB staff
	• Develop and implement a framework and support for Maori Health Plans

Milestones	• Maori health gain framework developed Q1 and agreed by Q3. Two providers identified (1 hospital, 1 NGO) to implement the new framework by Q4 • Draft Cultural Best practice guidelines relevant to DHB by Q4 • Develop a Maori Health Plan framework, process for assessment and support for providers Q1, development implementation timeline Q2
Risks and Mitigation Strategies	*Risks* • Ownership limited. • Clinical staff buy-in *Mitigation* • Early engagement for key stakeholders and leaders in services, providers. • Good communication and planning process • Responsibilities for champion service/provider clearly outlined and supported. • Ensure a close working relationship - with all clinical staff and promote the Maori health unit and Whanau Ora role positively
Indicators and targets/expectations	• Progress report on local Iwi/Maori engagement & participation in decision-making [HKO-01 IDP] • Report on improving mainstream effectiveness [HKO-3 IDP]

Annual Objective 13	**Increase Investment in Maori Health to reduce health inequalities**
Approach	• Increase investment in Maori Health in 2004-07 by 5% per annum of total Maori Health funding, to reduce health inequalities and address higher health needs amongst Maori • Assess provider capacity for further growth or consolidation of current services • Consolidate Maori provider forum to establish key common themes that affect capability
Milestones	• Provider Forum established to focus on provider capacity by Q1 • Establish provider capacity and capability for additional service funding and identify key growth areas by Q1 • New funding allocated by Q3 • Review Te Raumatatini services specifications by Q4
Risks and Mitigation Strategies	*Risks* • Funding not applied in a timely manner due to external or internal delays • Failure to reach targets *Mitigation* • Maori Health Proposals for one off funding are retained and prioritised so that savings made from delays can be applied without overall loss to account. • Early communication to the Board and the Ministry of Health for delays
Indicators and targets/expectations	Report on funding for Maori Health and Disability Initiatives [RIS-02 IDP]

Annual Objective 14	**Implement a regional Whanau Ora Improvement framework**
Approach	• Maintain current leadership role in Whanau Ora Service Specification redesign and pricing arrangements • Support development of all local models of care that build to Whanau Ora (Korowai Oranga) • Initiative review of tier 1 & 2 service specifications used in Hutt Valley to develop new service specification/pricing model in conjunction with the Ministry of Health and other DHBs
Milestones	• Contractor in place by Q1 • Agreement to Tier one service specification by Q2 • Tier two service specifications identified and prioritised for review by Q4 • New services identified for specification development by Q3
Risks and Mitigation Strategies	*Risk*

Strategies	• Insufficient human resource available to adequately address the size of work *Mitigation* • Ensure on-going support prioritised with Central Regional Maori Managers and CEOs • Maintain communication links with Te Kete Hauora
Indicators and targets/expectations	• New Service specification on the National Service Framework by Q4 • Local Service specifications prepared for alignment to Whanau Ora service specification by Q3

3.3.5 Strategic Goal 5: Chronic Disease Management

Chronic disease management is about the effective treatment of chronic conditions such as diabetes, heart disease and asthma across providers and across time. The District Strategic Plan address disease management goals under the Cardiovascular Disease, Respiratory Disease, Diabetes and Cancer service plans.

Chronic diseases are notably higher relative to the rest of the population for Maori and Pacific people. In particular, the admission rate for Pacific People for diabetes is three times the admission rate of European. Significant Maori and Pacific differences, relative to the rest of the population, are also particularly evident in ethnic mortality rates for those in the 45-65 age group – reflecting the earlier onset of chronic diseases.

What does the District Strategic Plan Say?

The key priorities in the DSP relating to diabetes are:
1. Increasing case detection and case management in primary care.
2. Increasing access to podiatry services.
3. Ensuring access to retinopathy.

The key priorities in the DSP relating to cardiovascular disease are:
1. Piloting prevention programmes aimed at high risk individuals
2. Increasing access to cardiac rehabilitation programmes
3. Implementing chronic disease pathways in primary care.

The key priorities in the DSP relating to respiratory disease are:
1. Implementing chronic disease pathways in primary care.
2. Encouraging uptake of the influenza vaccine.
3. Ensuring people with severe asthma have written management plans.

The key priorities in the DSP relating to cancer are:
1. Mole removal subsidies in primary care.
2. Increasing uptake of screening services.
3. Access to palliative care services in rest-homes.

What Progress Was Made In 0304?

A review of Hutt Valley diabetes services for people with diabetes has been completed. Diabetes review rates for 2003 increased by over 700 cases to 71% of the HVDHB population who have diabetes. Incentives have again been successful in supporting a primary care initiative to increase uptake of a free for patient diabetes annual screening.

Skin lesion services were implemented in primary care and these services continue to be provided by credentialed primary care practitioners. The service is currently being evaluated.

An education and liaison service for palliative care was introduced. This service aims to improve integration of palliative care with other health services, and to increase health professionals understanding and application of the principles of palliative care. While the service initially focused on continuing care facilities, this has also worked closely with primary care providers and secondary services.

What Is Planned For 0405?

HVDHB will implement the findings of the diabetes review, which includes re-allocation of some funding, funding new initiatives that will support improved integration of primary and secondary services and improve equity and access for Maori and Pacific Peoples.

A new focus in 2004-05 will be on implementing a cardiac continuum of care that addresses the three key priorities identified in the District Strategic Plan. Part of this package will be the trialling of a risk prevention pilot to address high needs in a specific Maori, Tongan and mainstream communities (also refer section 3.3.10)

Progressing respiratory services is addressed under actions to achieve improved primary sector and secondary sector integration (refer section 3.3.10).

Annual objective 15	**Implement a comprehensive approach to the reduction of incidence and impact of diabetes**
Approach	• Implement the findings of the diabetes review • Implement the cardiovascular/diabetes prevention pilot in three different communities
Milestones	• Provider Arm, youth support and family counselling contracts in place by Q1 • Primary health packages of care and podiatry contracts in place by Q2 • Mainstream cardiovascular/diabetes pilot implemented by Q1 • High need pilots by Q2 • A multi-disciplinary and co-ordinated approach in place by June 2005 • Purchase additional services aimed at improving equity and access to diabetes services for high need populations by Q3 • Reconfigure current primary health diabetes funding to ensure a consistent and well funded package of care is implemented through primary health nurses by Q2
Risks and Mitigation Strategies	*Risk* • PHO recognition of targeting improved diabetes identification and management.

<table>
<tr><td></td><td>Mitigation
Ensure timely and relevant data on current diabetes clinical data is disseminated to all PHO and GP groups 6 monthly from December 2004
Monitor PHO Services to Improve Access funding to achieve improvement in diabetes management from PHO start-up</td></tr>
<tr><td>Indicators and targets/expectations</td><td>Diabetes detection and follow-up rate [POP-02 IDP]
Diabetes management rate [POP-03 IDP]
Diabetic retinopathy screening [POP-04 IDP]
Respective targets are:<table><tr><td></td><td>Total</td><td>Maori</td><td>Pacific</td><td>Other</td></tr><tr><td>Detection</td><td>77%</td><td>50%</td><td>85%</td><td>75%</td></tr><tr><td>Management</td><td>70%</td><td>54%</td><td>44%</td><td>76%</td></tr><tr><td>Screening</td><td>80%</td><td>80%</td><td>80%</td><td>80%</td></tr></table></td></tr>
</table>

Annual objective 16	**Implement a cardiovascular package of care (also refer 3.3.10)**
Approach	• Fund a primary health nurse-led patient education package for all people within two years of diagnosis of heart disease or hypertension • Establish an IT based risk and disease monitoring process that ensures patients are regularly checked • Fund a post discharge GP visit after an acute admission for a cardiac event • Improve access to diagnosis and secondary advice by promotion of primary care management guidelines heart failure diagnosis and funded blood tests • Begin evaluation process through the Wellington School of Medicine
Milestones	• Contract for the implement of the full cardiac continuum of care, including evaluation, by Q1
Risks and Mitigation Strategies	*Risk* • Lack of primary health capacity to absorb the additional time and workforce development to roll out the cardiac continuum of care *Mitigation* • Establish a planned approach to the roll-out of the cardiac continuum of care with the primary health sector
Indicators and targets/expectations	• Report on implementation of plan and progress made relative to service indicators – primary prevention, acute coronary syndrome, stroke [POP-01 IDP]

3.3.6 Strategic Goal 6: Elective Services

Elective services are mainly surgical services. Access to elective services is based on an assessment of an individual's needs and ability to benefit from treatment. Priority is given to people with the greatest need and ability to benefit. A number of specialist surgical services

are delivered by Capital & Coast DHB, providing Hutt Valley residents access to the services including include cardiothoracic, ophthalmology, paediatric surgery, urology and vascular surgery.

What does the District Strategic Plan Say?

The key priorities stated in the DSP in relation to surgical services are:

1. Meeting the government target of seeing people with 6 months of referral and providing certainty of treatment within 6 months.
2. Expanding local access to ophthalmology and urology.

What Progress Was Made In 0304?

The focus of the 2003/04 year was to implement the booking system, ensure data integrity and ensure all patients had a plan of care and received clinical review if waiting in excess of six months. This was, in the main, achieved.

Key exceptions, where the waiting time targets of six months have not however been achieved, are for:

- Orthopaedic services;
- General surgery services;
- ENT services;
- Rheumatology services;
- Dermatology services.

What Is Planned For 0405?

Confidence in the data means that the focus for the 04/05 year is to reduce the waiting times for those services that have been continuously in excess of six months.

This will be achieved by continuing to work on areas where patients can be managed in primary care with appropriate support and increases in contracts where capacity and resources allow. In particular, specific areas for attention are:

- Work to reduce orthopaedic and general surgery inpatient / outpatient waiting lists
- Continue to reduce dermatology waiting list through innovative approaches (e.g. digital photo consultations)
- Work to reduce rheumatology waiting list
- Develop strategies for managing ENT inpatient waiting list and continue to work to reduce ENT outpatient waiting list through augmentation of the ENT team through the appointment of an ENT registrar and ear nurse.
- Continue to focus on the reduction of ENT first specialist assessment to follow-up ratios
- Continue to foster synergies with other DHB's, particularly around sharing of resources and extending outpatient outreach clinics

Annual Objective 17	**Meet Elective Services waiting times targets**
Approach	• Establish a strategy to resolve surgical outpatients and inpatients waiting lists • Explore options for increasing capacity
Milestones	• Contract in place for contact lenses by Q1 • Elective Service Group reconfigured with new Terms of reference and actions plans developed for all services by end of Q1 • Action Plans implemented from Q2 • Develop a strategy to eliminate surgical outpatient elective waiting lists for people waiting over 6 months by Q2 • Eliminate surgical inpatient elective lists for people waiting longer than 6 months by Q4 • Eliminate Dermatology waiting lists over 6 month by Q4 • Eliminate Rheumatology waiting lists over 6 month by Q4
Risks and Mitigation Strategies	*Risks* • National booking requirements are not met • Capacity constraints • Non-compliance of consultants with scoring and thresholds for treatment • Securing necessary resources to address waiting times *Mitigation* • Monitor progress in Elective Services Group • Exploring collaboration with other DHBs • Provide individual feedback to consultants • Active management to secure or share required resources
Indicators and targets/expectations	• 100% of people waiting for first-specialist assessments will not wait longer than 6 months by 30 June 2005 (subject to them being available for the assessment) • 100% of patients given certainty receive treatment within 6 months • Report on ongoing quality improvement in elective services [SER-03 IDP]

Annual Objective 18	**Improve access to services locally, including urology and ophthalmology services**
Approach	• Investigate options for the implementation of local outpatient services for urology • Investigate options for improving access to ophthalmology outpatient services
Milestones	• Options paper for both areas above by Q2 • Implement agreed findings
Risks and Mitigation Strategies	*Risks* • Lack of buy-in from current providers of these services *Mitigation*

	• Liaison with other providers to identify realistic options.
Indicators and targets/expectations	• Completion of two local service expansion option papers by Q2

Annual Objective 19	**Promote regional access to elective services**
Approach	• Develop a business case for the implementation of a regional breast surgical service for the greater Wellington region based in the Hutt Valley in conjunction with other DHBs. • Investigate options for improving local access to plastics services in conjunction with other DHBs. This will be through specific service level agreements only. • Closer collaboration with Wairarapa for service provision
Milestones	• Business case developed by Q2
Risks and Mitigation Strategies	*Risks* • A lack of a regional perspective which would support such an initiative. *Mitigation* • Ensure effective governance and project management arrangements; including Board, senior management and clinician engagement.
Indicators and targets/expectations	• Completion of a regional service expansion business case by Q2

3.3.7 Strategic Goal 7: Child Health

Child health includes the range of primary care, maternity, well child, mental health and medical and surgical services for children between the ages of 0-14 who reside in the Hutt District. A portion of the dental health service plan relates specifically to children.

What does the District Strategic Plan Say?

The maternity, child health and oral health sections of the strategic plan have particular relevance for the child health key goal. Within these three sections the DSP identifies the following priorities:

Maternity

1. Additional support for breast feeding
2. Maternity co-ordination & workforce development
3. Additional postnatal support for special needs women (requires additional funding).

Child Health

4. Increasing immunisation rates by connections between primary care and well child providers.
5. A specialist mobile ear nurse service
6. Implementing child health information system - Kidznet – National Immunisation Register

Oral Health

7. Improve oral health enrolment rates.
8. Extend well child and LMC provider oral health promotion activities.
9. Give priority to recalling high risk primary school children for oral health check ups.

What Progress Was Made In 0304?

Child Health

An outreach immunisation programme was launched in December 2003 to target families who have barriers to meeting their child's immunisation schedules. The immunisation facilitation service was reconfigured and integrated within Kowhai Health's valley-wide services. Additional education classes for high-risk pregnant mothers were purchased through Naku Enei Tamariki and Kokiri marae.

Oral Health

All children enrolled (approx 52,000) with the School Dental Service are currently being assessed in terms of priority for treatment, with the assessment due to be completed by the end of April 2004. Children assessed as priority one and two are to be seen on time, and those priority three through five are seen as close to their due date as possible.

What Is Planned For 0405?

Maternity

HVDHB is committed to implementation of the Baby Friendly Hospital initiative in maternity facilities and achievement of accreditation by the NZ breastfeeding Authority.

Child Health

The National Immunisation Register (NIR) will be rolled out in the Hutt Valley (refer section 3.3.14). A child Health Steering Group will also be established as an advisory group and to ensure proper decision-making on child health issues are made by the DHB.

Oral Health

Continue to examine and treat high priority children first. Review and evaluation of the risk assessment profile and transfer of enrolled children's risk profile onto electronic data system for ease of tracking and reporting. Track oral health status of low risk profile to assess the clinical implications of extended recall rate ie 18 – 24 months.

Complete and begin to implement the School Dental Services Facilities Review. The DHB will be working closely with the Ministry to explore options regarding the reconfigurations of the School Dental Service during the first six months of the 04/05year. HVDHB will be working collaboratively with other DHBs and DHBNZ around the strategic options for child oral health services.

Annual objective 20	**Achieve Baby Friendly Hospital Accreditation**
Approach	• Implement Baby Friendly work plan to achieve accreditation.
Milestones	• Meet all '10 steps' BFHI eligibility targets to enter for accreditation • Staff quota training to meet BFHI completed by December 2004

	• All BFHI 10 steps completed ready for BFHI accreditation by June 2005
Risks and Mitigation Strategies	*Risks* • Insufficient key stakeholder buy-in • Maternity workforce attrition rate supersedes ability to maintain staff training *Mitigation* • Ensure wide consultation and involvement of key stakeholders
Indicators and targets/expectations	• Report on progress and completion of steps ready for accreditation by the NZ Breastfeeding Authority [POP-10 IDP]

Annual objective 21	**Improve childhood immunisation rates**
Approach	• Roll out of the National Immunisation Register (refer section 3.3.14) • Implement the findings of the Pacific Health Plan as it relates to child health (and in particular improving access to primary health services for pacific children) (Refer Section 3.3.3)
Milestones	• NIR contract in place, Project Manager appointed and Implementation Group established by Q1 • Primary Health stocktake for IT capability in Q2 • NIR implemented (refer Section 3.3.14) • Implement reconfiguration of well child services through Pacific Health Service and review by Q4
Risks and Mitigation Strategies	*Risks* • Ministry of Health (MoH) delays the NIR roll-out date • Lack of stakeholder buy-in *Mitigation* • Maintain collaborative relationship with MoH • Ensure broad representation on the NIR Implementation group
Indicators and targets/expectations	• Report on progress toward NIR implementation [POP-12 IDP]

Annual objective 22	**Improve Child Health**
Approach	• Target children with high needs for school dental services; • Full review of School Dental Service in line with national review • Implement the recommendations of the 'Increasing access to child and youth oral health services project' • Review Regional School Health Services (Refer Section 3.1.1) • Establish and maintain a Child Health Steering Group to set out the DHB's overall strategic direction for child health services. •
Milestones	• Establish a Child Health Steering Group by Q1

<table>
<tr><td></td><td>

Complete the School Dental Services Facilities Review By Q2
Begin implementation of the School Dental Service Facilities Review findings by Q4
Special Dental Services (SDS) review completed by Q2
Implementation of the SDS Review findings by Q3

</td></tr>
<tr><td>Risks and Mitigation Strategies</td><td>
Risks

Lack of key stakeholder and community support for recommendations of SDS Facilities Review
Limited scope for new initiatives due to DHBNZ/MOH desire for national consistency and contractual barriers
Clinical resource, information system resource and timeframe constraints
Lack of resources (financial) available tom implement the SDS recommendations

Mitigation

Ensure timely and proactive consultation and communication with key stakeholders and communities
Allocate appropriate level of resource to implement recommendations of review
Develop a phased implementation plan
Maintain collaborative approach with CCDHB on child oral health projects

</td></tr>
<tr><td>Indicators and targets/expectations</td><td>

Complete School Dental Services Facilities Review
Oral Health Targets – children caries free at age five years [POP-05 IDP], and mean Decayed/Missing/Filled teeth score at year 8 school [POP-06]
The respective targets for caries free at 5 years for 2004/05 are:

<table>
<tr><td></td><td>Total</td><td>Maori</td><td>Pacific</td><td>Other</td></tr>
<tr><td>Caries-free at 5 years</td><td>61%</td><td>40%</td><td>33%</td><td>70%</td></tr>
<tr><td>Mean DMTF for 12 years olds</td><td>0.8</td><td>1.1</td><td>1.1</td><td>0.8</td></tr>
</table>
</td></tr>
</table>

3.3.8 Strategic Goal 8: Youth Health

In September 2002, Government launched its plan for the health and wellbeing of young people – *Youth Health: A Guide to Action*. The plan identifies ten key goals for focus across sectors. Six of the goals focus on specific health service development and delivery and four focus on population specific health improvement. Goal six has an objective to establish new, and develop existing youth-specific primary health services.

The HVDHB is committed to improving the health and well being of young people.[1] Young people are the only age cohort not to show a significant improvement in health status in the past thirty years[2]. The HVDHB Youth Health Service Plan (March 2002) outlines the specific

[1] In line with Government's *Youth Development Strategy Aotearoa,* the HVDHB Youth Health Service Plan defines 'youth' as 12-24 years.
[2] Ministry of Health. 2002. *New Zealand Youth Health Status Report*. Ministry of Health: Wellington.

health problems evident within populations of young people, disproportionate to other age cohorts. The plan has four objectives:

- Increase opportunities to access primary care services
- Increase youth friendly services through increased capacity of the Youth Health Service
- Build youth friendly environments through peer support
- Develop mechanisms for formal co-ordination of youth health activities.

The 2001 census data indicates a youth population (10-25 years) in Upper Hutt City and Hutt City of 27,981.

There is an increasing body of evidence that confirms investing well in child and youth health leads to better health outcomes for the whole community. HVDHB demonstrates an understanding of this through its current commitment to child and youth health services

What does the District Strategic Plan Say?

The DSP identifies the following priorities for youth health:

- School health clinics targeted at low decile high schools
- Additional primary youth health services
- Enrol adolescents with a default dentist is they are not enrolled
- School health clinics (non-targeted) for all high schools.
- Youth peer educators and peer support workers to promote positive health outcomes
- Expand access to youth crisis respite service
- Youth health co-ordination service to link youth sector networks, medical/surgical services, primary care, planning and funding, local government and young people

What Progress Was Made In 0304?

- Four school health clinics were established in low decile schools during the 03/04 year in a collaborative project between Regional Public Health, the Hutt Valley Youth Health Service, St Bernard's College, Naenae College, Taita College and Wainuiomata High School.
- The Hutt Valley Youth Health Service implemented an innovative new primary health nursing project to establish a Youth Health Nurse Practitioner (funded by the Ministry of Health and supported by HVDHB). The HVDHB was closely involved in this establishment, and the DHB's Director of Nursing provides the clinical leadership for this service.
- The HVDHB established a Youth Health Steering Group to advise planning, funding and provider activities of the Board. The specific functions of the new Youth Health Steering group include:
    - Identifying and defining any specific problems in the coordination or quality of existing youth health services
    - Discussing the health needs of young people and their communities
    - Identifying barriers to youth health services that reduce the utilisation or effectiveness of these services
    - Providing practical solutions to barriers to youth health services
    - Ensuring consistency with the implementation of the HVDHB youth health plan, in line with the *Youth Development Strategy Aotearoa* and *Youth Health: A Guide to Action.*

What Is Planned For 0405 ?

In the 04/05 year, the HVDHB plans to advance a number of the DSP initiatives for youth health. Additional primary youth health services are planned, as well as a review of existing primary sexual health services targeted at young people currently provided through a number of providers within the Hutt Valley.

The work on oral health will see adolescent enrolments addressed through a wider child and youth access to oral health project. While new school health clinics are not planned for the 04/05 year, the four clinics started in 03/04 year will be evaluated and the Regional School Health Service (public health nursing) will be reviewed.

<table>
<tr><td>Annual Objective 23</td><td>Improve Youth Health Outcomes</td></tr>
<tr><td>Approach</td><td>• Implement a youth health outreach service in Upper Hutt
• Review the purchase of primary sexual and reproductive health services
• Implement the recommendations of the 'increasing access to child and youth oral health services project' (Refer Section 3.3.1)
• Review Regional School Health Services (public health nursing) (Section 3.3.7)
• Review school health clinic initiative</td></tr>
<tr><td>Milestones</td><td>▪ Contract in place for the expansion on primary youth health services in Upper Hutt City by Q1
▪ Review of existing primary sexual health services and reallocation of funds completed by Q3
▪ Review of Regional School Health Services completed by end of Q4
• School health clinic initiative reviewed by Q4</td></tr>
<tr><td>Risks and Mitigation Strategies</td><td>Risks
• Insufficient oral health providers for number of young people enrolled
• Insufficient demand driven oral health funding allocated
• Expectations raised regarding a community paediatrics/adolescent specialist service
Mitigation
• Ensure adequate number of oral health providers are recruited and contracted
• Ensure adequate oral health funding is allocated</td></tr>
<tr><td>Indicators and targets/expectations</td><td>• Increased oral health completions achieved for young people (up to 18 years) - over 55 %
• Effectiveness of youth health services targeted at schools is well understood
• Youth Health – Teenage Pregnancy Rates per 1000 [POP-11 IDP]
<table>
<tr><td></td><td>Total</td><td>Maori</td><td>Pacific</td><td>Other</td></tr>
<tr><td>Teen Births</td><td><8</td><td><15</td><td><8</td><td><5</td></tr>
</table>
</td></tr>
</table>

3.3.9 Strategic Goal 9: Mental Health

The Mental Health Service Strategic Plan covers a range of services provided in the Hutt Valley or in specialist services at different locations around NZ for people with mental health or alcohol and drug problems. The services cover all age groups from children through to older people and primarily target people with serious, ongoing and disabling illnesses. For adults this is about 3% of the population and for youth, about 5%.

HVDHB is committed to implementing a recovery approach in all our dealings and contracts with providers as described in the Mental Health Commission's Blueprint document.

What does the District Strategic Plan Say?

The DSP identifies the following mental health service developments as priorities for additional funding if it becomes available:

1. Implementing a quality and outcomes programme.
2. Access to psychological therapies
3. Mental health services for older people
4. Workforce development.
5. Expand access to youth crisis respite services.
6. Children with moderate needs pilot.

What Progress Was Made In 0304?

Regional:

DHBs are required to work regionally in the planning and funding of their mental health services. CRMHAN provides the forum and structure for this in the Central region. CRMHAN provides for wide stakeholder input to mental health planning and development, ensures a common vision and philosophy is maintained, and provides expert groups to guide developments across a number of areas.

CRMHAN achievements to date have included:

- Plan for development of Regional Forensic Services
- Establishment of Te Arawhata Oranga and a framework for partnership
- Review of AOD intensive treatment services and plan for future developments
- A mental health workforce development plan for the region
- Development of a Regional Clinical Risk management strategy
- A review of some Regional Specialty Services;
- Consumer lead case management pilot;
- Maori mental health development.

Findings from the regional risk management projects was implemented across the region's clinical services.

An Outcome Measurement project was implemented through the Central Region Technical Advisory Service. Although the project initially intended to develop an outcome measurement strategy for the central region, the Ministry of Health is now leading the implementation timetable. HVDHB is in the process currently of discussing implementation of the national suite of outcome measures, with the Ministry of Health.

Two regional mental health services for deaf people were funded, one emphasising delivery to the families of service users, and the other a support service for deaf people with mental illness.

Local:

A methodology for re-allocation of mental health funds arising from any under delivery of mental health services was agreed with the provider arm. A report on volumes on a quarterly basis enables ready monitoring of any surplus funds.

The Ministry of Health and HVDHB approved a proposal for improved access to psychological therapies delivered in primary care settings. These services are currently in an establishment phase and are expected to become operational early in the 2004/05 year.

A 'Packages of care' fund of $100,000 was made available for older people requiring acute mental health services. This funding enables flexible care to be provided according to individual service users' needs.

Performance targets for clinical mental health services and relevant NGO contracts were agreed.

What Is Planned For 0405?

Regional mental health activity

HVDHB is an active participant in the Central Region Mental Health and Addictions Network (CRMHAN) and has collaborated with the five other DHBs in the region, TAS, and stakeholder representatives from across the region to develop the Regional Mental Health Plan (RMHP) for 2004/05. The RMHP reports on the network's achievements to date, prior year expenditure of additional Blueprint funding, developments planned for 2004/05 and the proposed allocation of additional Blueprint funding in 2004/05. This DAP and the RMHP for 2004/05 are aligned and consistent.

The CRMHAN vision and goals, and priorities for 2004/05 are reflected in local mental health plans and developments. The CRMHAN intends to support the development of two regional initiatives arising from regional projects in the 2002/03 and 2003/04 years. The projects are intensive alcohol and other drug services and regional forensic services. Both services have been the subject of regional review projects and will lead to expansions in the availability of both services in each district in the central region. These initiatives are subject to availability of additional funds.
Recommendations from the review of regional Specialty services will be implemented.

Local:

A mental health workforce development scholarship will be established informed by the regional workforce development project and Valuing People document.

The psychological therapies initiative will become operational in the 2004/ 2005 year. This programme will emphasise delivery in general practice settings in the Access PHOs as much as possible. This is intended to improve access to mental health services for those with severe mental illness.

A new Pacific mental health Support in the Community Services will be established comprising 2.5 FTEs support workers. 2 FTE Pacific alcohol and other drug services will also be funded, noting that there is low access of Pacific People to current services.

A review of local mental health service planning processes will take place including a review of the Local Mental Health and Addiction Advisory Group and the provision of advice to the Community and Public Health Advisory Committee. The review will also consider the priorities for future funding and articulate a vision for the district.

The HVDHB will also develop a primary mental health initiative in 2004/05, aiming to provide primary mental health services to people with mental health needs above the 3 % threshold. (Cross reference to Section 3.3.1 for more information).

Annual Objective 24	**Advance implementation of Mental Health Blueprint**
Approach	HVDHB will continue to develop mental health services according to the National Mental Health Strategy and the Mental Health Commission's Blueprint document. This will involve: • Re-allocation of mental health funds resulting from under-delivery of services • Implementation of psychological therapies in a primary health setting • Purchase of Mental Health and AOD Services for Pacific peoples • Development of local workforce development scholarships • Reviewing mental health service planning processes • Implementation of the findings of the CRMHAN projects locally, including additional AOD and forensic services
Milestones	• Implement all regional projects by Q3 • Reallocation of surplus mental health funds resulting from any under-delivery by Q4 • Develop methodology for administering workforce scholarships and establish funding by Q1, implement by Q4 • Psychological therapies Project Manager and Advisory group formed by Q1, contract established by Q2 • Request proposals for new Pacific Alcohol and other Drugs Community Support Services and contract for new services by end of Q1 • Service planning process changes implemented by Q1 • Plan for rollout of regional specialty services in Q2, implementation by Q4
Risks and Mitigation	• Funding stream for regional initiatives may not be available – in this event programme to be deferred to following year. • Demand for psychological therapies service exceeds availability – mitigate by introducing mechanism for prioritising access.
Indicators and targets/expectations	• Report on targets set for improving the health status of people with severe mental illness [POP-08 IDP]

	Total	Maori	Other
Children & Youth 0-19	0.8%	0.8%	0.8%
Adults aged 20-64	1.2%	1.3%	1.1%
Older Peoples aged 65+	0.4%	0.4%	0.4%

Annual Objective 25	**Ensure appropriate access to regional mental health services for residents of Hutt Valley**
Approach	• Work with CCDHB to agree a path to improving access to Regional Specialty Services • Implement recommended Regional MH model
Milestones	• Milestones for implementing recommendations agreed with Capital and Coast DHB • Regional Model implemented by Q3
Risks and Mitigation Strategies	*Risk* Status quo of service configuration remains. *Mitigation* High-level engagement with the sector
Indicators and targets/expectations	• Report on improvements in access to regional specialty services currently provided by Capital & Coast DHB

Annual Objectives 26	**Develop a project plan for the implementation of measurement of mental health outcomes (MH SMART).**
Approach	Work with IS and Business Manager to develop a case for the Ministry of Health.
Milestones	• Business case developed Jul 04. • Business case accepted by MoH.
Risk and Mitigation	*Risks* • MH services unable to resource requirements. • Lack of buy-in by staff. *Mitigation* • Budget required funding & ensure due consultation
Indicators and targets	• Business case accepted by Ministry of Health • Report on implementation progress

3.3.10 Strategic Goal 10: Integration

Integration means attempting to provide seamless care across health providers and across different services, so that people receive the right service from the right person at the right time. The focus on integration flows through the DSP and is reflected in all service plans; particularly in primary care, disability (eldercare) and in maternity. It also impacts on the approach to information systems development.

A key aspect is achieving a smooth interface between the primary and secondary sectors. This part of the DAP focuses on specific integrated care projects including integrated maternity services, and on reducing acute hospitalisations. It is critical to note, however, that integration

is a major component of many of the other activities referenced in this plan. This section must therefore be read in conjunction with the rest of the plan.

What does the District Strategic Plan Say?

The DSP includes the following as priorities:

1. Maternity co-ordination & workforce development
2. Establishing an integrated care service with other providers for older people. (addressed under disability section below)
3. Managing demand driven spending (including acute medical demand). (Refer also to referred services management in section 3.3.1)

What Progress Was Made In 0304?

A primary/secondary group have worked on the cardiac continuum during 2003/04. The focus was on establishing a model for chronic disease management that would ensure people received appropriate care and advice at an optimum stage in the disease process. The intent was for the model to be able to used as a framework for all chronic conditions. This was achieved and the continuum is ready for implementation (refer Section 3.3.5).

What Is Planned For 0405*?*

Using the chronic disease model developed for the cardiac continuum, respiratory services will be aligned. Like cardiac management the focus will be on early intervention in a community based setting.

Plans also exist to develop a Maternity Services Work Plan and to manage acute demand pressures on provider-arm.

Please note that plans related to older persons (Section 3.3.11) and referred services management (Section 3.3.1) are covered in other sections of this Plan.

Annual Objective 27	**Primary Secondary Integration**
Approach	Community partnership groups will set direction: • Implement cardiac continuum of care (refer section 3.3.6) • Diabetes (refer section 3.3.6) • Develop a Maternity Services Work Plan • Review and co-ordinate respiratory management across the sector through the establishment of a primary/secondary project group
Milestones	• Respiratory primary/secondary project group established in Q1, business case completed in Q2, and one initiative implemented in Q3 • Maternity services work plan complete by end Q2
Risks and Mitigation Strategies	*Risks* • Clinicians too busy with implementation of PHO and other activities to participate in new developments

	• Loss of goodwill due to the cessation of some primary based contracts • Secondary physicians feeling disempowered due to focus on primary care *Mitigation* • Continued clear communication in regard to new developments and enhanced services
Indicators and targets/expectations	• Clinicians are supportive of the new programmes • Patient satisfaction is increased • Patient flows improve and waiting times for services reduce • Maternity Services Work Plan

Annual Objective 28	**Manage Acute Demand pressures on provider arm**
Approach	• Develop a strategy for redirecting inappropriate self-referrals away from Emergency Department (ED) • Manage respiratory admissions through development of a primary-secondary respiratory continuum (above) • Manage demand for cardiac admissions through the implementation of the cardiac continuum of care (refer section 3.3.6) • Develop and implement a Falls Prevention Strategy (refer section 3.3.11)
Milestones	• ED Strategy for redirecting inappropriate self-referrals, identify stakeholders in Q1, identify strategies in Q2, recommendations developed by Q3 and implementation in Q4 • Options developed for acute demand in Q1, prioritise and implement an initiative in Q2
Risks and Mitigation Strategies	*Risk* • Lack of capacity and buy-in from the primary health sector to a strategy which attempts to redirect inappropriate self-referrals away from ED *Mitigation* • Work collaboratively with the Clinical Reference Group to establish a joint strategy
Indicators and targets/expectations	• ED strategy for redirecting inappropriate self-referrals complete and implemented • Ambulatory Sensitive Admission Targets [POP-13 IDP] Discharge Rate per 1000 population

	Total	Maori	Pacific	Other
Children 0-4	90	85	115	90
Children 5-14	21	21	31	20
Children 15-24	15	17	13	14
Adults 65-74	74	115	120	70

3.3.11 New Zealand Disability Strategy

What does the DSP say?

The DSP identifies that we can ensure better health outcomes for disabled people by ensuring all health services are responsive to the needs of the disabled people they have as clients. Auditing of services provided against the New Zealand Disability Strategy (NZDS) standards will help to achieve more disability friendly services.

The key priorities identified in the DSP relating to disability are:

1. Establishing an integrated care service with other providers for older people.
2. Improving appropriateness of health services for people with a disability.

What Progress Was Made In 0304?

In the 0304 year a number of initiatives for implementing the NZDS have been commenced. An Accessibility Survey of non-DHB providers was completed as part of a regional project via Central Region TAS. This will provide the basis of ongoing work to support our providers in enhancing the accessibility of their services. Alongside this, planning for a similar survey of provider arm services is well underway.

The DHB is also working with Disabled Persons Assembly (DPA) to agree an approach to appointing a Disability Advisor for the organisation and our contracted providers. This Advisor with the support of an advisory committee will ensure disabled people in the Hutt Valley have input into the planning and provision of Health Services in the Hutt Valley. DPA are working with us to ensure this has the correct representation.

The Older Persons project group was established, with its key outcome being the development and consultation of an Older Persons Strategy for the Hutt Valley DHB *(Aging Well Together).* New initiatives funded in 2003-04 include the completion of a service directory for older residents of the Hutt Valley community and an equipment catch up programme to reduce wait for home assessments

What Is Planned For 0405?

In 0405 we will build on the work commenced in 0304 to engage with the disability sector and improve the accessibility of Health Service Providers in the Hutt Valley. We intend to employ a Disability Advisor who will provide the leadership and advice to the DHB on disability issues across the age span. A Disability Reference Group that will have wide representation from providers, community, consumers and other sector representation will support that Advisor.

The DHB will also implement the Older Persons Services plan. Specific initiatives are:

- Central referral point established to facilitate the coordination of referrals to aged care services efficiently – and to reduce duplication and fragmentation
- Culturally appropriate support services developed for Maori and Pacific People
- A falls prevention assessment and programme will be developed with the intent of reducing the incidence of falls. Falls are a high component of acute demand (refer section 3.3.1)

Annual Objective 29	Advance the objectives of the Disability Strategy
Approach	• Complete accessibility survey of Provider Arm and implement findings • Implement findings from TAS's survey of access to non-DHB Providers • Establish a Disability Reference Group in consultation with the wider community
Milestones	• Provider Arm Access Survey in Q2, action plan developed by Q4 • NGO action plan implemented by Q2 • Establish a Disability Advisory Group by Q2
Risks and Mitigation Strategies	*Risk* • Disabled people feel excluded from process *Mitigation* • Ensure engagement through close liaison with Disabled People's Assembly (DPA)
Indicators and targets/expectations	• Provider Arm accessibility survey completed • Report quarterly on Implementation plan

Annual objective 30	Implement the findings of the Older Persons Plan
Approach	• Implement Flexible packages of services and care that will better meet the needs of older people to continue living in their own home; • Implement a Community based falls prevention programme • Implement a web-based older person's directory of services • Improve access to services for older people through integrating services and developing culturally appropriate services for Maori and Pacific Peoples
Milestones	• Pacific services for older people available by Q3 • Implement directory by Q2 • New Maori services for older people available by Q4 • Workforce workgroup established in Q1, Home Support contract in place Q2 and recommendations established by Q4 • Flexible packages of care needs analysis completed in Q1 and framework developed by Q4 • Falls prevention project group established in Q1, programme developed by Q3 • Integrated framework for older peoples services project group established Q1, initiatives implemented Q2 & Q3, framework developed by Q4 • Monitoring framework developed Q1, implemented from Q2.
Risks and Mitigation Strategies	*Risks* No additional funding has been built into the base for implementing

	the Older Persons Plan *Mitigation* Prioritise any DSS funding efficiencies into older person's health Inform Stakeholders that priorities will be progressed dependent on funding availability at the time.
Indicators and targets/expectations	• Improved access to services for Maori and Pacific Peoples • Referral processes are streamlined • Providers and consumers are aware of what services are available • Residential Care Home care expenditure ratio [POP–14 IDP – *Targets will be agreed within three months of the baseline information becoming available]*

3.3.12 Communications and Consultation

"Communicating Effectively" is included as one of HVDHB's core values highlighting its importance to the organisation.

Responsibility for carrying out that communication is spread across all facets of the DHB. The role of the Communications, Consultation and Relationship unit is to provide the overall framework within which communication will occur, provide support tools and advice, and monitor compliance with the framework and the organisation's values.

The HVDHB is guided by its consultation policy that outlines the way in which we as an organisation engage and consult early with key stakeholders, communities, Maori and Pacific peoples. The DHB has established and maintained a number of key groups which act as advisory groups to guide DHB's formulation of policy and service development. These include a Pacific Health advisory group, youth health steering group, maternity services steering group, older person's working group, Pharmacy reference group, referred services management group, primary-secondary integration group, Maori provider's network, primary health IT group.

What does the District Strategic Plan Say?

The DSP identifies a number of communications initiatives that promote and encourage the provision of information to the community about the activities of and services provided by HVDHB and the interchange of views about those activities. These include:

- Undertaking formal consultations with the community and providers whenever significant changes to services or activities are being considered
- Regular notification of Board and Board Committee meetings, with agendas and proceedings available to the public
- Establishing a website and publicising its existence to the community and providers
- Providing a wide range of publications regarding service and clinical information that are regularly updated and available free of charge to the public and providers
- Publication of regular two-monthly newsletters , distributed internally within HVDHB and externally in the Hutt Valley.

What Progress Was Made In 0304?

- Since August 2003 a monthly staff newsletter has been published to better focus on staff issues and achievements and allow the regular two-monthly Links magazine to focus more on community-related items.
- A monthly half page update on Hutt Valley DHB developments is being published in the Hutt News and the Upper Hutt Leader. This includes information on the Board membership and meeting dates and times. This has been underway since October 2003.
- Several significant consultations have been undertaken including those on the establishment of Primary Health Organisations, the Pacific Health Action Plan and the Older Persons Service Plan.
- The Annual Report summary was circulated as a lift out of the Hutt News and the Upper Hutt Leader in December.
- Further development of the DHB's website for both internal and external users.

What Is Planned For 0405?

The communications activity during 2004/2005 will concentrate on consolidating the existing publications and the website for both DHB staff and the Hutt Valley community.

Access to information, co-ordinated consultation and increased recognition and understanding of the organisation's wider activities are key goals through the year. A more co-ordinated approach to consultation, in particular, is seen as a key to achieving greater community involvement.

The DHB intends to consult on the following key initiatives in 2004/05:

- District Strategic Plan Review
- Maori Health Strategic Plan
- Refugee Services Plan
- Primary Care IT plan
- Workforce Development Plan
- Child Oral Health services
- Primary Sexual and reproductive health services
- Community Nursing Plan

Annual Objective 37	**Increase community participation in the service activities of Hutt Valley District Health Board.**
Approach	• Upgrade the website to provide relevant consumer-focused information across the whole organisation. • Encourage a culture of openness through consultation, publishing material in understandable language and at the earliest opportunity. • Commence review of publication standards and accessibility. • Develop and implement an organisation-wide approach to

	consultation programmes.
Milestones	• New look website developed, consumer tested and meeting State Services Commission standards • Distribution and relevance of publications has been reviewed and expanded. • Consultation programme is established and being monitored.
Risks and mitigation strategies	Risks • Lack of commitment from key areas of the organisation. • Slowness in developing material in some of the key areas. Mitigations • On-going over-sight by Executive Management Team.
Indicators and targets	• Monitoring of 'hits' indicates growing usage of website • All key publications are widely distributed. • Public information easily accessible on website and through other channels. • Community version of Annual Report is published by December 2004. • Consultation programme is operating.

3.3.13 Quality and Risk Management

HVDHB recognises there is a range of national expectations around quality and risk management, and is fully committed to achieving the highest quality and lowest risk for service delivery within available resources. This section focuses on quality in relation to HVDHB services. Quality monitoring of external providers is dealt with in section 4.

What does the District Strategic Plan Say?

The Quality section of the DSP (refer page 43) identifies a number of strategies to be applied in pursuit of high quality services, including:

- Increase clinical leadership/effectiveness with a focus on clinical audit and credentialing activities.
- Ensure participation of key stakeholders through consumer feedback
- Complete self assessment and external audit against national quality and safety standards
- Enhance the culture of continuous quality improvement through development of the workforce
- Improve quality of data including ethnicity data collection across the DHB
- Enhance the culture of active risk management through routine risk reporting and enhanced organisational and clinical policies

The Quality/Risk Plan provides a framework from which individual services carry out continuous quality improvement initiatives. There are strong linkages between the Quality/Risk Plan and the Maori Health Plan, with projects such as Maori Patient/Whanau satisfaction surveying, development and review of policies in provider services, accurate ethnicity data collection, improved coordination of care for Maori patients who are high users of acute health care services, reduction of Maori "Did Not Attend" outpatient clinic statistics for the top five DRGs. Progress with such initiatives is monitored through the Quality/Risk Committee structure.

What Progress Was Made In 0304?

A key focus for 2003/04 has been the preparation for accreditation against the Quality Health NZ quality standards, combined with a certification audit against the Health and Disability Sector Standards, National Mental Health Standards, Restraint Minimization and Safe Practice and Infection Control.

The introduction of the Magnet Programme is seen as key to recognising excellence in patient care – it provides a framework for the following:

- the recognition and adherence to professional models of care
- commitment to the delivery of quality patient care
- an inherent and visible culture of quality improvement
- autonomy of skilled professional practice
- encouragement and support of professional development of staff

Other key quality projects to achieve compliance with these standards and quality/risk objectives has included:

- the restraint project which has culminated in a new policy, restraint approval committee, restraint register and an education programme for staff being implemented
- accuracy of patient/client information (with an emphasis on ethnicity data), has seen 90% of all front-line staff attend education sessions, resources have been updated and ongoing modular based training set for 2004 which will extend into the primary health sector
- a major revamp of the systems for the recording, management and evaluation of accidents/incidents and near-misses through the event reporting process has seen the quality of reporting and follow up improve with monthly reports and trend analysis now readily available
- implementation of the surgical audit programme
- credentialing of Medical staff within individual specialties and evidence of achievements in nursing and allied health PDRP/ CCP process.

What Is Planned For 0405?

A key focus for 2004/05 will be implementing any recommendations received from the accreditation/certification process (results expected by September 2004).

While the quality and risk unit will provide advice an support throughout the organisation to ensure core principles are complied with, particular focus will be applied to the Magnet programme, increased participation from patient/clients, ongoing involvement with Maori and

Pacific initiatives and ongoing improvements with the emergency preparedness portfolio. Specific quality improvements are also planned to address findings from a review of HVDHB's emergency department.

The activities are described in more detail in the tables below.

Annual Objective 32	**Quality Improvement Approach: Ensure health and disability services provided are safe, people-centred and of a high quality.**
Approach	To ensure clinically effective and safe systems are in place to support high quality and culturally competent provision of care.
Milestones	• Implementation of Magnet Patient Outcome Indicator Programme (refer section 3.3.17). • Achievement of accreditation/certification against national standards. • Participation and feedback from patients/clients, family/Whanau and key stakeholders is integrated into quality initiatives with a particular emphasis on Maori and Pacific communities. • A culture of quality improvement is achieved by encouragement, reward and recognition of staff at all levels.
Risks and Mitigation Strategies	*Risks* • Non compliance with mandatory standards *Mitigation* • Quality/risk programme in place with strong clinical leadership and management overview to ensure standards are met
Indicators and targets	• Magnet Patient Outcome Indicator Programme Accreditation/Certification Status: October 2004 • Feedback/satisfaction reports: Quarterly updates • Recognition of staff: Quarterly updates • Report on Quality Systems [QUA-01 IDP]

Annual Objective 33	**Risk Management Focus: identify and improve systems to support the identification, treatment and monitoring of risk in DHB services and external providers.**
Approach	To ensure risk management systems are in place to support high quality provision of care. To ensure external providers are subject to routine quality and compliance audits.
Milestones	• Event reporting system used to ensure appropriate identification and management of clinical issues is achieved.

	• Complaints and external requests for clinical information (including HDC, Privacy, Coronial and ACC) are logged centrally and monitored re outcomes. • HVDHB's has the capability to respond to any emergency through its documented emergency preparedness manual and associated education and drills. • Schedules are developed for the ongoing monitoring of performance of external NGO providers.
Risks and Mitigation Strategies	*Risks* • Failure to deliver agreed expectations. *Mitigation* • Risks are identified, reported and managed within the appropriate risk guidelines.
Indicators and targets	• Event reporting provides monthly reports showing actions taken. • Central registers kept of all complaints and external reviews. • Emergency preparedness documentation in place and regular education/drills held. • At least 6 external NGO provider audits undertaken.

Annual Objective 34	**Implement recommendations of ED Review**
Approach	• Implement the recommendations of the internal ED review beginning 2004-05 and complete by 2007-08 • Develop the seniority and skill level of the medical and nursing staff to ensure improved quality of care around the clock, including nurse management of minor injuries • Develop registrar training in emergency medicine as part of a regional training programme which will improve the quality of care delivered • Apply for registration by the Australasian College of Emergency Medicine as an accredited provider
Milestones	• Implementation Plan developed by Q2 • Phase 1 of Implementation Plan implemented by Q4
Risks and Mitigation Strategies	*Risks* • Requires additional funding • Key workforce constraints – particularly in relation to Emergency Medicine medical staff *Mitigation* • Reasonable budget and phased implementation of recommendations over time • Develop a recruitment strategy across the service

Indicators and targets/expectations	• Implementation Plan by Q2 • Report on Implementation Progress by Q4

3.3.14 Information Systems

The role of information systems in terms of providing health services is essentially one of supplying a reliable information infrastructure to support service provision by the funder and provider arms of the DHB.

It is also an enabler in terms of developing strategies and supporting new business processes needed to progress strategic initiatives identified in the various strategy documents which aim to improve health in the Hutt Valley.

What does the District Strategic Plan Say?

The DSP information section outlines a series of strategies to progress the development of information systems that support the DHB's key goals. Perhaps the foremost currently is the development of electronic medical records systems that support improved patient care and allow information to be passed more freely between primary and secondary providers.

What progress has been made in 2003/04?

The hospital provider arm in managing and processing patient information electronically has made significant progress. Electronic Discharge Summaries have been in place since May 2003 and there is currently a 90% compliance rate for all inpatient discharges. Clinical Documents are now created on-line and stored into the electronic medical record for retrieval. The rollout of electronic sign-off of results for inpatients has commenced.

What is planned for 2004/05?

The main focus for 2004/05 will be the development of a Primary Care IT Plan which will allow the primary and secondary sectors in the Hutt Valley to work together on high priority objectives which have an underlying IT component.

Initiatives arising from the plan will include:

the development of cost-effective and sufficiently fast network connectivity between providers which meets MoH privacy and security guidelines

use of and support for the National Immunisation Register

use of disease management systems to provide clinical decision support for the management of such diseases as diabetes and cardiovascular disease

These initiatives are consistent with recommendations out of the WAVE project.

Other initiatives planned as part of the implementation of the WAVE report include:

- Implementation and support for the Health Practitioner Index
- Develop system(s) to support delivery of oral health in schools and the community

The following objectives have been identified for the District Annual Plan 2004/05.

Annual Objective 35	**Development of Primary Care IT Plan to support the roll-**

	out of WAVE report recommendations
Approach	• Work with a Primary Care IT User Group to develop a plan to enable the primary and secondary sectors to work together towards agreed objectives. • Support the implementation of the National Immunisation Register • Support development of clinical decision support for the management of such diseases as diabetes and cardiovascular disease • Develop a Health-E Pilot proposal
Milestones	• Network Strategy By Q2 • National Immunisation Register Implementation *(as advised by MoH timeframes)* • Development of a Primary Care IT Plan by Q3 • Health E-Record Pilot By Q4
Risks and Mitigation Strategies	• Primary Care IT User Group ensures user involvement in decision processes • Implement agreed priorities • Competing for GP time with PHO set-up
Indicators and targets	• Report on progress with information management initiatives and capability development [INV-01 IDP]

Annual Objective 36	**Implement and support Health Practitioner Index (HPI)**
Approach	• Support implementation of Health Practitioner Index and build into DHB business processes
Milestones	• HPI Phase One (on-line service but not application level integration): Apr 2005
Risks and Mitigation Strategies	• Participation in Steering Group and HPI Code Development • Accuracy and timeliness of data is critical • Endorsement of HPI as a HISO standard
Indicators and targets	• On-line service complete

Annual Objective 37	**Develop system(s) to support delivery of oral health in schools and the community**
Approach	• Identify and implement solutions to support school dental services (refer section 3.3.7)
Milestones	• Implement new School Dental System by Q3
Risks and Mitigation Strategies	• Supports standards and strategies being developed on a national basis • System must be reliable and user-friendly and able to be

	used in the field
Indicators and targets	• School Dental System in place

3.3.15 Human Resources and Workforce Development

Like all 21 DHBs Hutt Valley DHB is faced with workforce issues that are national and even international.

The Human Resources (HR) team ensures the current and future needs of the organisation in terms of its people, their organisation and their management are identified and addressed in a manner which optimises the achievement of organisational objectives. The key areas for the HR team can be split into four areas: workforce planning, workforce development, employment relations and performance management.

What does the District Strategic Plan Say?

The HR section of the DSP (refer page 46) identifies a number of strategies to be applied to address the key workforce issues, including:

- Reorient the health sector, so that it is more focused on improving the health status of people living in the Hutt Valley.
- Ensure there are ongoing local workforce strategies in place (linked with national strategies) to meet required numbers of skilled staff.
- Develop recruitment, retention and staff development policies and strategies which encourage people to work in the Hutt Valley, in the primary, secondary and community sectors. This will include accredited training programmes, and co-ordinated access to educational material and courses.
- Develop the Maori and Pacific workforce to enhance Maori and Pacific Health services.

A key change is that the DHB will be working with other providers to actively plan and develop the Hutt Health workforce.

What Progress Was Made In 0304?

A key focus for 2003/04 has been on project work around the outcomes of the Pulse Staff survey. The following initiatives have been implemented:

- Quarterly Senior Management Updates to all staff – this takes the form of a forum for all staff to gain feedback on key organisational issues.
- Introduction of the *Excellence Awards* – this involves monthly nomination of those employees who have displayed behaviours supporting the HVDHB values of Working Together, Good Leadership, Respect, Communicating Effectively, Caring and Excellence.
- Introduction of the Employee Advantage

In addition HVDHB has taken a significant role in both local and national employment relations issues, including employment agreement negotiations and tripartite discussions with unions and government in respect to the introduction of Health and Safety representative training.

A range of work-force development initiatives has also been progressed by HVDHB. This includes:

- Sponsorship of LAMP programme – a series of tailored training and development modules for managers and clinicians;
- Cadet-ship programme for Pacific people;
- Whanau Ora facilitators;
- Hospital trust scholarships;
- Dental scholarships.

Significant progress has been achieved in Health and Safety with HVDHB attaining a secondary level pass on the ACC partnership programme allowing us to manage our own work related accident rehabilitation programmes independent of ACC.

What Is Planned For 04/05?

The key focus for 2004/05 will be both workforce planning for the wider DHB with particular focus on Maori and Pacific workforces, and employment relations, in particular the interaction and collaboration with unions. A key Health and Safety target will be the maintenance of our ACC partnership secondary level status.

HVDHB is fully committed to aligning its workforce planning activities in 2004/05 with the recommendations made to the Minister of Health by the Health Workforce Advisory Committee in 2003. HVDHB will address the following seven priority areas for workforce development (from HWAC):

- Workforce implications of the Primary Health Care Strategy
- Promoting a healthy workplace environment
- Educating a responsive health workforce
- Building Maori health workforce capacity
- Building Pacific health workforce capacity
- Developing the health and disability support workforce capacity for people who experience disability
- Research and evaluation.

In accord with this commitment, HVDHB has also endorsed the DHB/DHBNZ Workforce Action Plan for DHB collaboration on workforce development to

- Improve information on workforce trends and issues;
- Build relationships to improve co-ordination
- Develop a strategic workforce development capacity and capability.

This will involve the development of a HVDHB specific workforce development plan.

Human Resources will continue to provide specialist advice across the provider arm and in the primary sector as required.

The current employment relations environment promotes regional and national multi employer collective agreements. This means that HVDHB has less influence over the outcomes.

Recognising our financial parameters, and in order to maximise our influence we will participate fully in regional and national strategies as well as the negotiations.

Annual Objective 38	**Industrial Relations Strategies – participate in the development of regional and national industrial strategies**
Approach	Work collaboratively with other DHB's, to constructively engage with unions both regionally and nationally to ensure a more effective approach to bargaining
`Risks and mitigation strategies	*Risks* • Limited ability to influence strategies for national outcomes • Industrial action • Relationship breakdowns *Mitigation* • Participation at an early stage • Proactive communication strategies • Contingency plans in place
Indicators and targets	• Negotiations completed after the expiry of the agreements • Culture of communication and collaboration through feedback from Unions

Annual Objective 39	**To develop a DHB-wide workforce development plan and commence implementation**
Approach	• Development of a workforce development plan that is aligned with HWAC recommendations and the DHBNZ Workforce Action Plan • Reaffirm current workforce initiatives in the plan
Milestones	• Complete workforce development plan consistent with the DHB/DHBNZ Workforce Action Plan – and to address Health Workforce Advisory Committee (HWAC) recommendations by Q2 • Commence implementation of plan in Q3 • Continue Maori health workforce development in line with HWAC recommendations and Maori Health Strategic Plan • Continue Pacific health workforce development in line with HWAC recommendations and Pacific Health Plan

Risks and Mitigation Strategies	*Risks* • Workforce does not reflect community or meet future health needs *Mitigation* • Active monitoring and review of workforce development policy effectiveness • Perform a stock-take of workforce information systems and develop systems further as appropriate
Indicators and targets	• Completion of workforce development plan • Report on progress against key milestones in workforce development plan

Annual Objective 40	**To assist in the strategic development of the NGO workforce.**
Approach	To help identify key workforce gaps and provide strategic assistance with the planning and implementation processes
Milestones	• In conjunction with the workforce development project develop NGO workforce project plan • Support graduate nursing programme • Provide HR advice as required • Provide input into Primary Health Care Nursing Project relating to workforce development and employment arrangements
Risks and Mitigation Strategies	*Risks* • Primary services unable to be provided – financial and resource risk to DHB *Mitigation* • Work closely with community providers
Indicators and targets	• Data collection relating to the Primary health care workforce • Assisting at least two primary care providers by end July 05 • Completion of workforce project plan milestones as relevant

3.3.16 Capital Planning: Asset Management Plan

The DSP identifies that HVDHB has been through a period of capital development through the site optimisation plan, and that it should be able to pursue a maintenance and enhancement approach over the period of the DSP.

Asset management as a concept and process has operated within HVDHB for a number of years but there has been a lack of coordination between the various systems and processes. An Asset Management Plan (AMP) gives HVDHB the opportunity to develop an organisation strategy with appropriate structure and policies that will create a framework for full integration and development.

Asset management cannot stand alone as a process within an organisation as it provides a tactical link between the District Strategic Plan and the operational issues contained in the District Annual Plan. The other necessary link is with the Information Systems Strategic Plan.

The development of an AMP allows HVDHB to review the services that are currently being delivered, identify the assets required to support those services, determine how the assets will be funded in the long term, make a risk assessment of the likely consequences and failure of each asset and implement a centralised system that records and monitors this information.

What Progress Was Made In 0304?

HVDHB has participated during 2003/04 in sector-wide consultation leading to the establishment of new Capital Investment Guidelines that apply across all DHBs, which include the need to prepare an Asset Management Plan each year. It is this latter document which enables HVDHB to give practical effect to implementation of its DSP capital strategy.

Development of the Asset Management Plan continues to build on the steps already undertaken at the end of the 2003 calendar year. This has included:

- Verification of existing assets
- Identification of an appropriate system to capture relevant data
- Modelling of capital costs in relation to infrastructure assets over a 15-20 year timeframe
- Identifying maintenance costs associated with the upgrade or replacement of existing assets
- Determining lifecycle asset management for infrastructure assets

A Project Group has been set up and tasked to coordinate the development and implementation of the Asset Management Plan. The sponsor of the Project Group is the Chief Financial Officer.

The following steps required to complete the plan by mid May are outlined under Objective 41.

What Is Planned For 0405?

Implement the Asset Management Plan.

Annual objective 41	**Implement Asset Management Plan**

Approach	• Identify the service provision required in the future so that the purchase or replacement of assets match the services being provided • Identify the level of funding required for these assets and determine how they will be financed • Identify the risk of not replacing assets in time (financial constraint) including the risk of assets being decommissioned due to seismic or other natural disasters • Identify system requirements to allow for the capture of the above data
Milestones	• Service provision to be determined in 2003-04 financial year • Impact of funding assets to be determined by Sept 2004 • Identification of financial or other risks completed by Nov 2004 • System requirements defined by August 2004
Risks and mitigation strategies	*Risks* • Risk of failure of critical equipment could create patient safety issues • Poor publicity in the media from not replacing assets on a timely basis • Not matching capital resources with operational resources will lead to inefficiencies *Mitigation* • Full assessment of equipment is maintained, monitored and reported using an asset management system • Identification of problematical assets early will mitigate the risk of non compliant equipment • Involvement of clinical and administration staff to obtain buy in to process
Indicators and targets	• Plan developed and operational by December 2004

3.3.17 Magnet Hospital

HVDHB decided in December 2002 to lead the introduction of the Magnet Hospital Programme in New Zealand over a two year timeframe – following successes achieved with it in both the United States and Britain. This programme adopts a set of key governance, leadership and management principles that result in safe, quality focussed healthcare and attract, motivate and retain well qualified and committed nursing staff.

What Progress Was Made In 0304?

Phase one of implementation; which was completed in July 2003, provided a comprehensive self-assessment and gap analysis relative to the Magnet standards.

Phase two involved the establishment of a champion group with input across clinical specialties. Document collation for a formal programme audit is underway, along with extensive communication to staff and the local community in regard to the activities HVDHB has in place. Required clinical indicators relating to patient outcomes are being established and data collected in regard to these. There has also been activity in reviewing models of care and collaborative practice.

What Is Planned For 0405?

The key focus will be ensuring evidence of attainment of Magnet principles is captured in the submission of documentation for formal recognition of HVDHB's implementation in 2005.

Annual objective 42	**Participate in and trial Magnet Hospital credentialing programme at Hutt Hospital**
Approach	To ensure a planned process towards the successful achievement of formal Magnet Recognition (via ANCC).
Milestones	• **Q1** 2004 – Hospital Nursing Workforce and Patient Outcome Study • **Q1** Magnet workshop • **Q2** -Completion of collection of documentation • **Q2-** Preparation of Documentation for submission • **Q3** – Submission of documentation • Appraiser visit – date to be confirmed
Risks and mitigation strategies	*Risks* • Staff resistance with concept which may impact on ability to meet milestones *Mitigation* • Dialogue with Champions and ensure Unions are involved in Magnet development
Indicators and targets	• Patient Outcome Indicator Programme • Good response rate to Hospital Nursing Workforce and Patient Outcome Study • Collection of HVDHB Magnet documentation within required timeframe.

4 ENSURING SERVICES FOR THE HUTT VALLEY POPULATION

4.1 HVDHB OVERVIEW

4.1.2 Organisational Structure

Appendix 1 provides an outline of the Board governance and management structure that applies at HVDHB for achieving the successful implementation of this DAP.

4.1.2 Population Profile

A range of demographic and health status information on the Hutt Valley can be found in the HVDHB District Strategic Plan and DAP 03/04. Additional information is included in Service Plans and Fact Sheets which are also available from the HVDHB website. The focus of recent population analysis has been to support service development, particularly in the areas of Maori and Pacific Health Plan development. An ongoing focus is on inequality analysis. In addition work, will be undertaken in 2004/05 on an updated Health Needs Assessment to support the development of the next District Strategic Plan. Appendix 2 contains a summary of recent analysis focusing on inequalities between Maori, Pacific Peoples and Others in a range of key mortality and morbidity areas.

4.2 FUNDING HEALTH SERVICES

This section lays out the functions and responsibilities of the Funder Arm of the DHB. It identifies the services funded by the DHB and various protocols by which those funds are allocated.

4.2.1 Service Coverage & Delivery

The Operational Policy Framework established by the Ministry of Health, which sets out the quasi-regulatory rules that all DHBs must comply with, includes an extensive service coverage specification.

The service coverage specification describes the type of services and levels of access to services that the Ministry of Health requires DHBs to provide.

Over the last few years, Hutt Valley DHB has developed a much greater understanding of the contracts it inherited in 2001/02 and any gaps between actual service provision and the content of the service coverage specifications.

Hutt Valley DHB expects to meet Government service coverage expectations with the following exceptions and caveats:

- A low income dental relief of pain service has never been funded in the Hutt Valley, though there is partial access to this service via the Hutt Hospital dental outpatients;

- The Hutt Valley is not funded at Blueprint levels and does not achieve the 3% intervention rate target for mental health. We will, however, ensure that the DHB will continue to provide service coverage to the level of blueprint funding available.
- Community radiology is available free of charge only for cardholders;
- Hutt Valley DHB is not able to see all primary school age children every 12 months for an oral health examination. We have instituted a 12-month recall for high need individuals, and up to 24 month recalls for low need individuals.
- Hutt Valley DHB has little influence over the provision of most tertiary services provided by other DHBs and has difficulty determining access levels. Hutt DHB will however, develop a resolution plan with Capital and Coast DHB that will formalise a mechanism for discussion and escalation regarding issues of tertiary service coverage.

Although Hutt Valley DHB expects to comply with national service specification framework requirements, compliance may be limited where knowledge of requirements is incomplete or where staff shortages occur. In particular, Hutt Valley DHB does not currently meet all quality requirements for specialist medical staffing and triage times.

Hutt Valley DHB is responsible for funding the following services in 2004/05:

- Local Maori Health services;
- Local Pacific Peoples Health services;
- Local personal health services;
- Local mental health services;
- Local older person disability support services;
- Some regional and national personal and mental health services.

At the time of preparing this District Annual Plan, Hutt Valley DHB did not have responsibility for funding a range of other services, currently funded by the Ministry of Health. Funding of all or some of that range of services, listed below, may be devolved to Hutt Valley DHB in full or part during the period covered by this Plan, however the details are currently unknown.

- Workforce development and clinical training;
- Public Health;
- Maternity;
- Maori and Pacific Provider development;
- National contracts;
- Disability Support Services (under-65s).

Approximately 50% of the funding received by the Funder Arm of Hutt Valley DHB is allocated to the Provider Arm. A service level agreement has been agreed between the two arms. This is attached to this Plan as Appendix 4.

4.2.2 Decision Making and Prioritising

Decision Making Principles

The principles of the HVDHB Decision-Making Framework are listed below.

Effectiveness

HVDHB will consider the available information on the effectiveness of the service or intervention under consideration. Effectiveness will include the extent to which health and disability services produce desired health outcomes, such as reductions in pain, the maintenance of daily living activities, and extending life. The implication of this principle is that HVDHB will not normally fund services where there is weak or no evidence of effectiveness. Interventions such as workforce development or quality initiatives will generally be considered as attempts to improve the effectiveness of services. This principle may be seen to disadvantage new or emerging interventions for which limited evidence exists. Effectiveness will be quantified where possible.

Equity

HVDHB will seek equity of outcome to reduce disparities in health status where possible for groups with lower levels of health, including (but not limited to) the Maori population, the Pacific population and groups of low socio-economic status. The implication of this principle is that all other things being equal, HVDHB would fund a service aimed at improving health outcomes for Maori or Pacific or other groups with lower average health status before funding a similar service targeting the general population. For instance, a smoking cessation initiative might be targeted at Maori until their outcomes are equivalent to the general population, if there were insufficient funds to service the whole population.

As part of its equity considerations, HVDHB is committed to using the Reducing Inequalities Intervention Framework and the Health Equity Assessment Tool (HEAT) when refocusing mainstream funding and planning to address health inequalities.

Acceptability

The expectations and values of Hutt Valley residents will be considered in HVDHB's decision making processes. The implication of this principle is that some services where the evidence for effectiveness is weak, but which are highly valued by the community, may continue to be funded. In light of the Maori Health principle, the values of the Maori community would need to be given particular consideration.

Consistency with the New Zealand Health Strategy & New Zealand Disability Strategy

HVDHB will give priority to initiatives that are consistent with the NZHS and NZDS health gain and service priority areas, and with our strategic plan.

Value for Money

HVDHB will consider the total economic costs of services, including flow-on effects in both the health and other social sectors, to ensure available funding is used to achieve the maximum

possible gain in health and independence status. Total economic cost includes cost to the user. The implication of considering all economic costs is that some interventions that appear high cost (e.g. kidney transplants) may actually be low cost when the downstream costs of the alternatives (e.g. ongoing dialysis) are considered. Considering intersectoral costs and benefits has the general impact of promoting services or interventions that may relieve costs on other social service agencies. For instance, surgery that allows someone to return to work may save the payment of a benefit. Total economic costs will often be very difficult to calculate accurately, but potential cost impacts can at least be considered. Costs may be considered in light of the number of people benefiting from the intervention. Combining cost and effectiveness information will, where good information exists, allow the calculation of cost effectiveness, or cost utility ratios, to allow for the comparison of different service options.

Maori Development in Health

In making funding decisions, HVDHB acknowledges the special relationship between Maori and the Crown under the Treaty of Waitangi and encourages Maori participation in providing and using services. Maori Health issues will be considered when applying all of the other decision making principles. One implication of this principle is that those proposing service initiatives will need to identify as specifically as possible the impact on Maori. This may include estimating prevalence and access issues among Maori, discussing effectiveness for Maori populations, etc. The principle means that HVDHB will give priority to services targeting, or provided by, Maori, all other things being equal.

HVDHB has developed a methodology to apply these principles and to score service proposals and rank them in priority order. The ranking thus derived is an input to the Board decision making process.

Provider Selection Policy

Hutt Valley DHB has determined a provider selection policy. This policy complies with the principles laid down by Cabinet and ensures the necessary protocols and procedures are in place to ensure:

- The most effective option is selected to achieve the gains in health and independence for people living in the Hutt Valley; and
- To close to gaps in health status within the available health funding.

Administration of funding agreements with providers

Operational Management

Planning and Funding staff will administer funding Agreements. A key relationship (portfolio) manager will be assigned to each provider.

Authority to Approve Contracts

An internal DHB mechanism, the Funding Management Group (FMG), is in place to oversee and give structure to management of delegated authority relating to renewing and changing service agreements.

The role of the FMG is, within the confines of policy approved by the Board, to:

- Approve service agreements up to the amount set by Board delegations;

- Approve provider selection processes and documentation;
- Approve negotiating briefs;
- Approve the annual funding schedule for submission to the Community and Public Health Advisory Committee (CPHAC).

Minor service agreement decisions below the FMG threshold shall be made by the General Manager Funding and Planning and portfolio manger concerned, but will be fully documented.

4.2.3 Service Monitoring and Evaluation

Hutt Valley DHB performance management includes the following key components:

- Minimum quality and corporate capability standards;
- Pre-agreement audit as required;
- Service specifications;
- Business rules;
- Volume and price schedule;
- Provider reporting and monitoring, with at least a quarterly review with all providers to monitor and discuss performance;
- Provider feedback;
- Scheduled compliance audits;
- Issue based audits;
- Outcomes review.

Hutt Valley DHB has an Audit Schedule for the 2004/05 year. The following will be priorities for monitoring and performance review/audit.

- Existing providers about whom concerns have been raised;
- New providers/providers with new contracts;
- Existing providers who have not been reviewed for 3 or more years.

The Planning and Funding division have the capability and capacity to undertake this work, with a good split of analytical, planning, service development and contract management expertise. The Central Region Technical Advisory Service is also tasked with undertaking some of the core analytical and regional mental health service development components. All NGO audits are currently sub-contracted to an external provider through TAS. (See Section 4.2.6).

Nationwide Service Framework

Hutt Valley DHB will apply the national service framework for service specifications, reporting units, pricing and business rules, unless there are sound documented reasons for diverging.

4.2.4 Additional Funding Responsibilities

Relatively new funding responsibilities that apply at HVDHB in 2004/05 are for:

- Older Persons disability support services (first full year in 2004/05);

- Maori Health contracts.

HVDHB has taken steps to ensure that the required management expertise and governance is applied to effectively deal with these additional funding responsibilities. This includes an increasingly important role for DSAC (the Disability Support Advisory Committee) and for Maori.

4.2.5 Service Change

The following reviews are being conducted in the 2004/05 year, all of which may result in service reconfiguration to a greater or lesser extent.

- Community and public health nursing review;
- Review of funding and purchase of Laboratory services;
- Regional clinical services review (urology, dental, breast surgical).

Any material service reconfiguration would be preceded by consultation with key stakeholders.

4.2.6 Collaboration

HVDHB will continue to build on its collaborative endeavours at inter-DHB, interagency and intersectoral levels.

Inter DHB – Central region

DHBs in the Central Region have jointly established the Central Region Technical Advisory Services Limited (CRTAS) to provide and/or facilitate joint regional activity around:

- Mental Health Network Support
- Quality and compliance audit tool development and implementation
- Data retrieval and analysis from national systems – especially pharmhouse, lab data warehouse, NMDS
- Analysis of Inter district flows
- Monitoring and analysis of regional provider performance and cost allocation
- Support to regional forums
- Co-ordination of regional input to national projects
- Outcome reviews and analysis of effectiveness evidence

Hutt Valley DHB has negotiated a regional Memorandum of Agreement with Central DHBs, outlining how we will work together on regional service planning and funding.

Hutt Valley DHB has established a close working relationship with Capital and Coast DHB and Wairarapa DHB. We expect to build on these relationships in the coming year. Specific collaborative initiatives include:

- Review of options for laboratory service development.
- Review of urology, ENT, ophthalmology and plastics services.
- Support for the decanting of Wellington hospital as appropriate.

- Emergency Care co-ordination team.

Hutt Valley DHB has also established a joint project with Capital and Coast DHB and Hawkes Bay DHB to assess laboratory supply side issues and solutions at both a hospital and community laboratory market level.

The Central region Maori managers have also developed an excellent working relationship with particular regard to collaborative proposals and Maori provider development. This group will work towards developing and implementing a workplan in the 2004/05, should funding be made available for this work.

National DHB Collaboration

DHB Collaborative Initiatives that will be supported by the DHB CEOs Group for attention during the 2004/05 year include:

- PHO development
- Workforce Action Plan
- Oral health
- Pharmacy
- Referred Services Management Strategy
- Clinical Performance Indicators Strategy
- National benchmarking and pricing programme
- Older Persons
- IDF programme

Further Collaborative Initiatives for action by DHBNZ and the CEO Group are:

- ***Health Sector Work Plan*** – Develop a single workplan for key projects across the sector, including Ministry policy activity, DHBNZ activity and regional DHB activity. Available resources to be focused on achieving the workplan;
- ***Inter-sectoral activity*** - DHBs to summarise inter-sectoral activity they are engaged in. DHBNZ to co-ordinate and seek further inter-sectoral information from the Ministry;
- ***Ministry – CEO Forum*** – Develop an effective forum between DHB CEOs an the Ministry on policy and regulatory issues;
- ***Information Technology*** – Describe DHB information needs and seek alignment of Ministry activity in information systems and implementation of WAVE;
- ***Service Changes*** - Each region to share their best set of guidelines /rules for service change affecting more than one DHB. Large service changes to be considered by the DHB CEO – Ministry Group;
- ***Senior Medical Officer (SMO) Employment Relations*** – All 21 DHBs support a collective process and strategy for SMO negotiations for a national agreement;
- ***DHB Policies*** – DHBs to share policies through DHBNZ to avoid duplication;

HVDHB supports District Health Boards New Zealand (DHBNZ) and will continue to participate in DHBNZ activities. DHBNZ exists to support DHBs and provide coordination of activity at the national level. DHBNZ maintains links with central agencies and works to confirm sector priorities through the Health Sector Workplan and the DHBNZ Annual Plan. DHBNZ is active in a range of areas including: Primary Health; Workforce Development; Industrial Relations; Funding and Accountability; Devolution (Health for Older People, Public Health); Service Frameworks, Pricing and prioritisation tools; and Information (WAVE).

Hutt Valley DHB will continue to jointly fund the Central Regional shared service agency (CRTAS) to perform analysis, audit and service development services. We will also continue to support DHBNZ in its coordination and policy advocacy roles.

Interagency

Hutt Valley DHB is interested in developing partnerships with external health providers to ensure best use of administrative resources. In particular we are in a good position to provide HR and workforce development support to primary care and mental health providers. The Director of Nursing will work with primary care nurses on recruitment and clinical career pathway development for primary care nurses. The DHB will also continue to run the Primary Secondary Integration Steering group to continue the process of streamlining flows between primary and secondary services.

Intersectoral

We are also working with the Hutt Valley City Councils and the Regional Council to establish a Hutt specific focus for intersectoral collaboration. Hutt Valley DHB is involved in the Wellington Leaders Group which includes the major Crown owned territorial authority and social service delivery organisations.

4.2.7 Population Based Funding & Inter-District Flows

As part of the move toward a population based funding approach, HVDHB has been actively involved in nationwide work to correctly identify and confirm inter-district service flows – to ensure that Hutt Valley residents are receiving, in total, their fair share of nationwide population based funding.

On the basis of this work, HVDHB is pleased to note that funding for 2004/05 is fully in line with Hutt Valley's share of the New Zealand population. Moreover, in order to ensure that Hutt Valley residents receive services (when necessary) from out-of-district service providers, HVDHB is currently looking to secure appropriate IDF arrangements with all other DHBs. These arrangements are summarised in Appendix 3.

4.3 PROVIDING HEALTH SERVICES

This section briefly describes services performed by the in-house Provider Arm of the DHB.

The in-house Provider Arm of Hutt Valley DHB delivers a range of hospital based and community based services in order to assist achievement of the key objectives contained in the DAP. To deliver these services the Provider Arm is structured into nine Services. In addition a

tenth Service, Clinical Support, provides ancillary health functions to all other Services. The Services and a brief description of the services provided are provided in the following sections.

4.3.1 Surgical Services

Provide secondary services in general surgery, gynaecology and orthopaedics. It also provides regional tertiary and secondary services in burns, plastics and maxillofacial, and various ACC tertiary (red list) and secondary services.

4.3.2 Medical Services

The medical service is primarily demand driven for acute services in emergency department, general medicine and cardiology. There is little control over referral sources and growth in acute demand follows an international trend of 5% each year. This reflects the aging population and the compression of morbidity. Acute services are supported by medical outpatient clinics, endocsopy procedures and specialist nurses who provide home visits and nurse led clinics in chronic disease management.

The service also provides regional rheumatology services which is primarily outpatient focused and specialist rehabilitation services. The specialist rehabilitation service is a co-ordinated multidisciplinary service that is customised to meet the complexity of people with disability and/or age related disorders to restore their functional ability and enable them to live as independently as possible. This service includes psychogeriatrics which supports older people with behavioural disturbances.

4.3.3 Maternity Services

The Maternal Health Service has a modern Obstetric Unit that is women and family focussed.

A multidisciplinary team comprising of midwives, obstetricians, nurses, lactation consultant and support staff provide comprehensive antenatal, intrapartum and post natal secondary care support to women.

The Service also provides a Maternity facility to Independent Practitioner Access holders to bring their clients for labour and delivery.

They key goals for the service is to work with the community, be strategic in approach, focussed on outcomes and move towards a sustainable integrated model of care.

4.3.4 Children's Health Services

The Children's Health Service comprises of a multidisciplinary team of Paediatricians, nurses, Play Specialist and support staff, who work together to deliver inpatient and outpatient medical care for children.

The service is closely linked to the Maternity Service in providing Specialist consultation, management and treatment for newborns.

It incorporates a Children's Ward, Children's Assessment and Short Stay Unit, Outpatient Department and Special Care Baby Unit as well as a facility and nursing response for children admitted under surgical specialities, Outpatient Department and Special Care Baby Unit.

Comprehensive Nursing Home Care services provided to neonates and children compliment the respective inpatient facilities.

Children's Health is in the process of developing an integrated service for the assessment and management of children with developmental needs.

4.3.5 Public Health Services

A regional service providing a wide range of public health services to the greater Wellington region. The service is also the lead provider for public health services delivered to the Wairarapa. The programmes covered include health promotion, health protection, communicable diseases, Maori Health and Pacific Peoples' Health.

4.3.6 Mental Health Services

Provides mental health services for people with an identifiable or suspected psychiatric disorder which has a significant impact on that person's ability to function, or which is likely to result in long term impairment. The services covered include acute inpatient, mobile crisis assessment, community alcohol and drug, Maori mental health, Kaupapa Maori, child, adolescent and family service (CAFS), youth speciality service, intensive clinical support service, an acute day hospital and a Pacific Peoples' clinical service.

4.3.7 Regional Screening Services

A regional Service that provides BreastScreening Services and Cervical Screening Services to the Greater Wellington Area and Wairarapa

BreastScreening Services provided are;

- Invitation and Recall
- Screening (through static sites and mobile services) and reading of films
- Assessment and biopsy of suspicious lesions
- Referral to treatment service
- Health Promotion

Cervical Screening services provided are:

- Maintaining data base with Cervical Screening results including results from Nelson/Marlborough DHB area]
- Recall (overdue smears only)
- Reporting to Smear takers and GP's
- Liaison with GP's, Smear takers, Laboratories and Colposcopy services
- Health Promotion.

4.3.8 Community Health Services

Support clients remaining in their own homes by providing services to them in their own homes. The services provided include district nursing, home help and meals on wheels.

4.3.9 Community Dental Services

The Community Dental Service (CDS) comprises the Hospital Dental Department, regional School Dental Service, and the Regional Adolescent Oral Health Co-ordination Service.
The Hospital Department is responsible for providing comprehensive community dental services to children, adolescents and adults in the Hutt Valley requiring specialist dental care as a result of trauma, infection, developmental anomalies or underlying medical or psychological status. As capacity allows the Department also provides care to low-income patients. This provides complimentary services to private providers.
The regional School Dental Service provides a range of dental services (including preventative care, oral health education, treatment and restoration) to preschool children aged 2 & ½ years and over and up to year 8 at school across the greater Wellington Region (Hutt Valley and Capital and Coast DHB's).
The regional Adolescent Oral Health Coordination Service aims to increase the enrolment of adolescents (up to the age of 18 years) with oral health care providers. This Service covers six DHB regions.

4.3.10 Clinical Support Services

Clinical Support Services provide an extensive range of clinical and non-clinical services within the environs of the hospital campus and community. Clinical Support is diverse in nature and services are organised into professional and functional units. The services provided are essential to supporting the effective delivery of health care to hospital clients or to maintaining the facility infrastructure. Key support functions are provided on a 24 hour per day, 7 days per week basis through rostered and call-back systems.

Clinical Support Services exists in the main to provide diagnostic, treatment and general support functions to the various Personal Health Services within the Provider Arm. Diagnostic and treatment services play a key role in patient management providing for diagnosis, monitoring and treatment planning.

5 MANAGING FINANCIAL RESOURCES

5.1 MANAGING WITHIN BUDGET

Hutt Valley DHB is forecasting a small surplus for the 2003/04 financial period and is looking to consolidate this position in the planning years concerned.

The 2004/05 and following two financial period forecasts show modest surpluses will be achieved. The Board and management of Hutt Valley DHB believe these surpluses are realistic and achievable. As previously stated in this Plan, the key elements to achieve these financial forecasts are containing the cost pressures arising from employment agreement settlements, minimising price increases for various clinical consumable items, and ensuring demand driven expenditure including the devolvement of DSS contracts are contained within budgeted parameters.

The revenue stream within the financial forecasts have been prepared using the information contained in the funding package for the 2004/05 and 2005/06 financial years. For the 2006/07 year an assumption of 3% revenue growth has been used to derive the revenue.

It is HVDHB's intention to repay $5m of equity in the 2004-05 financial year as part of its strategy to contain costs and achieve a small surplus. Supplementing this strategy will be the implementation of additional efficiency gains as outlined in the tables below.

Hutt Valley DHB recognises the requirements of the Operational Policy Framework (OPF) regarding "ring fenced" monies. Hutt Valley DHB will ensure that any surplus or deficit arising from ring-fenced monies will be managed in accordance with the OPF requirements.

5.2 BUDGETED FINANCIAL STATEMENTS

The following table shows the statement of financial performance for Hutt Valley DHB for the planning period. The full set of financial statements[3] are included in Appendix 7 of this Plan.

[3] The required financial statements are the statement of financial performance, statement of financial position, statement of movements in equity, and statement of cash flows. A statement of financial performance must be shown for each output class.

In addition, the financial information presented must be in accordance with the Public Finance Act 1989 and Financial Reporting Standard No. 29 (FRS29).

5.3 FORECAST STATEMENT OF FINANCIAL PERFORMANCE

Hutt Valley District Health Board
Forecast Statement of Financial Performance
For the year ended 30 June

	2003/04 $000's	2004/05 $000's	2005/06 $000's	2006/07 $000's
Revenue				
Revenue	251,305	253,876	261,683	269,377
Interest Revenue	535	762	814	814
Total Revenue	**251,840**	**254,638**	**262,497**	**270,191**
Expenditure				
Provider Expenditure	(127,672)	(127,418)	(131,678)	(135,628)
Operating Expenditure	(109,220)	(111,936)	(115,580)	(118,743)
Depreciation	(6,944)	(7,188)	(7,734)	(8,301)
Interest	(1,258)	(1,258)	(1,222)	(1,258)
Capital Charge	(7,473)	(6,785)	(6,239)	(6,235)
Total Expenditure	**(252,567)**	**(254,585)**	**(262,453)**	**(270,165)**
Net Surplus/(Deficit)	**(727)**	**53**	**44**	**26**
Gain/(Loss) on Sale of Assets	727	-	-	-
Net Surplus/(Deficit)	**-**	**53**	**44**	**26**

5.4 SUMMARY OF 2004/05 OPERATING BUDGET

The operating forecast for 2004/05 is a surplus of $53k.

5.4.1 Funding Advice

The Funding Package advice was received in December with an overall increase in price and demographics of 2.55%. While this increase allows for inflationary cost pressures on consumable and infrastructure items it is not likely to be sufficient to cover wage increases as predicted in current MECA negotiations.

5.4.2 Funder Financials

As mentioned above the financials reflect the new funding package advice. The need to revise price/volume schedules has been reflected in the financials and incorporated into the budgets.

Our approach has been to:

- Confirm and agree the price/volume schedules with the Provider arm;
- Identify the external Provider contract amounts including those devolved for Disability Support Services;
- Reassess the demand driven expenditure and assumptions;
- Confirm the new initiatives of $1.2 million relating to 2003/04 will continue and have been included in the 2004-05 planning year; and
- Confirm an amount has been set aside as a price increase for NGO's and is included in the 2004-05 planning period.

Having completed the above steps we have identified that the Funder will operate with a surplus of $750k for the 2004-05 planning year.

5.4.3 Provider Financials

Service planning templates for the Provider arm were developed in the previous financial year and these have been used to determine the 2004-05 budgets. The proposed price/volume schedules for each speciality reflects a realistic volume for the service that takes into account waiting list issues. The cost structures of each service have also been reviewed and efficiencies have been incorporated into the plans where appropriate. Not all costs have been able to be contained within the price increase, therefore the Provider arm is showing a deficit of $832k. It should be noted that with the move to Regional/National MECA negotiations the ability to control these costs at a local level is extremely limited. While we believe our assumptions for these potential increases are realistic a change of 1% from the forecast will impact on the bottom line by $700k.

The operational performance of the Provider Arm for 2004-05 is largely due to issues that have been experienced in the 2003-04 financial year and have ongoing cost implications for future years. The increase in FTEs is largely a result of contract compliance requirements for our medical rosters of which we have little control, recruiting additional staff in the Emergency Department and General Medical Ward to cope with patient safety and quality issues. Other cost increases include the absorption in clinical supplies costs, notably blood products.

HVDHB have been able to cover these costs in the 2003-04 year due to the disposal of surplus property that was not budgeted, however this was a one off transaction whereas the additional costs mentioned above have ongoing implications for this organisation.

5.5 ASSUMPTIONS

The following are the key assumptions for the annual plan. Where the assumptions could change they have been addressed in a separate section with the impact of the change identified.

5.5.1 Provider

1. Revenue is based on the funding package received in December 2003;
2. The impact of the collective employment agreement settlements has been factored in to the plan on the basis of regional/national agreements;

3. Other costs have increased in line with the CPI at 2%;
4. The exchange rates utilised for the $USD and $AUD dollar are $0.68 and $0.88 respectively;
5. Interest rates on term debt are fixed at 6.4% for the planning period;
6. Interest income reflects the funding received one month in advance from the MOH and it is assumed this will continue for the planning period;
7. The impact of the revaluation on capital charge at 11% has been factored into the Plan for both revenue and expenses.
8. Capital expenditure projects and equipment will be funded from operating cash surplus;
9. Repayment of equity has been factored into the Plan;
10. The number of inpatients will not be greater than current activity levels thereby not causing additional costs through unbudgeted bed days;
11. The complexity and casemix will not significantly change from the current years trend thereby causing additional costs;
12. FTE levels will be recruited to budgeted levels so there is no adverse impact on employment costs;
13. A proportion of the DHB Corporate service costs have been allocated to the Governance output class according to standard accounting drivers, which are proxies for the likely use of corporate resources;
14. Revenue for 2006-07 is based on an assumption of a 3% increase on price and costs.
15.

5.5.2 Funder

1. Any additional contracts devolved from the MOH will be devolved with sufficient funding to cover the full cost of the contract;
2. Demand driven expenditure will not exceed the budgeted increase of 2.13%;
3. Pharmaceutical savings from STAT dispensing have been calculated on the basis that only 50% of Pharmac's original saving calculations will be realised;
4. The level of Pharmac rebates forecast in the 2003-04 financial year will continue.

5.5.3 Risks

While all of the above assumptions are critical there are some key areas that would impact on our plan significantly if the assumption changes. These are detailed below along with the financial impact of any change.

Revaluation of Assets – It is assumed that any additional costs associated with depreciation and capital charge will be funded by the Ministry for the planning period. If this does not occur then the bottom line will deteriorate by approx. $3.7m.

Demand Driven Expenditure – We have assumed that price & volume growth can be contained within the planning parameters of 2.13%. If this does not occur then for every 1% adverse change this will impact adversely on our bottom line by approx $400k.

Employment Costs – We have assumed an increase in employment costs and a change of 1% will adversely impact on the bottom line by $700k.

Revenue in Advance – We have built into the Plan, additional interest revenue on the basis the Ministry will continue to pay the Provider funding in advance. This premise is based on the DHB being a good performer from a financial perspective and that Hutt Valley DHB will continue to meet plan.

5.5.4 Outyears 2005-06 to 2006-07

The financials for the two out years have been calculated using the following information and assumptions:

2005-06

- The core revenue increase is based on the funding advice received in December;
- The costs for the Provider Arm have been built up using an overall cost increase of 3%;
- The costs for the demand driven expenditure has been based on a 2.5% increase;

2006-07

- In the absence of any funding information for this financial year we have assumed a price increase of 3% and a cost increase of the same amount. This has little impact on the overall result of the DHB.

5.6 CAPITAL EXPENDITURE

In line with the Asset Management Plan, HVDHB plans to increase its capital expenditure commitments over the planning period. It is anticipated that $39m will be spent in the next five years ensuring that infrastructure, IT and medical equipment requirements are maintained, upgraded or replaced appropriately.

The following table outlines the Capital Expenditure requirements over the next three-year planning period.

For the Year ended 30 June	**2004-05**	**2005-06**	**2006-07**
	$000's	**$000's**	**$000's**
Property	2,946	3,143	3,337
Medical Equipment	2,602	2,790	3,075
Computer Equipment	1,500	1,500	1,500
Other	137	234	228
Total	**7,185**	**7,667**	**8,140**

Principles

In determining our capital expenditure requirements we have identified the following key principles:

- Expenditure is in keeping with depreciation, i.e. the spend is no more than the depreciation charge each year;
- The capex spend is financially affordable and will improve the efficiency of the organisation;
- All capital expenditure will be financed through current operational funding – no additional funding from debt or equity will be required.
- There are no assets that have been identified as surplus to long-term health service delivery needs.

5.7 EFFICIENCY INITIATIVES

It is important to recognise that efficiencies tend to curb cost growth rather than deliver net reductions in cost.

The table below identifies those efficiencies that will impact on the 2004/05 planning period and have been incorporated into the annual plan. These efficiencies build on those contained in last years plan.

Efficiency Initiative	Comment	Savings/New Revenue ($000)		
		2004/05	2005/06	2006/07
Review of Contracts	Reviewing our Clinical Supply contracts it is anticipated that savings will culminate in the region of:	200	200	200
Buying Group Initiatives	Savings from buying group initiatives particularly on printing and stationery will deliver a reduction in costs of:	100	100	100
Review of Outsourcing Costs	Reviewing our Outsourcing contracts it is anticipated that savings will be achieved of:	100	100	100
ACC Partnership Programme	As a result of the accreditation process to the Partnership Programme, HVDHB will gain additional savings of:	200	200	200

New Technology Gains

Efficiency Initiative	Comment	Savings/New Revenue ($000)		
		2004/05	2005/06	2006/07
Electronic Medical Record: Phase 2	With the development and implementation of electronic discharge summaries, it is anticipated that savings will culminate in the region of:	150	150	150
Electronic Medical Record: Phase 3	With the development and implementation of electronic referral summaries, it is anticipated that savings will culminate in the region of:	150	150	150
Primary Care Plan	With the introduction of a common platform and infrastructure, HVDHB will help to reduce costs by streamlining care and reducing duplication across the sector:	-	100	100

5.8 ASSET VALUATION

Under the Crown Accounting Policies we revalued our land & buildings using the Financial Reporting Standard (FRS 3). This exercise has increased equity by $34m and has an impact on the capital charge element payable to the Crown. The financial statements for the 2004-05 and two outyears have assumed that revenue will be paid by the Crown to compensate the DHB for the additional capital charge. This element amounts to $3,744k.

5.9 BUSINESS CASES

At the time of writing this Plan there were no business cases that require the approval of the Ministry of Health or the Treasury.

5.10 DEBT AND EQUITY

The key banking covenant ratio targets and the budgeted ratios for the 2004/05 year, and the two following years, are shown in the following table. It can be seen that the budgeted ratios are well within the covenant ratios required by the Crown Financing Agency (CFA) and there is scope for additional debt or equity to fund major projects if required. The CFA is the key lender of debt to the HVDHB with a loan of $19m at a fixed interest rate of 6.4%. This loan is due for repayment in December 2007. HVDHB also has a $4m working capital facility with the BNZ if required.

Covenant Ratios

As at 30 June

	2003-04	2004-05	2005-06	2006-07
Debt to Debt plus Equity	21.7%	23.0%	24.5%	24.5%
CFA Target	***50%***	***50%***	***50%***	***50%***
Interest Times Cover	6,52	6.76	7.36	7.62
CFA Target	***3***	***3***	***3***	***3***

5.11 STATEMENT OF CASHFLOWS

The Table below demonstrates the impact of HVDHB's strategy to increase the total capex spend and repayment of equity over the next three years. It should be noted that this approach is key to the success of HVDHB and will not adversely impact on the financial performance of the organisation.

Forecast Statement of Cash Flows

For the year ended 30 June

	2003/04 $000's	2004/05 $000's	2005/06 $000's	2006/07 $000's
Operating Cash Flows				
Cash Receipts	255,578	255,762	262,212	269,811
Cash Payments	(250,550)	(247,686)	(251,617)	(260,429)
Net Operating Cash Flows	**5,028**	**8,076**	**10,595**	**9,382**
Investing Cash Flows				
Cash Received from Sale of Fixed Assets	738	-	-	-
Cash Paid for Purchase of Fixed Assets	(6,479)	(6,332)	(7,882)	(8,096)
Net Investing Cash Flows	**(5,741)**	**(6,332)**	**(7,882)**	**(8,096)**
Financing Cash Flows				
Equity/ loans repaid	(8,090)	(5,000)	(5,000)	-
Net Financing Cash Flows	**(8,090)**	**(5,000)**	**(5,000)**	**-**
Net Cash Flows	**(8,803)**	**(3,256)**	**(2,287)**	**1,286**
Opening Cash Balance	15,740	6,937	3,681	1,394
Closing Cash Balance	**6,937**	**3,681**	**1,394**	**2,680**
Bank in Funds	6,937	3,681	1,394	2,680
Total Cash on Hand	**6,937**	**3,681**	**1,394**	**2,680**

6 MEASURING SUCCESS

This section identifies the key performance indicators chosen by the DHB to measure its performance in the 2004/05 year. These indicators form the basis of the DHB statement of service performance in the SOI. They include some MoH measures.

The indicators of DHB Performance (IDP) specified by the MOH and associated targets are shown in Appendix 5 of this plan.

HVDHB Key Performance Indicators (SOI Targets) for 2004/05

DAP Objective	HVDHB SOI Targets for 2004/05
1. Develop and support PHOs in the Hutt Valley	• 85% of Hutt population enrolled in a PHO by 30 June 2005 • Evidence of collaborative-approach to PHO service delivery [SER-01 IDP]
2. Alignment of Community and Public Health Nursing in Primary Care	• Framework for Community and Public Health Nursing Service Plan • Nursing Practice and Development [part of INV-02 IDP]
3. Advance Management of Referred Services	Achievement of key milestones: • Referred services strategy complete • Three referred services work plan projects implemented • Laboratory services business cases completed for hospital and community markets (contingent on regional work) • Medication management project implemented and reviewed
4. Develop a primary mental health initiative that expands access to people with mental health needs above the 3% threshold	• Development of pilot proposal
5. Alignment of Public Health Services Purchased by the MOH to the Strategic Priorities of Hutt Valley DHB: implement shared decision making with MOH	• RPH Service Plans are aligned to regional priorities by end Q3.
6. Work intersectorally with key agencies in specific areas	• Six monthly update & progress report to HVDHB Board
7. Contribute to improvement and participation in population health programmes especially National Cervical Screening Programme and Breastscreen Aotearoa	• BreastScreening Coverage to reach 29% of eligible population *(this only refers to the 50-65 age group at this time)* • Cervical Screening Coverage rate to reach 80% ▪ Participation rate is maintained at > 90%
8. Pacific Health Plan Implementation	• Report on progress towards the implementation of priority areas identified in the Pacific Health & Disability Action Plans [PAC-01 IDP] • Report quarterly on implementation of the Pacific health Plan recommendations for Year 1

<table>
<tr><th>DAP Objective</th><th>HVDHB SOI Targets for 2004/05</th></tr>
<tr><td>9. Enhance Reducing Inequalities in Health Intervention Framework</td><td>• Report on progress towards raising awareness of inequalities and refocusing planning & funding activities to address inequalities in health [RIH-01 IDP]</td></tr>
<tr><td>10. Develop a Refugee Services Plan</td><td>• Service Plan for Refugee Health</td></tr>
<tr><td>11. Implement Maori Health Strategic Plan</td><td>• Finalisation of Maori Health Strategic Plan in Q2
• Report on development of Maori Health workforce and Maori Health Providers [HKO-02 IDP]</td></tr>
<tr><td>12. Improve access to and effectiveness of mainstream services for Maori</td><td>• Progress report on local Iwi/Maori engagement & participation in decision-making [HKO-01 IDP]
• Report on improving mainstream effectiveness [HKO-3 IDP]</td></tr>
<tr><td>13. Increase investment in Maori Health to reduce health inequalities</td><td>• Report on funding for Maori Health and Disability Initiatives [RIS-02 IDP]</td></tr>
<tr><td>14. Implement a regional Whanau Ora Improvement framework</td><td>• New Service specification on the NSF by Q4
• Local service specifications prepared for alignment to Whanau Ora service specification by Q3</td></tr>
<tr><td>15. Implement a comprehensive approach to the reduction of incidence and impact of diabetes</td><td>• Diabetes detection and follow-up rate [POP-02 IDP]
• Diabetes management rate [POP-03 IDP]
• Diabetic retinopathy screening [POP-04 IDP}
Respective targets are:
<table>
<tr><th></th><th>Total</th><th>Maori</th><th>Pacific</th><th>Other</th></tr>
<tr><td>Detection</td><td>77%</td><td>50%</td><td>85%</td><td>75%</td></tr>
<tr><td>Management</td><td>70%</td><td>54%</td><td>44%</td><td>76%</td></tr>
<tr><td>Screening</td><td>80%</td><td>80%</td><td>80%</td><td>80%</td></tr>
</table></td></tr>
<tr><td>16. Implement a cardiovascular package of care</td><td>• Report on implementation of plan and progress made relative to service indicators – primary prevention, acute coronary syndrome, stroke [POP-01 IDP]</td></tr>
<tr><td>17. Meet Elective Services Waiting Time Targets</td><td>• 100% of people waiting for first-specialist assessments will not wait longer than 6 months by 30 June 2005 (subject to them being available for the assessment)
• 100% of patients given certainty receive treatment within 6 months
• Report on ongoing quality improvement in elective services [SER-03 IDP]</td></tr>
<tr><td>18. Improving access to services locally, including urology and ophthalmology services</td><td>• Completion of two local service expansion option papers by Q2</td></tr>
<tr><td>19. Promote regional access to elective services</td><td>• Complete a regional service expansion business case by Q2</td></tr>
<tr><td>20. Achieve baby friendly hospital accreditation</td><td>• Report on progress and completion of steps ready for accreditation by the NZ Breastfeeding Authority [POP-10 IDP]</td></tr>
<tr><td>21. Improve childhood immunisation rates</td><td>• Report on progress toward NIR implementation [POP-12 IDP]</td></tr>
<tr><td>22. Improve child health</td><td>• Complete School Dental Services Facilities Review
• Oral Health Targets – children caries free at age five years [POP-05 IDP], and mean Decayed/Missing/Filled teeth score at year 8 school [POP-06 IDP]</td></tr>
</table>

<table>
<tr><th>DAP Objective</th><th>HVDHB SOI Targets for 2004/05</th></tr>
<tr><td></td><td>The respective targets for 2004/05 are:
<table>
<tr><td></td><td>Total</td><td>Maori</td><td>Pacific</td><td>Other</td></tr>
<tr><td>Caries-free</td><td>61%</td><td>40%</td><td>33%</td><td>70%</td></tr>
<tr><td>Mean DMTF</td><td>0.8</td><td>1.1</td><td>1.1</td><td>0.8</td></tr>
</table></td></tr>
<tr><td>23. Improve youth health outcomes</td><td>• Increased oral health completions achieved for young people (up to 18 years) over 55 %
• Effectiveness of youth health services targeted at schools is well understood
• Youth Health – Teenage Pregnancy Rates [POP-11 IDP], discharge rate per 1000
<table>
<tr><td></td><td>Total</td><td>Maori</td><td>Pacific</td><td>Other</td></tr>
<tr><td>Teen Births</td><td><8</td><td><15</td><td><8</td><td><5</td></tr>
</table></td></tr>
<tr><td>24. Advance implementation of Mental Health Blueprint</td><td>• Report on targets set for improving the health status of people with severe mental illness [POP-08 IDP]
<table>
<tr><td></td><td>Total</td><td>Maori</td><td>Other</td></tr>
<tr><td>Children & Youth 0-19</td><td>0.8%</td><td>0.8%</td><td>0.8%</td></tr>
<tr><td>Adults aged 20-64</td><td>1.2%</td><td>1.3%</td><td>1.1%</td></tr>
<tr><td>Older People aged 65+</td><td>0.4%</td><td>0.4%</td><td>0.4%</td></tr>
</table></td></tr>
<tr><td>25. Ensure appropriate access to regional mental health services for residents of Hutt Valley</td><td>• Report on improvements in access to regional specialty services currently provided by Capital & Coast DHB</td></tr>
<tr><td>26. Develop a project plan for the implementation of measurement of mental health outcomes (MH SMART)</td><td>• Business case accepted by Ministry of Health
• Report on implementation progress</td></tr>
<tr><td>27. Primary – Secondary Integration</td><td>• Clinicians are supportive of the new programmes
• Patient satisfaction is increased
• Patient flows improve and waiting times for services reduce
• Maternity Services Work Plan</td></tr>
<tr><td>28. Manage Acute Demand pressures on provider arm</td><td>ED strategy for redirecting inappropriate self-referrals complete and implemented
• Ambulatory Sensitive Admission Targets [POP-13 IDP]
Discharge Rate per 1000 population
<table>
<tr><td></td><td>Total</td><td>Maori</td><td>Pacific</td><td>Other</td></tr>
<tr><td>Children 0-4</td><td>90</td><td>85</td><td>115</td><td>90</td></tr>
<tr><td>Children 5-14</td><td>21</td><td>21</td><td>31</td><td>20</td></tr>
<tr><td>Children 15-24</td><td>15</td><td>17</td><td>13</td><td>14</td></tr>
<tr><td>Adults 65-74</td><td>74</td><td>115</td><td>120</td><td>70</td></tr>
</table></td></tr>
<tr><td>29. Advance the objectives of the Disability Strategy</td><td>• Provider Arm accessibility survey completed
• Report quarterly on implementation plan</td></tr>
<tr><td>30. Implement the findings of the Older Persons Plan</td><td>• Improved access to services for Maori and Pacific Peoples
• Referral processes are streamlined
• Providers and consumers are aware of what services are available
• Residential Care Home care expenditure ratio [POP–14 IDP – Targets will be agreed within three months of the baseline</td></tr>
</table>

DAP Objective	HVDHB SOI Targets for 2004/05
	information becoming available]
31. Increase community participation in the governance and service activities of Hutt Valley District Health Board	• Monitoring of 'hits' indicates growing usage of website • All key publications are widely distributed • Public information easily accessible on website and through other channels • Community version of Annual report is published by December 2004 • Consultation programme is operating
32. Quality Improvement Approach : Ensure health and disability services provided are safe, people-centred and of a high quality	• Magnet Patient Outcome Indicator Programme • Accreditation/Certification Status: October 2004 • Feedback/satisfaction reports: Quarterly updates • Recognition of staff: Quarterly updates • Report on Quality Systems [QUA-01 IDP]
33. Risk Management Focus: Identify and improve systems to support the identification, treatment and monitoring of risk in DHB services and external providers	• Event reporting provides monthly reports showing actions taken. • Central registers kept of all complaints and external reviews. • Emergency preparedness documentation in place and regular education/drills held. • At least 6 external provider audits undertaken.
34. Implement recommendations of the Emergency Department Review	• Implementation Plan by Q2 • Report on Implementation Progress by Q4
35. Development of Primary Care IT Plan to support the roll-out of WAVE report recommendations	• Report on progress with information management initiatives and capability development [INV-01 IDP]
36. Implement and support Health Practitioner Index	• On-line service complete
37. Develop system(s) to support delivery of oral health in schools and the community	• School Dental System in place
38. Industrial Relations Strategies – participate in the development of regional and national industrial strategies	• Negotiations completed after the expiry of the agreements • Culture of communication and collaboration
39. To develop a DHB-wide workforce development plan and commence implementation	• Completion of workforce development plan • Report on progress against key milestones in workforce development plan
40. To assist in the strategic development of the primary health care workforce	• Data collection relating to the Primary health care workforce • Assisting at least two primary care providers by end July 05 • Completion of workforce project plan milestones as relevant
41. Implement Asset Management Plan	• Plan developed and operational by December 2004
42. Participate in and trial Magnet Hospital credentialing programme at	• Patient Outcome Indicator Programme

DAP Objective	HVDHB SOI Targets for 2004/05
Hutt Hospital	• Good response rate to Hospital Nursing Workforce and Patient Outcome Study • Collection of HVDHB Magnet documentation within required timeframe.

7 REFERENCES

The following documents have been developed within the DHB and referenced within this Plan. All documents are available on the HVDHB web site.

- Pacific Health Plan *(currently subject to consultation – will be provided in time for final DAP)*
- Wellington Regional Public Health Strategic Plan
- Older Persons' Plan *(currently subject to consultation – will be provided in time for final DAP)*
- HVDHB Referred Services Workplan
- Primary Nursing Business Plan (2002-2005)
- Regional Mental Health plan *currently subject to consultation – will be provided in time for final DAP)*
- Quality/Risk Plan
- Asset Management Plan (*currently subject to development – will be provided with final DAP)*
- Consultation Policy
- Five Year District Strategic Plan
- Service Plans (that informed District Strategic Plan)
    - Primary Care Service Plan
    - Healthy Communities Service Plan
    - Maori Health Plan
    - Pacific Health Plan
    - Cardiovascular Disease Plan
    - Respiratory Service Plan
    - Cancer Service Plan
    - Diabetes Plan
    - Surgical Service Plan
    - Child Health Plan
    - Maternity Plan
    - Oral Health Plan
    - Youth Health Plan
    - Mental Health Plan

8 APPENDICES

The following documents are considered attachments to the District Annual Plan for the period 1 July 2003 to 30 June 2006:

1. Organisational Structure
2. Population Profile
3. IDF Targets for 2004/05
4. Service Level Agreement (Volume Schedule) – *MoH Template sent electronically*
5. Crown Funding Agreement – Indicators of DHB Performance
6. Statement of Intent
7. Forecast Financial Statements
8. Revenue Reconciliation
9. Consolidated list of Service Coverage Exceptions

APPENDIX 1. ORGANISATIONAL STRUCTURE

Board Profile

Accountability for the overall performance of Hutt Valley DHB, from both a funder and provider perspective, is the sole responsibility of the Board. In practical terms, this means the Board is accountable for the delivery of the strategic direction agreed to in the District Strategic Plan. This accountability then extends to the staged implementation of the strategic direction on an annual basis by way of achieving the performance targets and milestones in this Plan.

The Board comprises 11 members: seven elected in October 2001 by the Hutt Valley community and four appointed by the Minister of Health. The Minister of Health has appointed the Chair and Deputy Chair from the 11 members.

The following advisory committees are in place, along with their relevant terms of reference, code of conduct, standing orders and related procedures. The committees meet regularly throughout the year and are supported by the Board Secretariat, Corporate Services, Planning and Funding or Provider teams as appropriate.

Community and Public Health Advisory Committee

Provides advice and recommendations to the Board on the health needs of the resident population. It also advises the Board on priorities for the use of the available health funding.

Disability Support Advisory Committee

Provides advice and recommendations to the Board on the disability support needs of the resident population. It also provides advice and recommendations to the Board on priorities for the use of the available disability funding.

Hospital Advisory Committee

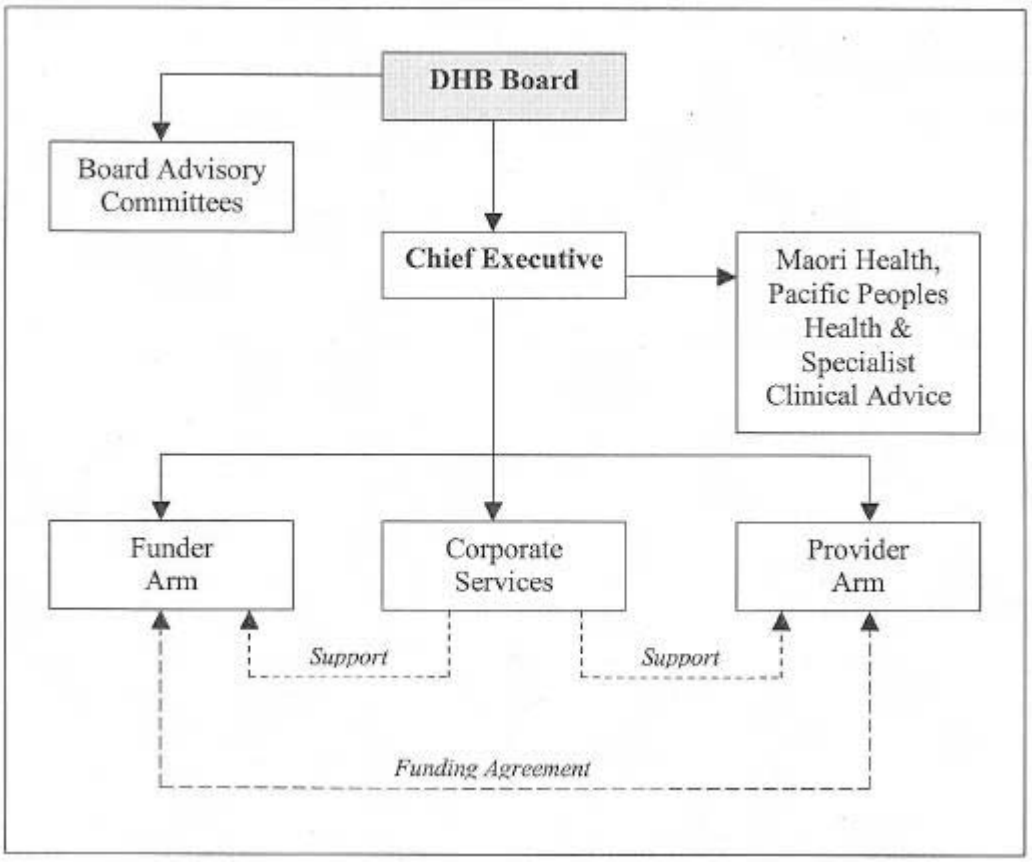
Monitors, advises and provides recommendations to the Board on the financial and operational performance of the services provided by the Provider Arm of the DHB.

Finance, Property and Audit Committee

Monitors the DHB's financial performance and is required to provide sound advice to the Board on the financial affairs of the DHB including, but not limited to, financial operating and planning activities, capital development, cash flow and balance sheet management. It also oversees all financial and non-financial activities of DHB audit and property issues.

Organisational Structure

Hutt Valley DHB has designed the organisation to maintain a clear separation between management of planning and funding activities and management of hospital service provision activities. This is to avoid any real or perceived conflict of interest with respect to being seen to be unfairly favouring our hospital service provider in funding decisions.

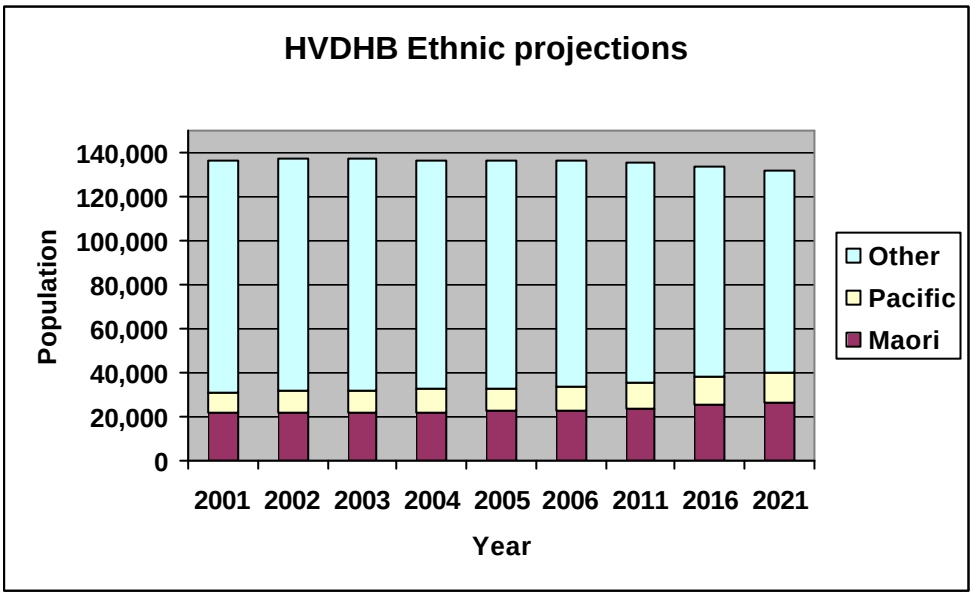


This separation has also been maintained in a practical way at the DHB Board level, and within the various Board committees required by legislation, as outlined above.

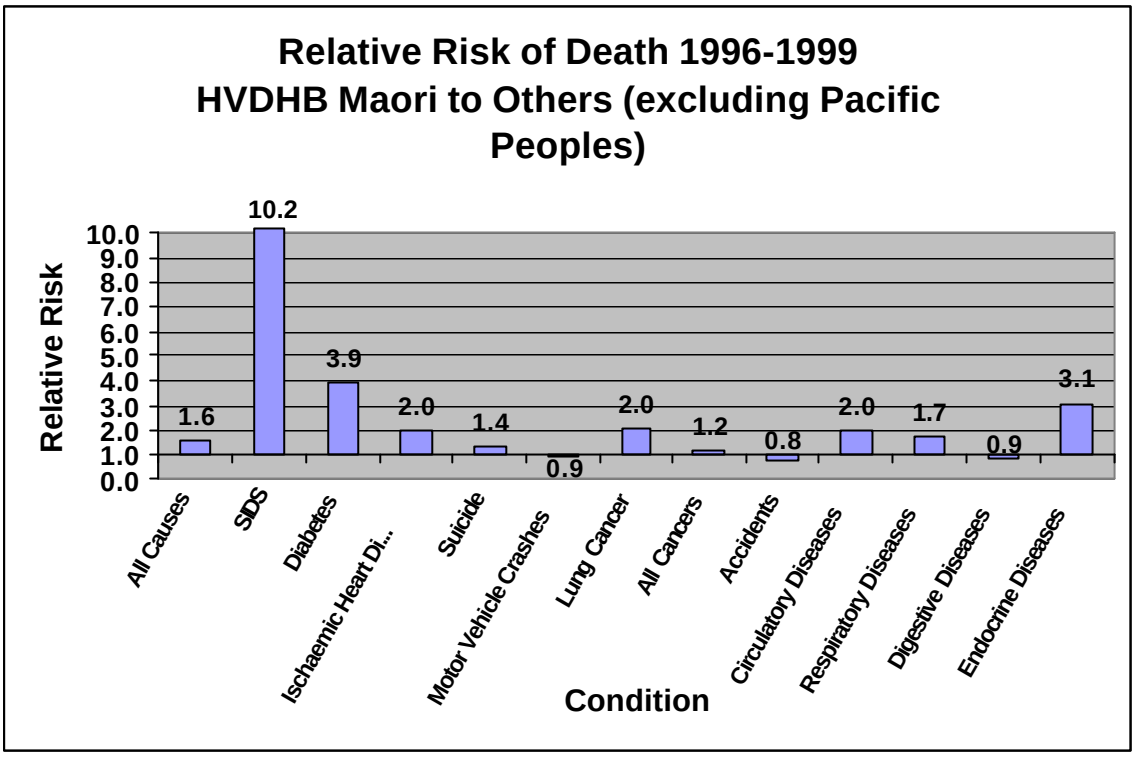
APPENDIX 2. POPULATION PROFILE

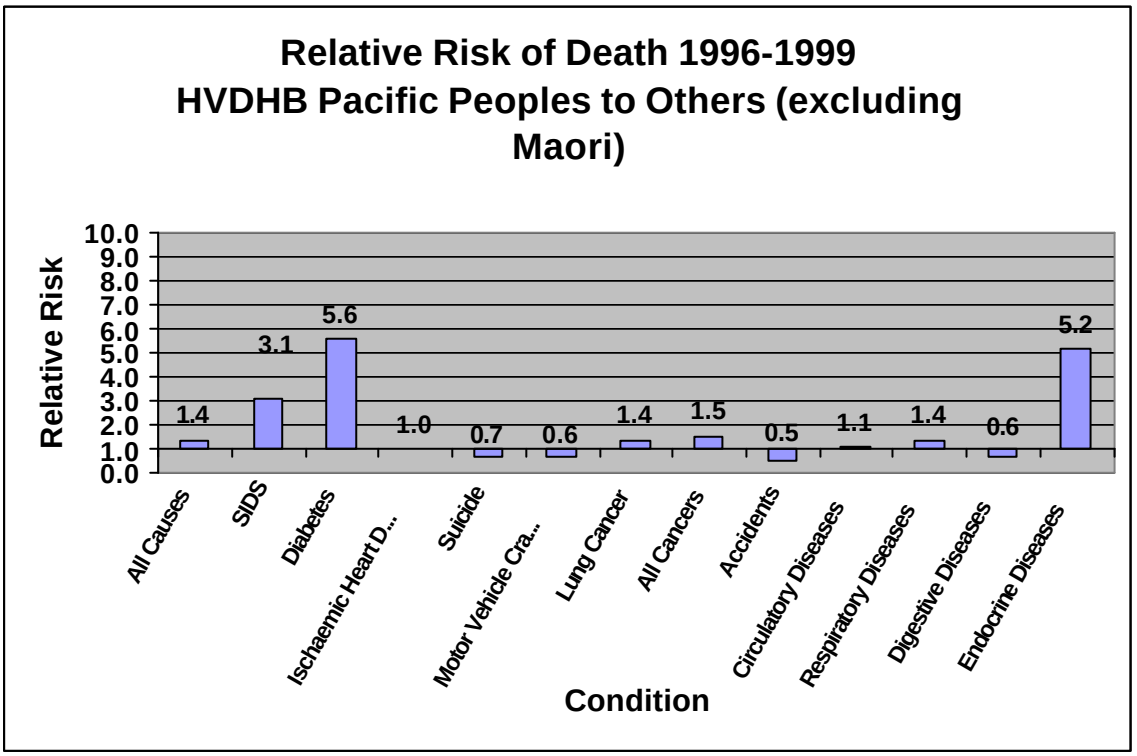
A variety of Hutt Valley Health Profile Information has been previously published in the District Annual Plan for 2003/2004 (Appendix 2), the Annual Report for 2002/2003 and the District Strategic Plan 2002-2007. These and other sources of information (e.g. Service Plans, Maps, Populations and Factsheets) on the population and health status of Hutt Valley residents are available on our website (www.huttvalleydhb.org.nz).

Population projection figures have been produced by Statistics New Zealand and the current estimate for the HVDHB population is around 136,800 people. The following table shows HVDHB ethnic projections going out to 2021.



Recent analysis has focused on supporting the development of service plans and identifying local inequalities. The following tables summarise an analysis of ethnic differences in age standardised mortality rates for major causes of death. Similar analysis for hospitalisations is planned, awaiting the release of recent data.





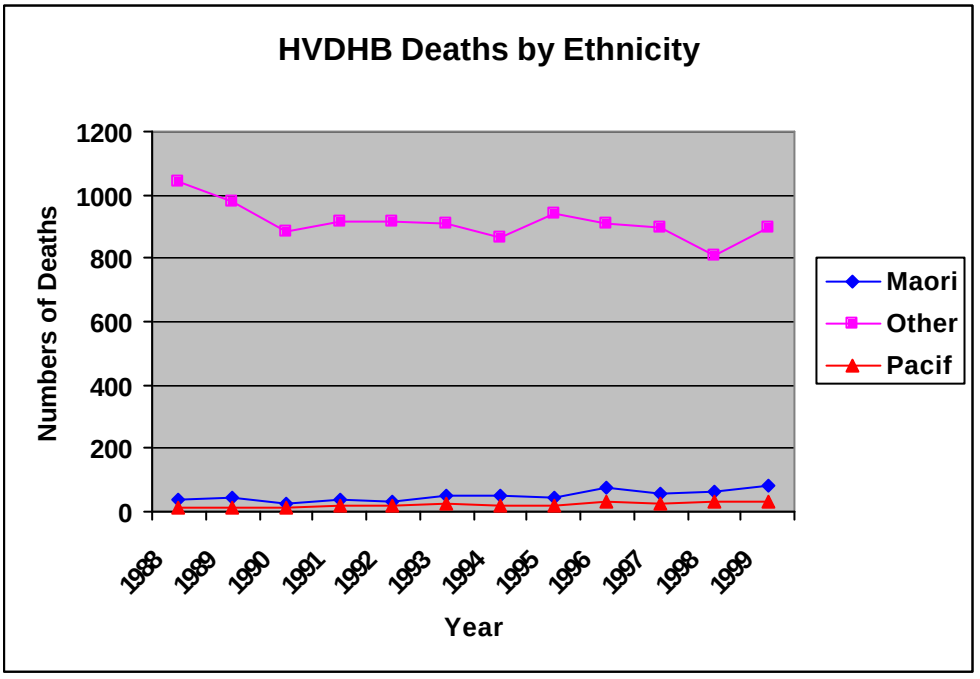
The above tables show that, after adjusting for differences in the age structures of their populations, Maori & Pacific Peoples have significantly higher rates of death for a variety of conditions compared to others. These differences are particularly notable for Sudden Infant Death Syndrome (SIDS), diabetes & endocrine diseases.

Additional tables on HVDHB ethnic mortality are presented in this appendix.

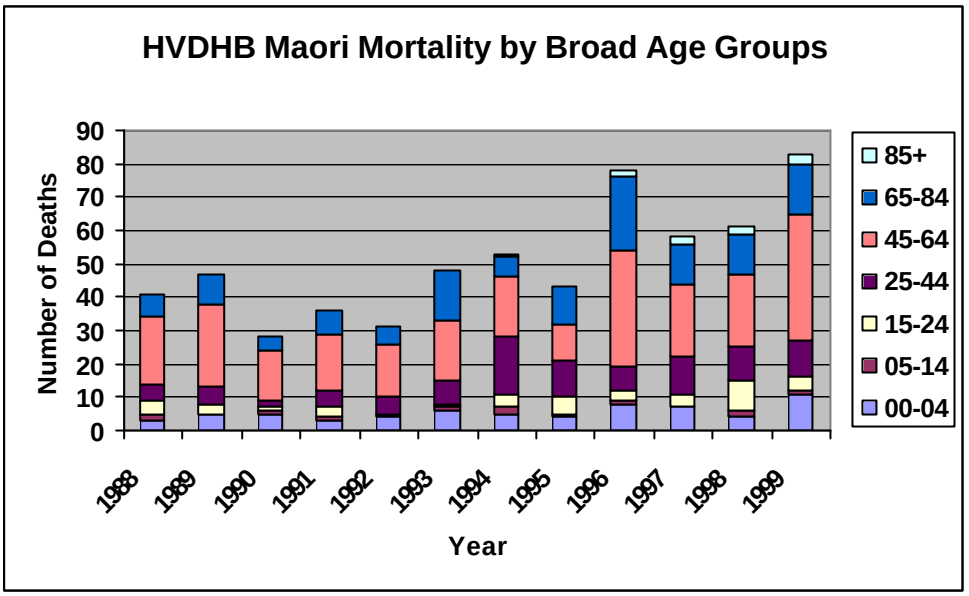
The Central Region Technical Advisory Service will be proving support in the area of Health Needs Assessment to central region DHBs, including Avoidable Hospitalisation analysis during 2004. This and other work will provide background information to feed into the development of the next District Strategic Plan.

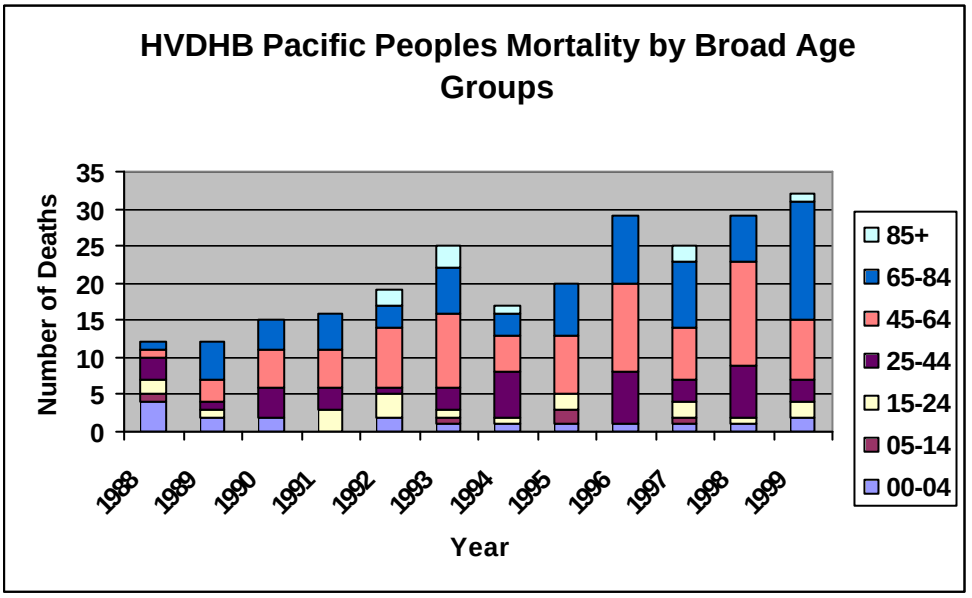
HVDHB Ethnic Mortality

The following tables summarise ethnic death information for Hutt Valley residents, particularly for Maori & pacific Peoples. Each year around a thousand Hutt valley residents will die.

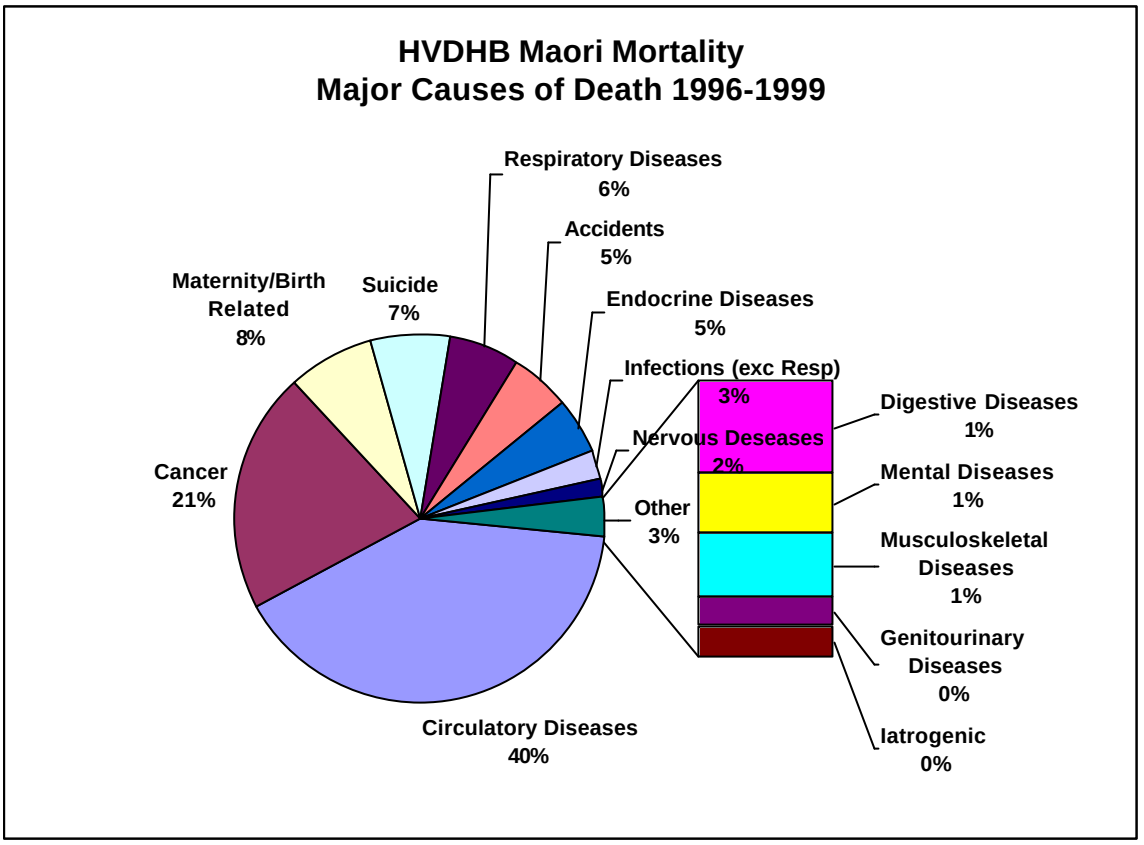


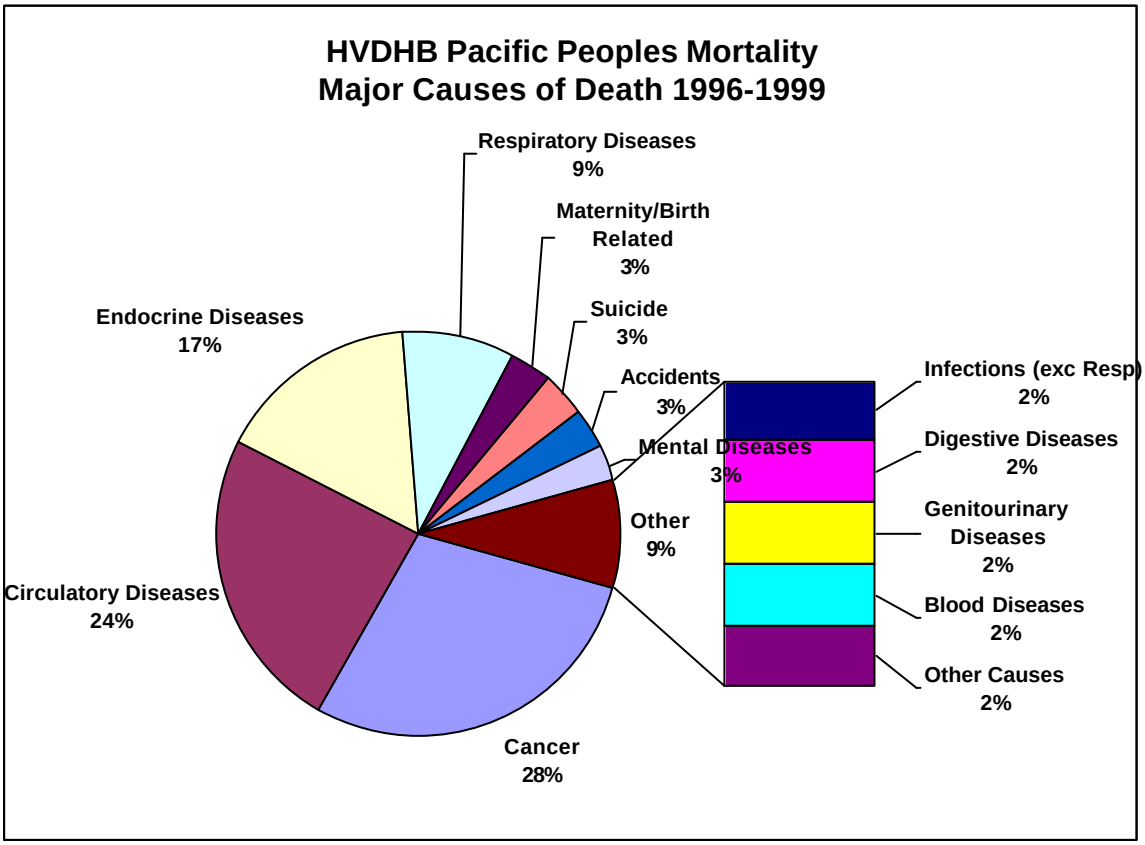
A combination of population growth and improvements in ethnicities coding during the 1990s has resulted in increasing numbers of Maori & Pacific deaths.





The major causes of death for HVDHB Maori & Pacific Peoples show some differences.


HVDHB Maori Mortality
Major Causes of Death 1996-1999
Respiratory Diseases 6%
Accidents 5%
Endocrine Diseases 5%
Infections (exc Resp) 3%
Nervous Deseases 2%
Other 3%
Maternity/Birth Related 8%
Suicide 7%
Cancer 21%
Circulatory Diseases 40%
Digestive Diseases 1%
Mental Diseases 1%
Musculoskeletal Diseases 1%
Genitourinary Diseases 0%
Iatrogenic 0%


HVDHB Pacific Peoples Mortality
Major Causes of Death 1996-1999
Respiratory Diseases 9%
Maternity/Birth Related 3%
Suicide 3%
Accidents 3%
Mental Diseases 3%
Other 9%
Endocrine Diseases 17%
Circulatory Diseases 24%
Cancer 28%
Infections (exc Resp) 2%
Digestive Diseases 2%
Genitourinary Diseases 2%
Blood Diseases 2%
Other Causes 2%

APPENDIX 3. IDF TARGETS FOR 2004/05

Population Based funding & Inter-District Flows

IDFs arise where residents within one DHB's community receive health care in another DHB.

Approximately 25% of hospital admissions, for Hutt Valley residents, are to Wellington hospital and approximately 7% are to other hospitals around the country.

There are admissions to the Hutt hospital of residents external to the Hutt Valley: particularly in the tertiary services of plastics, burns and rheumatology. Hutt Valley DHB is the lead DHB for a number of regional and national NGO contracts (including the Family Planning Association contract) and this generates a number of inward funding flows from other DHBs.

Hutt Valley DHB has agreed with other DHBs in the central region to the default OPF rules which state wash-ups on inpatient DRGs and no wash-ups on other services.

The major IDFs with other DHBs are summarised below. These amounts will change as IDFs are recalculated. In particular HVDHB is aware that flows to CCDHB are understated.

	Total Out Flow	Total In Flow	Net Flow
Auckland	3,248,869	395,614	(2,853,255)
Bay of Plenty	75,620	106,842	31,223
Canterbury	1,187,595	354,111	(833,485)
Capital and Coast	38,560,235	22,674,459	(15,885,776)
Counties Manukau	526,934	281,619	(245,315)
Hawkes Bay	623,304	1,494,199	870,895
Lakes	117,430	88,006	(29,424)
MidCentral	537,850	2,558,427	2,020,576
Nelson Marlborough	67,101	715,076	647,975
Northland	42,757	74,884	32,128
Otago	747,431	88,989	(658,442)
South Canterbury	1,901	31,603	29,701
Southland	23,512	44,056	20,544
Tairawhiti	41,715	180,421	138,706
Taranaki	635,487	236,331	(399,156)
Waikato	1,019,872	657,948	(361,925)
Wairarapa	276,662	2,732,865	2,456,203
Waitemata	75,217	374,857	299,640
West Coast	17,943	47,299	29,356
Whanganui	446,657	1,130,540	683,883

Total IDF	48,274,093	34,268,146	(14,005,947)

APPENDIX 4. SERVICE LEVEL AGREEMENT

PERSONAL HEALTH

Purchase Unit Code	Purchase Unit Description	Unit of Measure	IDF Class	Unit Price	Contract Volume	Total Amount	Volume Variance
AH01001	Dietetics	Contacts	non-IDF	50	2,685	134,868	0%
AH01003	Occupational Therapy	Contacts	non-IDF	63	5,777	362,708	31%
AH01005	Physiotherapy	Contacts	non-IDF	38	14,832	558,637	28%
AH01007	Social Work	Contacts	non-IDF	50	1,648	82,779	-18%
AH01006	Podiatly	Contacts	non-IDF	42	2,953	123,555	97%
AH01008	Speech Therapy	Contacts	non-IDF	50	628	31,544	-37%
C01003	Well Child (0 – 18 years)	Service	non-IDF	2,206,140	1	2,206,140	0%
CS02001	Community Laboratory (HHS)	Tests	non-IDF	20	1,797	36,495	-33%
CS04001	Community referred tests - cardiology	Tests	non-IDF	112	650	72,898	0%
CS04003	Community referred tests - audiology	Tests	non-IDF	36	1,200	42,672	-20%
CS04008	Community referred tests - respiratory	Tests	non-IDF	101	86	8,652	115%
D01001	Inpatient Dental treatment	Cost Weighted Discharges	non-IDF	2,798	134	374,612	0%
D01002	Outpatient Dental treatment	Attendances	non-IDF	148	9,581	1,417,219	0%
D01003	School dental services	Clients	non-IDF	70	55,341	3,898,117	0%
DO1009	Oral Health Regional Co-ordination Services	Service	non-IDF	256,375	1	256,375	0%
DOM101	Community Services - professional services	Contacts	non-IDF	43	27,627	1,199,110	0%
DOM102	Community Services - home oxygen	Clients	non-IDF	327,893	1	327,893	0%
DOM103	Community Services - stomal service	Clients	non-IDF	487,380	1	487,380	0%
DOM104	Community Services - continence service	Clients	non-IDF	471,357	1	471,357	0%
DOM105	Community Services - Home Help	Hours	non-IDF	16	4,345	71,339	-12%
DOM106	Community Services -	Meals	non-IDF				-2%

Purchase Unit Code	Purchase Unit Description	Unit of Measure	IDF Class	Unit Price	Contract Volume	Total Amount	Volume Variance
	meals on wheels			4	43,994	163,582	
DOM107	Community Services - personal care	Hours	non-IDF	16	504	8,275	-13%
ED04001	Emergency Dept - Level 4	Attendances	non-IDF	131	33,344	4,382,338	0%
ED08001	Emergency Care Co-ordination	Service	non-IDF	43,783	1	43,783	0%
HS0011	Administration of dental benefit	Service	non-IDF	2	10,000	22,441	0%
HS0037	Service Integration and Health Information Projects	Service	non-IDF	333,877	1	333,877	0%
HS0075	Cleft Palate Programme	Service	non-IDF	110,005	1	110,005	0%
M00001	General Internal Medical Services - Inpatient Services (DRGs)	Cost weighted discharges	IDF - acute	2,798	183	511,959	-21%
M00001	General Internal Medical Services - Inpatient Services (DRGs)	Cost weighted discharges	IDF - elective	2,798	1	3,654	0%
M00001	General Internal Medical Services - Inpatient Services (DRGs)	Cost weighted discharges	non-IDF	2,798	3,382	9,464,233	11%
M00002	General Medicine - 1st attendance	Attendances	non-IDF	197	390	76,736	0%
M00003	General Medicine - Subsequent attendance	Attendances	non-IDF	125	520	64,853	0%
M00004	Adult Acute Assessments	Attendances	non-IDF	580	1,100	637,579	22%
M00008	Models of Care	Service	non-IDF	193,230	1	193,230	0%
M10001	Cardiology - Inpatient Services (DRGs)	Cost weighted discharges	IDF - acute	2,798	106	296,111	7%
M10001	Cardiology - Inpatient Services (DRGs)	Cost weighted discharges	IDF - elective	2,798	1	4,071	46%
M10001	Cardiology - Inpatient Services (DRGs)	Cost weighted discharges	non-IDF	2,798	1,417	3,964,945	-6%
M10002	Cardiology - 1st attendance	Attendances	non-IDF	194	783	151,961	4%
M10003	Cardiology - Subsequent attendance	Attendances	non-IDF	129	1,918	246,606	0%
M10004	Cardiac Education and Management	Clients	non-IDF	95	1,000	94,638	25%
M15002	Dermatology - 1st attendance	Attendances	non-IDF	155	450	69,858	41%
M15003	Dermatology - Subsequent attendance	Attendances	non-IDF	106	366	38,626	0%

Purchase Unit Code	Purchase Unit Description	Unit of Measure	IDF Class	Unit Price	Contract Volume	Total Amount	Volume Variance
M15004	Dermatology - UV Treatment	Treatment	non-IDF	30	1,361	41,295	-28%
M20002	Endocrinology - 1st attendance	Attendances	non-IDF	226	120	27,145	-7%
M20003	Endocrinology - Subsequent attendance	Attendances	non-IDF	133	220	29,355	0%
M20004	Diabetes - 1st attendance	Attendances	non-IDF	177	193	34,233	2%
M20005	Diabetes - Subsequent attendance	Attendances	non-IDF	133	1,190	158,776	32%
M20006	Diabetes Education and Management	Clients	non-IDF	167	700	117,257	-36%
M25001	Gastroenterology - Inpatient Services (DRGs)	Cost weighted discharges	IDF - acute	2,798	3	9,542	71%
M25001	Gastroenterology - Inpatient Services (DRGs)	Cost weighted discharges	IDF - elective	2,798	5	13,332	59%
M25001	Gastroenterology - Inpatient Services (DRGs)	Cost weighted discharges	non-IDF	2,798	62	173,484	3%
M25002	Gastroenterology - 1st attendance	Attendances	non-IDF	261	423	110,316	6%
M25003	Gastroenterology - Subsequent attendance	Attendances	non-IDF	109	800	87,352	33%
M25004	Gastroenterology - ERCP	Procedures	non-IDF	864	64	55,533	46%
M25005	Gastroenterology - Colonoscopy	Procedures	non-IDF	657	510	335,013	2%
M25006	Gastroenterology - Gastroscopy	Procedures	non-IDF	433	732	316,820	10%
M55001	Paediatric Medical Service (Inpatient)	Cost Weighted Discharges	IDF - acute	2,798	62	172,766	21%
M55001	Paediatric Medical Service (Inpatient)	Cost Weighted Discharges	non-IDF	2,798	749	2,094,593	-5%
M55002	Paediatric Medical Outpatient - 1st attendance	Attendances	non-IDF	182	767	139,772	-17%
M55003	Paediatric Medical Outpatient - Subsequent attendance	Attendances	non-IDF	123	3,282	404,275	-6%
M55004	Paediatric Acute Assessments	Attendances	non-IDF	580	1,350	782,483	0%
M55005	Paediatric community programme	Service	non-IDF	96,849	1	96,849	0%
M65002	Respiratory - 1st attendance	Attendances	non-IDF	252	294	74,236	16%
M65003	Respiratory -	Attendances	non-IDF				0%

Purchase Unit Code	Purchase Unit Description	Unit of Measure	IDF Class	Unit Price	Contract Volume	Total Amount	Volume Variance
	Subsequent attendance			163	528	85,820	
M65004	Respiratory Education and Management	Clients	non-IDF	98	259	25,414	-35%
M65005	Respiratory - Bronchoscopy	Procedures	non-IDF	431	5	2,153	-75%
M65012	COPD Pilot	Service	non-IDF	102,550	1	102,550	0%
M70001	Rheumatology (incl Immunology) - Inpatient Services (DRGs)	Cost weighted discharges	IDF - acute	2,798	9	25,241	29%
M70001	Rheumatology (incl Immunology) - Inpatient Services (DRGs)	Cost weighted discharges	IDF - elective	2,798	232	648,621	17%
M70001	Rheumatology (incl Immunology) - Inpatient Services (DRGs)	Cost weighted discharges	non-IDF	2,798	162	453,055	-18%
M70002	Rheumatology (incl immunology) - 1st attendance	Attendances	non-IDF	287	959	275,787	7%
M70003	Rheumatology (incl immunology) - Subsequent attendance	Attendances	non-IDF	169	3,520	593,499	0%
MS01001	Nurse Led Outpatient Clinics	Attendances	non-IDF	48	2,558	123,752	0%
OT02001	Coroner Deaths not requiring Post Mortem	Case	non-IDF	41	34	1,379	0%
M90001	Care and Review	Services	non-IDF	67,626	1	67,626	0%
S00001	General Surgery - Inpatient Services (DRGs)	Cost weighted discharges	IDF - acute	2,798	106	297,707	-11%
S00001	General Surgery - Inpatient Services (DRGs)	Cost weighted discharges	IDF - elective	2,798	151	423,523	405%
S00001	General Surgery - Inpatient Services (DRGs)	Cost weighted discharges	non-IDF	2,798	1,828	5,114,836	-1%
S00004	General Surgery - Colonoscopy	Procedures	non-IDF	656	20	13,130	-38%
S00007	General Surgery - Subsequent attendance	Attendances	non-IDF	91	2,900	263,829	0%
S00008	Minor Operations	Procedures	non-IDF	237	1,000	236,820	0%
S25001	Ear, Nose and Throat - Inpatient Services (DRGs)	Cost weighted discharges	IDF - acute	2,798	1	2,768	0%
S25001	Ear, Nose and Throat - Inpatient Services (DRGs)	Cost weighted discharges	IDF - elective	2,798	29	82,349	-41%

Purchase Unit Code	Purchase Unit Description	Unit of Measure	IDF Class	Unit Price	Contract Volume	Total Amount	Volume Variance
S25001	Ear, Nose and Throat - Inpatient Services (DRGs)	Cost weighted discharges	non-IDF	2,798	260	726,848	8%
S25002	Ear Nose and Throat - 1st attendance	Attendances	non-IDF	130	1,075	139,527	0%
S25003	Ear Nose and Throat - Subsequent attendance	Attendances	non-IDF	90	1,505	135,083	0%
S30001	Gynaecology - Inpatient Services (DRGs)	Cost weighted discharges	IDF - acute	2,798	17	47,755	-34%
S30001	Gynaecology - Inpatient Services (DRGs)	Cost weighted discharges	IDF - elective	2,798	46	128,460	0%
S30001	Gynaecology - Inpatient Services (DRGs)	Cost weighted discharges	non-IDF	2,798	277	775,149	1%
S30002	Gynaecology - 1st attendance	Attendances	non-IDF	199	1,100	218,919	0%
S30003	Gynaecology - Subsequent attendance	Attendances	non-IDF	163	1,330	216,946	0%
S30006	Termination of Pregnancy	Procedures	non-IDF	805	25	20,136	-58%
S30008	Gynae Minor Procedure - High Cost	Procedures	non-IDF	469	70	32,796	0%
S45001	Orthopaedics - Inpatient Services (DRGs)	Cost weighted discharges	IDF - acute	2,798	147	411,854	-58%
S45001	Orthopaedics - Inpatient Services (DRGs)	Cost weighted discharges	IDF - elective	2,798	192	535,913	274%
S45001	Orthopaedics - Inpatient Services (DRGs)	Cost weighted discharges	non-IDF	2,798	2,021	5,655,812	3%
S45002	Orthopaedics - 1st attendance	Attendances	non-IDF	251	810	203,384	0%
S45003	Orthopaedics - Subsequent attendance	Attendances	non-IDF	139	1,650	230,174	0%
S45004	Fracture Clinic - 1st attendance	Attendances	non-IDF	234	2,562	599,787	13%
S45005	Fracture Clinic - Subsequent attendance	Attendances	non-IDF	119	6,500	772,688	0%
S60001	Plastic & Burns - Inpatient Services (DRGs)	Cost weighted discharges	IDF - acute	2,798	1,075	3,008,262	12%
S60001	Plastic & Burns - Inpatient Services (DRGs)	Cost weighted discharges	IDF - elective	2,798	1,086	3,039,296	5%
S60001	Plastic & Burns - Inpatient Services (DRGs)	Cost weighted discharges	non-IDF	2,798	764	2,136,858	-24%
S60002	Plastics (incl Burns and Maxillofacial) - 1st attendance	Attendances	non-IDF	163	2,190	355,960	0%

Purchase Unit Code	Purchase Unit Description	Unit of Measure	IDF Class	Unit Price	Contract Volume	Total Amount	Volume Variance
S60003	Plastics (incl Burns and Maxillofacial) - Subsequent attendance	Attendances	non-IDF	183	7,300	1,337,168	0%
S60004	Pulsed Dye Laser Treatment - Initial assessments	Assessments	non-IDF	151	35	5,294	0%
S60005	Pulsed Dye Laser Treatment - treatments	Treatment	non-IDF	2,798	84	235,043	0%
S00006	General Surgery - 1st attendance	Attendances	non-IDF	169	1,784	300,799	19%
S30001	Gynaecology - Inpatient Services (DRGs)	Cost weighted discharges	non-IDF	3,162	441	1,395,000	-2%
W06003	Specialist Neonatal	Cost Weighted Discharges	IDF - acute	3,022	35	106,945	-51%
HS0012	Pacific Island Health programmes	Cost weighted discharges	non-IDF	10,946	12	131,349	0%
	Community Diabetes Dietitian	Programme	non-IDF	54,736	1	54,736	0%
	Community Diabetes Podiatry	Programme	non-IDF	76,671	1	76,671	0%
	Adolescent Oral Health - Quality	Service	non-IDF	38,456	1	38,456	0%
TR0101	Patient Travel & Accommodation Assistance	Service	non-IDF	144,757	1	144,757	0%
W01002	Pregnancy and Parenting Education	Courses	non-IDF	1,382	50	69,120	79%
W02003	Maternity Facility -Fee for labour and delivery 600+ births	Deliveries in facility	non-IDF	713	1,800	1,282,746	0%
W02006	Maternity Facility -Fee per postnatal 600+ births	Postnatal stays	non-IDF	1,069	1,500	1,603,416	0%
W03001	Secondary Maternity	Deliveries in catchment area	non-IDF	1,098	1,900	2,085,877	0%
W06002	Neonatal Homecare	Service	non-IDF	96,849	1	96,849	0%
W06003	Specialist Neonatal	Cost Weighted Discharges	non-IDF	3,022	491	1,483,735	11%
W07006	Budget Hold S51 Obstetric Consultations	Service	non-IDF	214	850	181,579	0%
	TOTAL PERSONAL HEALTH					**77,183,141**	

Mental Health

Purchase Unit Code	Purchase Unit Description	Unit of Measure	IDF Class	Unit Price	Contract Volume	Total Amount	Volume Variance
MHCR09.1	Other Residential Support– Home Based Support Services	FTEs	non-IDF	35,945	6	208,481	0%
MHCR09.2	Other Residential Support– Community Support Work	FTEs	non-IDF	39,476	1	23,685	0%
MHCS01A	Community Alcohol & Drug Services (Other Clinical FTEs)	Other Clinical FTEs	non-IDF	83,667	5	418,333	0%
MHCS01B	Community Alcohol & Drug Services (Senior Medical Clinical FTEs)	Senior Medical Clinical FTEs	non-IDF	164,691	0	16,469	0%
MHCS02A	Kaupapa Maori Alcohol & Drug Services (Other Clinical FTEs)	Other Clinical FTEs	non-IDF	83,667	5	393,233	0%
MHCS03	Detoxification - Home/Community	Clinical FTEs	non-IDF	90,736	1	45,368	0%
MHCS06A	Community Mental Health Service (Other Clinical FTEs)	Other Clinical FTEs	non-IDF	87,489	40	3,499,547	0%
MHCS06B	Community Mental Health Service (Senior Medical FTEs)	Senior Medical Clinical FTEs	non-IDF	175,432	6	1,017,503	0%
MHCS07	General Hospital Liaison Service	Clinical FTEs	non-IDF	116,793	2	175,190	0%
MHCS08A	Children & Young People Community Services (Other Clinical FTEs)	Other Clinical FTEs	non-IDF	88,208	16	1,411,331	0%
MHCS08B	Children & Young People Community Services (Senior Medical FTEs)	Senior Medical Clinical FTEs	non-IDF	186,889	1	261,644	0%
MHCS19	Kaupapa Maori Mental Health Services - Adult Community Teams (Clinical FTEs)	Clinical FTEs	non-IDF	92,595	8	740,760	0%
MHCS21	Advocacy/Peer Support – Consumers	FTEs	non-IDF	63,643	1	63,643	0%
MHCS35A	Community Services for Pacific Islands People (Other Clinical FTEs)	Other Clinical FTEs	non-IDF	92,595	2	185,190	0%
MHCS39	Kaupapa Maori Mental Health Services - Tamariki and	FTEs	non-IDF	88,208	2	176,416	0%

Purchase Unit Code	Purchase Unit Description	Unit of Measure	IDF Class	Unit Price	Contract Volume	Total Amount	Volume Variance
	Rangatahi						
MHCS47A	Child and Youth Intensive Clinical Support Service (Other Clinical FTE)	Other Clinical FTEs	non-IDF	86,128	3	258,383	0%
MHCS47B	Child and Youth Intensive Clinical Support Service (Senior Medical	Senior Medical FTEs	non-IDF	182,481	1	91,240	0%
MHCS48	Child and Youth Wrap Around Services	Programme	non-IDF	275,238	1	275,238	0%
MHIS01	Acute Inpatient Beds	Available bed days	non-IDF	442	5,822	2,574,984	0%
MHIS03	Clinical Rehabilitation/Sub-Acute/Extended Care Inpatient Beds	Available bed days	non-IDF	211	659	138,814	0%
MHIS07	Child and Youth Inpatient Beds	Available bed days	non-IDF	592	146	86,414	0%
MHIS09	Intensive Care Inpatient Beds	Available bed days	non-IDF	610	2,300	1,402,800	0%
MHRE01	Adult Planned Respite	Programme	non-IDF	70	730	51,127	0%
MHRE02	Adult Crisis Respite	Programme	non-IDF	256	1,211	309,736	0%
MHRE04	Child and Youth Planned Respite	Programme	non-IDF	114,186	2	218,096	0%
MHWD01	Workforce Development	Programme	non-IDF	18,312	1	18,312	0%
MHCS02A	Kaupapa Maori Alcohol & Drug Services (Other Clinical FTEs)	FTE	non-IDF	164,691	0	49,407	0%
	Mental Health for older people packages of care	Programme	non-IDF	102,550	1	102,550	0%
	TOTAL MENTAL HEALTH					**14,213,895**	

Disability

Purchase Unit Code	Purchase Unit Description	Unit of Measure	IDF Class	Unit Price	Contract Volume	Total Amount	Volume Variance
DSS1012	Child Development	Services	non-IDF	1	689,035	689,035	179%
DSS204	Needs Assessment	Assessments	non-IDF	166	142	23,615	3%
DSS214-M	ATR Inpatient (Ministry)	Bed days	non-IDF	380	1,069	406,040	0%
DSS214-D	ATR Inpatient (DHB)	Bed days	non-IDF	382	6,827	2,608,080	-12%
DSS215-M	ATR Outpatient – Clinics (Ministry)	Attendances	non-IDF	142	287	40,696	0%
DSS215-D	ATR Outpatient – Clinics (DHB)	Attendances	non-IDF	143	1,500	213,797	-28%
DSS216-M	ATR Outpatient - Day Hosp & Day Programmes (Ministry)	Day Attendances	non-IDF	158	290	45,945	0%
DSS216-D	ATR Outpatient - Day Hosp & Day Programmes (DHB)	Day Attendances	non-IDF	159	1,600	254,783	-24%
DSS217-M	ATR Outpatient – domiciliary assessments & education sessions (Ministry)	Visits	non-IDF	142	725	102,649	0%
DSS217-D	ATR Outpatient – domiciliary assessments & education sessions (DHB)	Visits	non-IDF	142	1,600	227,692	-70%
DSS235	ATR Inpatient – Mental Health Services for Elderly	Bed days	non-IDF	456	945	430,995	-4%
DSSR260	Accredited equipment assessment	Assessments	non-IDF	119	1,296	154,260	0%
DSSR262	Supply and maintenance of hearing aids	Item	non-IDF	126	316	39,958	0%
DSS204	Needs Assessment	Assessments	non-IDF	165	92	15,218	0%
	TOTAL DISABILITY					**5,252,763**	
	TOTAL DHB PURCHASED ONLY					**4,015,872**	

Adjusters

Purchase Unit Code	Purchase Unit Description	Unit of Measure	IDF Class	Unit Price	Contract Volume	Total Amount	Volume Variance
ADJ101	Severity/Complexity Adjuster - Medical/Surgical	Adjuster	non-IDF	840,298	1	840,298	0%
ADJ107	Cost of Capital Adjustment	Adjuster	non-IDF	2,130,818	1	2,130,818	0%
ADJ110	Price Adjuster for Blood	Adjuster	non-IDF	271,089	1	271,089	0%
ADJ111	Offer Adjuster	Adjuster	non-IDF	374,108	1	374,108	0%
	TOTAL ADJUSTERS					**3,616,312**	
	TOTAL FUNDING					**100,266,111**	
	TOTAL EXCLUDING MOH FUNDED DID					**99,029,221**	

APPENDIX 5. CROWN FUNDING AGREEMENT – INDICATORS OF DHB PERFORMANCE

A standard set of indicators of DHB performance (IDPs) are required by the Ministry of Health from all DHBs. These IDPs focus on measuring the non-financial aspects of DHB performance in the Government's priority areas:

- He Korowai Oranga
- Pacific Health and Disability Action Plan
- Reducing Inequalities in Health
- Priority Population Health Objectives
- Service Priorities
- Ensuring Quality Services
- Investing in the Future

Measure	Definition	Frequency	Targets, Expectations and Deliverables 2004/05
HKO-01	Local Iwi/Maori are engaged and participate in DHB decision-making and the development of strategies and plans for Maori health gain	Annually (Q4)	Ongoing partnership model with local Iwi and Maori, following the formalisation of a Memorandum of Understanding, and the implementation of the Maori Health Plan. *Associated deliverables* 1. A progress report showing that the DHB and its local Treaty health relationship partner(s) are meeting on a regular basis. 2. A progress report showing that the local Iwi/Maori are engaged in decision-making, implementation, monitoring and evaluation, with respect to prioritisation, service delivery and planning documents, including the following: • District Strategic Plan • District Annual Plan

Measure	Definition	Frequency	Targets, Expectations and Deliverables 2004/05
			• Health Needs Assessment • Maori Health Plan. 3. A progress report on the implementation of the DHB's Maori Health Plan. 4. The performance reports 1,2 and 3 above have been endorsed by the local Treaty health relationship partner(s).
HKO-02	Development of Maori Health Workforce and Maori Health Providers	Annually (Q4)	Implementation of the Maori Health Plan, including workforce and provider development. *Associated deliverables* 1. A progress report detailing over the last 12 months, the DHB's progress, compared to the previous year, on increasing the capability and capacity of its Maori health workforce at all levels of the organisation (describe in terms of (i) clinical, (ii) managerial Maori workforce development, (iii) administrative and (iv) other) 2. A progress report detailing over last 12 months, the implementation of plans to promote the increase in capacity and capability of the Maori health workforce in the DHB's funded mainstream providers. 3. A progress report detailing over last 12 months, (i) the implementation of plans to develop the DHB's funded Maori Health providers and (ii) a brief description of key outcomes achieved. 4. Report the number of (i) management FTEs, (ii) clinical FTEs, (iii) administrative FTEs and (iv) other FTEs held by Maori out of the total numbers of (i) management, (ii) clinical FTEs in the DHB, (iii) administrative and (iv) other FTEs in the DHB.
HKO-03	Improving Mainstream Effectiveness	Annually (Q4)	To improve access to, and effectiveness of, mainstream services for Maori. *Associated deliverables* 1. Provide a report describing the reviews of pathways of care that have been undertaken in the last 12 months that focussed on improving access to effective services for Maori. 2. Report on an example(s) of actions taken to address issues identified in the reviews
PAC-01	Progress towards the implementation of priority areas identified in the Pacific Health and Disability Action	Six monthly (Q2, Q4)	Implementation of the Pacific Health Plan *Associated deliverables* Provide a report outlining the following key points : 1. Pacific child and youth health

Measure	Definition	Frequency	Targets, Expectations and Deliverables 2004/05
	Plans		• What initiatives have been taken and what progress has been made to improve and protect the health of Pacific children (0-14 years)? • What initiatives have been taken and what progress has been made to improve the health of Pacific youth (15-25 years)? 2. Promoting Pacific healthy lifestyles and wellbeing • What initiatives have been taken and what progress has been made to encourage and support healthy lifestyles? 3. Pacific primary health care and preventative services • What initiatives have been taken and what progress has been made to ensure that there are locally available Pacific primary health providers that effectively meet the needs of their local Pacific communities? 4. Pacific provider development and workforce development • What initiatives have been taken and what progress has been made to develop a competent and qualified Pacific health and disability workforce that will meet the needs of Pacific peoples? • What initiatives have been taken and what progress has been made to consolidate and support Pacific health provider structures to effectively deliver health services? 5. Promote participation of disabled Pacific peoples • What initiatives have been taken and what progress has been made to deliver disability support and health services that will enable disabled Pacific peoples to participate fully in their communities? 6. Pacific health and disability information and research • What initiatives have been taken and what progress has been made to develop Pacific research capacity that will inform policy, planning and service development?
PAC-02	Engagement and participation of Pacific peoples in DHB decision-making and the development of strategies and plans which include goals for Pacific Health gain	Six monthly (Q2, Q4)	Implementation of the Pacific Health Plan *Associated deliverables* Report outlining the following key points: 1. Describe how Pacific peoples are engaged and participate in DHB decision-making and the development of strategies and plans which include goals for Pacific Health gain. Include the following points: • Demonstrate that Pacific peoples are engaged and participate in DHB decision-making on equity, accessibility and resource allocation at a governance and management level in the DHB organisation.

Measure	Definition	Frequency	Targets, Expectations and Deliverables 2004/05
			• Give the number, purpose and outcomes of any fono (community participation) that have been, or are planned to be, conducted during the reporting period.
RIH-01	Progress towards raising awareness of inequalities and refocussing planning and funding activities to address inequalities in health	Annually (Q4)	To progress the implementation of the Reducing Inequalities in Health Intervention framework *Associated deliverables* Provide a description of the method used to consider the DHB Health Needs Assessment from an equity perspective using equity assessment tools (Health Equity Assessment Tool and Reducing Inequalities Intervention Framework), considering • Health Status • Risk Factors • Access to Services Demonstrate how this analysis has informed service reconfigurations and other actions that aimed to move outcomes towards equity.
POP-01	Cardiovascular services	Annually (Q4)	The indicator covers three key aspects of cardiovascular services: • Primary prevention - The proportion of men aged 45 and above and women aged 55 and above who have had their five year absolute CVD risk recorded in the last five years • Acute Coronary Syndromes – Risk adjusted mortality index (RAMI) for 30 day post admission deaths after an acute myocardial infarction • Stroke - The presence of a geographically identified area for stroke patients & the percentage of stroke patients admitted to a stroke unit/area identified for stroke patients *Associated deliverables* • Primary prevention – Targets will be agreed within three months of the baseline information becoming available. • Acute Coronary Syndromes - A DHB region and ethnic rates within a 90% confidence interval of the New Zealand rates. • Stroke - The DHB confirms the presence of a geographically identified area for stroke patients, and increasing percentages of stroke patients in each ethnic group are admitted to a stroke unit/area identified for stroke patients.

Measure	Definition	Frequency	Targets, Expectations and Deliverables 2004/05
POP-02	Diabetes detection and follow-up rate	Annually (Q3 for 2004 Calendar Year)	To increase diabetes annual review rates as a percentage of expected prevalence rates. *Targets* Total – 77% Maori – 50% Pacific - 85% Other – 75%
POP-03	Diabetes management	Annually (Q3 for 2004 Calendar Year)	To increase the percentage of patients with diabetes type I or type II who have HBA1c blood tests are less than or equal to 8% *Targets* Total – 70% Maori – 54% Pacific – 44% Other – 76%
POP-04	Diabetic retinopathy screening	Annually (Q3 for 2004 Calendar Year)	To increase the percentage of patients with diabetes receiving retinal screening within the last two years. *Targets* Total – 80% Maori – 80% Pacific - 80% Other - 80%
POP-05	Oral Health - Percentage of children caries free at age five years	Annually (Q3 for 2004 Calendar Year)	To increase the percentage of children caries free at age 5 *Targets* Total – 61% Maori – 40% Pacific – 33% Other – 70%
POP-06	Oral Health - Mean DMFT score at Year 8 (Form 2)	Annually (Q3 for 2004 Calendar Year)	To reduce the average Decayed/Missing/Filled Teeth score for children at form 2 *Targets* Total – 0.8 Maori – 1.1

<table>
<tr><th>Measure</th><th>Definition</th><th>Frequency</th><th>Targets, Expectations and Deliverables 2004/05</th></tr>
<tr><td></td><td></td><td></td><td>Pacific – 1.1
Other – 0.8</td></tr>
<tr><td>POP-07</td><td>Reducing Violence</td><td>Six monthly (Q2, Q4)</td><td>To increase DHB responsiveness to reducing violence
Associated deliverable
Completion of Ministry of Health template around Co-ordinators, Evaluation, Policies & Procedures, Physical Environment, Cultural Environment, Training of Providers, Identification of child and partner abuse, Documentation, Intervention Services, Evaluation, Collaboration and Public Health.</td></tr>
<tr><td>POP-08</td><td>Improving the health status of people with severe mental illness</td><td>Quarterly</td><td>To increase access to treatment and support services for people with severe mental illness.
Targets
The average number of people domiciled in the DHB region, seen each month for the three months being reported (the period is lagged by 3 months) for:
<table><tr><td></td><td>Total</td><td>Maori</td><td>Other</td></tr><tr><td>Children & Youth 0-19</td><td>0.8%</td><td>0.8%</td><td>0.8%</td></tr><tr><td>Adults aged 20-64</td><td>1.2%</td><td>1.3%</td><td>1.1%</td></tr><tr><td>Older People aged 65+</td><td>0.4%</td><td>0.4%</td><td>0.4%</td></tr></table>•</td></tr>
<tr><td>POP-09</td><td>Low Birth Weight Babies - Rate per 1000 births</td><td>Six monthly (Q2, Q4)</td><td>To reduce rates of babies born in public hospital with low birth weight.

Targets
Total – 70 per 1000 births
Maori – 70 per 1000 births
Pacific – 70 per 1000 births
Other – 70 per 1000 births</td></tr>
<tr><td>POP-10</td><td>Progress in implementing the Baby Friendly</td><td>Six monthly (Q2, Q4)</td><td>To progress implementation of the BFHI.
Associated deliverable
A report listing all maternity facilities in the DHB and the BFHI status of each facility. If not BFHI accredited</td></tr>
</table>

Measure	Definition	Frequency	Targets, Expectations and Deliverables 2004/05
	Baby Friendly Hospital Initiative in maternity facilities		please provide a detailed timeline for progressing toward accreditation for each facility, and an agreed date for accreditation assessment by the NZ Breastfeeding Authority. Include: • Progress, by each unit in the DHB, in becoming accredited • Expected deadlines for remaining units to become accredited • Commentary on progress of any issues identified in any audit reports and action plans to overcome issues identified (relating to the BFHI) • Quantitative analysis, including the proportion, for each major ethnic group, of "hospital born" babies delivered in an accredited baby friendly hospital.
POP-11	Youth Health – Teenage Pregnancy	Six monthly (Q2, Q4)	To reduce the rate of teenage pregnancies – Discharge rate per 1000 *Targets* 1. Teen Births Total – <8 Maori – <15 Pacific - <8 Other - <5
POP-12	Progress towards the national target of 95% of two year olds fully immunised	Quarterly until NIR is operational then 6 monthly	Timely childhood vaccinations and increased childhood immunisation coverage. *Associated Deliverables* In DHBs where the National Immunisation Register (NIR) is not yet operational this indicator will report on NIR implementation milestones (i.e. establishment through to operation of the NIR), including: • Implementation progress and time lines • Issues or risks, including staffing levels required • Budgets and risks. When the NIR is operational DHBs will report progress towards the national target of 95% of two year olds fully immunised.
POP-13	Ambulatory Sensitive	Six monthly	To reduce admissions that are potentially preventable by appropriate primary care and to assist with planning to

<table>
<tr><th>Measure</th><th>Definition</th><th>Frequency</th><th>Targets, Expectations and Deliverables 2004/05</th></tr>
<tr><td></td><td>Admissions - Children and Older People - Discharge rate per 1000 population</td><td>(Q2, Q4)</td><td>reduce disparities. Discharge rate per 1000

Targets
<table><tr><td></td><td>Total</td><td>Maori</td><td>Pacific</td><td>Other</td></tr><tr><td>Children 0-4</td><td>90</td><td>85</td><td>115</td><td>90</td></tr><tr><td>Children 5-14</td><td>21</td><td>21</td><td>31</td><td>20</td></tr><tr><td>Children 15-24</td><td>15</td><td>17</td><td>13</td><td>14</td></tr><tr><td>Adults 65-74</td><td>74</td><td>115</td><td>120</td><td>70</td></tr></table>•</td></tr>
<tr><td>POP-14</td><td>Residential Care/Home Care</td><td>Quarterly</td><td>To support people to age in place in the community.

Associated deliverable
The ratio of expenditure on subsidised Home-based Support Services; Personal Care and Night Relief, Carer Support and Respite Care compared to expenditure on subsidised care in Rest Homes, Dementia Units and Long-Stay Hospitals. Targets will be agreed within three months of the baseline information becoming available.</td></tr>
<tr><td>SER-01</td><td>Primary Health Care</td><td>Six monthly (Q2, Q4)</td><td>Progress is made towards implementing the Primary Health Care Strategy.

Associated deliverable
A report describing how the DHB is supporting its PHOs to develop a collaborative, multi-disciplinary approach and coordinating care between the PHOs and the following:
• secondary care services
• public health services
• disability support services
• mental health services
• specific population groups (e.g. older people)</td></tr>
<tr><td>SER-02</td><td>Participation by Maori</td><td>Six monthly</td><td>To increase Maori participation in decision-making within Primary Health.</td></tr>
</table>

Measure	Definition	Frequency	Targets, Expectations and Deliverables 2004/05
	in decision-making in Primary Health	(Q2, Q4)	*Associated deliverables*: A report providing the following information: • A progress report that evidences active participation by Iwi/Maori in PHO planning, development, implementation, funding and delivery of services to meet the needs of Maori whanau more effectively • Report the names of PHOs with Maori Health Plans that have been agreed to by the DHB OR, for newly established PHOs, a report on progress in the development of MHPs.
SER-03	Continuous Quality Improvement – Elective Services	Six monthly (Q2, Q4)	Ongoing quality improvement in Elective Services *Associated deliverable* A report providing the following information: • Detail the DHB's continuous quality improvement work on equity of access to elective services, with particular emphasis on internal service improvements. To ensure consistency of reporting against this measure a reporting template will be developed by the Ministry of Health, which HVDHB will comply with.
SER-04	Radiation oncology treatment waiting times	Monthly via templates provided by the six cancer centre DHBs	To reduced waiting times for radiotherapy *Associated deliverable*

Measure	Definition	Frequency	Targets, Expectations and Deliverables 2004/05
			Monthy templates supplied on time and complete to Ministry of Health (including provision of information by DHB of domicile and ethnicity).
QUA-01	Quality Systems	Annually (Part 1Q4) Six monthly (Parts 2-5: Q2, Q4)	The quality of services, including cultural appropriateness, provided and funded by the DHB is maximised through effective monitoring, audit and the supportive of quality initiatives. *Associated deliverables* A report providing the following information: 1. Report confirming that the quality requirements in new and renewed service agreements are consistent with the quality requirements in applicable national service frameworks. Provide a resolution plan for any exceptions. 2. Report confirming that appropriate procedures for managing and reporting adverse (sentinel and serious) incidents have been maintained and that all such events have been reported to the Ministry of Health. (The Reportable Events Guidelines set out the characteristics or sentinel/serious events. Mental health events are defined in legislation) 3.The DHB funding arm demonstrates the capacity/resources to initiate issues based audits of both its provider arm and contracted providers as necessary, by reporting: • A summary of audit activity of the provider arm and contracted providers, giving a list of all audited providers and the type of audit conducted (e.g., routine, issues based), and the action(s) to be taken to ensure progress for: o Personal Health o Mental Health 4. The DHB provider arm demonstrates an organisational wide commitment to quality improvement and effective clinical audit by reporting:

Measure	Definition	Frequency	Targets, Expectations and Deliverables 2004/05
			• A high level summary (list) of key quality improvement and Clinical audit initiatives and results, focusing on those that are effective and/or ineffective against the Goals in Improving Quality (IQ): A Systems Approach for the New Zealand Health and Disability Sector for:. o Personal Health o Mental Health 5. DHBs to confirm that complete and timely information has been provided to: • the following components of the balanced scorecard: Patient satisfaction, Blood stream infections • the New Zealand Health Information Service for the Mental Health Information National Collection (MHINC)
INV-01	Information Management initiatives/ capability	Six monthly (Q2, Q4)	To progress strategies for sector information management identified in the WAVE report recommendations. *Associated deliverable* A report to demonstrate the degree of progress being made in: 1. On improving online access to clinical knowledge bases (such as Cochrane and Medline) and clinical guidelines or protocols such as clinical decision support systems for cardio-vascular, diabetes and referral guidelines 2. Towards implementation of electronic referral letter and hospital discharge summary notification functionality between hospital and General Practitioner 3. Towards increasing the number of General Practitioners using electronic pharmaceutical prescribing 4. Towards increasing the number of General Practitioners using electronic laboratory test ordering and receiving electronic laboratory results.
INV-02	Nursing practice and	Quarterly (full	Maximise the contribution of nurses to quality care by ensuring the consistent organisational support of clinical

Measure	Definition	Frequency	Targets, Expectations and Deliverables 2004/05
	development	coverage in Q1 & updates Q2-Q4)	career pathways, professional development, on-going education, and an infrastructure, which allows for nursing input into decision making at all levels. Participation in the Magnet Hospital programme. *Associated deliverable* A report providing the following information to demonstrate that the DHB provides adequate support for nursing practice and development. In respect to the provider and funder arms of the DHB describe the following: 1. How does the CEO involve the Director of Nursing (DON) in operational decision-making, including examples of current projects they are involved in? a. List written proposals made by DON to Executive Team & Board b. Provide a copy of DON Board Report c. Which of the DHB Governance Committees does the DON sit on? d. What key projects is the DON currently leading? 2. Strategies in place to address retention and reducing turnover, including measures in place to support nurses in their first year of practice to ensure their development into more experienced and expert practitioners. a. Percentage of RN workforce in First year of Practice b. Retention figure for New Graduates 1 ½ years post commencement c. Number in / Number remaining

Measure	Definition	Frequency	Targets, Expectations and Deliverables 2004/05
			d. Other strategies linked to R & R? 3. The plans in place to progress the Nurse Practitioner role, including the numbers of Nurse Practitioners expected for the 04/05 year. a. Proposed Scopes and alignment with DHB needs analysis 4. Progress with the development of: a. coding mechanisms to capture nursing and Nurse Practitioner prescribing practices b. nurse identifiable numbers to use in patient records for evaluation and costing purposes. 5. How are Maori nurses being supported in the development of either leadership or senior positions a. Provide information on the number of Maori nurses involved in Post-Graduate study/ Number of Maori RNs 6. What mechanisms are in place to ensure Maori nurses are supported clinically and culturally in their practice. 7. In relation to the development of primary health care nursing, each DHB is expected to demonstrate that: a. a plan for the development of primary health care nursing has been established for example: i. Is a Primary Health Nursing Leadership Group in place?

Measure	Definition	Frequency	Targets, Expectations and Deliverables 2004/05
			ii. Has a Business Plan been developed by this group? iii. What is the link between this group & CPHAC? iv. Is there a First Year of Practice Programme in Primary Health? 8. Report demonstrating that the Director of Nursing for each DHB is involved with the primary health care nursing aspects of Primary Health Organisation development in the DHBs. Report to include: a. Does the DHB establishment criteria for PHOs encompass engagement with nursing in regard to the Governance structure? b. Workforce planning for nursing reviewed in conjunction with and signed off by DON? c. The Nursing Services budget for Provider Arm annually reviewed in conjunction with and signed off by DON? d. Safe staffing and rostering guidelines in place with a monitoring process?
RIS-01	Responding to and resolving service coverage issues	Quarterly	Timely and equitable access for all New Zealanders to a comprehensive range of health and disability services, regardless of ability to pay, and a high performing system in which people have confidence. *Associated deliverable* A report showing progress achieved during the quarter towards resolution of gaps in service coverage identified by the DHB or Ministry through: • analysis of explanatory indicators • media reporting • risk reporting

Measure	Definition	Frequency	Targets, Expectations and Deliverables 2004/05
			• formal audit outcomes • complaints mechanisms
RIS-02	Funding for Maori Health and Disability initiatives	Annually (Q4)	To increase funding for Maori Health and Disability services. *Associated deliverable* One-off report to the Ministry of Health, separate to financial reporting templates, including: • Actual expenditure on Maori Health Providers by GL code and by Purchase Unit • Actual Expenditure for mainstream services components targeted to improving Maori health • A comparison between the targets set in the DAP to increase funding for Maori health and actual expenditure

APPENDIX 6. STATEMENT OF INTENT

To be completed following acceptance of District Annual Plan

APPENDIX 7. FORECAST FINANCIAL STATEMENTS

DHB Provider
Forecast Statement of Financial Performance
For the year ended 30 June

	2003/04 $000's	2004/05 $000's	2005/06 $000's	2006/07 $000's
Revenue				
Revenue	121,639	123,668	127,180	130,846
Interest Revenue	273	450	502	502
Total Revenue	**121,912**	**124,118**	**127,682**	**131,348**
Expenditure				
Operating Expenditure	(107,455)	(110,019)	(113,597)	(116,706)
Depreciation	(6,937)	(7,186)	(7,732)	(8,299)
Interest	(1,258)	(1,258)	(1,222)	(1,258)
Capital Charge	(7,473)	(6,785)	(6,239)	(6,235)
Internal Allocations	294	294	294	294
Total Expenditure	**(122,829)**	**(124,954)**	**(128,496)**	**(132,204)**
Net Surplus/(Deficit)	**(917)**	**(836)**	**(814)**	**(856)**
Gain/(Loss) on Sale of Assets	727	-	-	-
Net Surplus/(Deficit)	**(190)**	**(836)**	**(814)**	**(856)**

DHB Governance & Administration
Forecast Statement of Financial Performance
For the year ended 30 June

	2003/04 $000's	2004/05 $000's	2005/06 $000's	2006/07 $000's
Revenue				
Revenue	1,994	2,038	2,105	2,168
Interest Revenue	262	312	312	312
Total Revenue	**2,256**	**2,350**	**2,417**	**2,480**
Expenditure				
Operating Expenditure	(1,765)	(1,917)	(1,983)	(2,037)
Depreciation	(7)	(2)	(2)	(2)
Internal Allocations	(294)	(294)	(294)	(294)
Total Expenditure	**(2,066)**	**(2,213)**	**(2,279)**	**(2,333)**
Net Surplus/(Deficit)	**190**	**137**	**138**	**147**

DHB Fund
Forecast Statement of Financial Performance
For the year ended 30 June

	2003/04 $000's	2004/05 $000's	2005/06 $000's	2006/07 $000's
Revenue				
Revenue	223,144	229,138	236,694	243,788
Total Revenue	**223,144**	**229,138**	**236,694**	**243,788**
Expenditure				
Provider Expenditure	(223,144)	(228,386)	(235,974)	(243,053)
Total Expenditure	**(223,144)**	**(228,386)**	**(235,974)**	**(243,053)**
Net Surplus/(Deficit)	**-**	**752**	**720**	**735**

Hutt Valley District Health Board
Forecast Statement of Movements in Equity
For the year ended 30 June

	2003/04 $000's	2004/05 $000's	2005/06 $000's	2006/07 $000's
Opening Equity	32,186	66,228	66,281	61,325
Repayment Equity	-		(5,000)	
Recognise Property Revaluation	34,042	-	-	-
Net Surplus/(Deficit) for the Period	-	53	44	26
Net Surplus/(Deficit)	**66,228**	**66,281**	**61,325**	**61,351**

Hutt Valley District Health Board
Forecast Statement of Financial Performance
For the year ended 30 June

	2003/04 $000's	2004/05 $000's	2005/06 $000's	2006/07 $000's
Revenue				
Revenue	251,305	253,876	261,683	269,377
Interest Revenue	535	762	814	814
Total Revenue	**251,840**	**254,638**	**262,497**	**270,191**
Expenditure				
Provider Expenditure	(127,672)	(127,418)	(131,678)	(135,628)
Operating Expenditure	(109,220)	(111,936)	(115,580)	(118,743)
Depreciation	(6,944)	(7,188)	(7,734)	(8,301)
Interest	(1,258)	(1,258)	(1,222)	(1,258)
Capital Charge	(7,473)	(6,785)	(6,239)	(6,235)
Total Expenditure	**(252,567)**	**(254,585)**	**(262,453)**	**(270,165)**
Net Surplus/(Deficit)	**(727)**	**53**	**44**	**26**
Gain/(Loss) on Sale of Assets	727	-	-	-
Net Surplus/(Deficit)	**-**	**53**	**44**	**26**

Hutt Valley District Health Board
Forecast Statement of Financial Position
As at 30 June

	2003/04 $000's	2004/05 $000's	2005/06 $000's	2006/07 $000's
Public Equity				
Equity	33,127	28,127	23,127	23,127
Revaluation Reserve	34,042	34,042	34,042	34,042
Retained Earnings	(941)	(888)	(844)	(818)
Total Equity	**66,228**	**61,281**	**56,325**	**56,351**
Represented by:				
Current Assets				
Bank in Funds	-	-	-	-
Receivables	7,814	5,573	4,497	4,544
Other Current Assets	934	934	934	934
Total Current Assets	**8,748**	**6,507**	**5,431**	**5,478**
Current Liabilities				
Bank Overdraft	6,937	3,681	1,394	2,680
Payables & Provisions	(27,483)	(27,210)	(27,332)	(27,710)
Short Term Borrowings	-	-	-	-
Total Current Liabilities	**(20,546)**	**(23,529)**	**(25,938)**	**(25,030)**
Net Working Capital	**(11,798)**	**(17,022)**	**(20,507)**	**(19,552)**
Non Current Assets				
Property, Plant & Equipment	99,187	99,463	97,993	97,064
Trust Funds	567	567	567	567
Total Non Current Assets	**99,754**	**100,030**	**98,560**	**97,631**
Non Current Liabilities				
Borrowings & Provisions	(21,161)	(21,161)	(21,161)	(21,161)
Trust Funds	(567)	(567)	(567)	(567)
Total Non Current Liabilities	**(21,728)**	**(21,728)**	**(21,728)**	**(21,728)**
Net Assets	**66,228**	**61,280**	**56,325**	**56,351**

Hutt Valley District Health Board
Forecast Statement of Cash Flows
For the year ended 30 June

	2003/04 $000's	2004/05 $000's	2005/06 $000's	2006/07 $000's
Operating Cash Flows				
Cash Receipts	255,305	255,000	261,398	268,997
Interest Received	273	762	814	814
Payments to Providers	(132,914)	(127,302)	(131,120)	(135,038)
Payments to Employees & Suppliers	(109,441)	(112,136)	(113,037)	(117,898)
Interest Paid	(1,258)	(1,258)	(1,222)	(1,258)
Capital Charge Paid	(6,937)	(6,990)	(6,239)	(6,235)
Net Operating Cash Flows	**5,028**	**8,076**	**10,595**	**9,382**
Investing Cash Flows				
Cash Received from Sale of Fixed Assets	738	-	-	-
Cash Paid for Purchase of Fixed Assets	(6,479)	(6,332)	(7,882)	(8,096)
Net Trust Funds Movement	-	-	-	-
Net Investing Cash Flows	**(5,741)**	**(6,332)**	**(7,882)**	**(8,096)**
Financing Cash Flows				
Additional Loans Drawn	-	-	-	-
Loans Repaid	(8,090)	(5,000)	(5,000)	-
Net Financing Cash Flows	**(8,090)**	**(5,000)**	**(5,000)**	**-**
Net Cash Flows	**(8,803)**	**(3,256)**	**(2,287)**	**1,286**
Opening Cash Balance	15,740	6,937	3,681	1,394
Closing Cash Balance	**6,937**	**3,681**	**1,394**	**2,680**
Represented by:				
Bank in Funds	-	-	-	-
Bank Overdraft	6,937	3,681	1,394	2,680
Total Cash on Hand	**6,937**	**3,681**	**1,394**	**2,680**

APPENDIX 8: REVENUE RECONCILIATION

DAP REVENUE RECONCILIATION Version 2.0					
DHB FUNDS AND DHB PROVIDER					
Total Funds and Provider revenue lines must agree to the DAP Financial Template					
(GST Exclusive)					
Add Lines as Necessary					
DHB FUNDS	**Service Area Code**	**Account Code**	**2004/05 Plan**	**2005/06 Plan**	**2006/07 Plan**
Personal Health					
PHO Top Up Funding			1,059	1,091	1,123
Personal Health devolved			141,129	145,789	150,163
IDF Revenue/Inflow			26,933	27,822	28,657
Total Personal Health	40	1000	169,121	174,702	179,943
Mental Health					
Mental Health devolved			26,283	27,150	27,965
IDF Revenue/Inflow			3,456	3,570	3,677
Total Mental Health	80	1000	29,739	30,720	31,642
Disability Support Services					
Disability Support Services devolved			26,353	27,222	28,039
IDF Revenue/Inflow			71	74	76
Total Disability Support Services	60	1000	26,424	27,296	28,115
Public Health					
NGO Contracts					
Total Public Health	70	1000	-	-	-
Maori Health					
NGO Contracts			1,816	1,870	1,920
Total Maori Health	30	1000	1,816	1,870	1,920
DHB Funds - Other					
MoH Vote Health - for Governance Arm	90	1002	1,611	1,664	1,714
TOTAL FUNDER REVENUE	90	1000	**228,711**	**236,252**	**243,334**
FUNDING ENVELOPE ADVISED BY MOH			**227,947**	**235,473**	**242,537**
VARIANCE			**764**	**779**	**797**
FULL BREAKDOWN OF VARIANCE:					
Other revenue			**-56**	**-41**	**-23**
Hanmer Springs Funds			**720**	**720**	**720**
Nursing Innovation Funds 04-05			**100**	**100**	**100**
EXPLAINED			**764**	**779**	**797**
Unexplained			0	0	0

APPENDIX 9: CONSOLIDATED LIST OF SERVICE COVERAGE EXCEPTIONS

Hutt Valley DHB expects to meet Government service coverage expectations with the following exceptions and caveats:

a. A low income dental relief of pain service has never been funded in the Hutt Valley, though there is partial access to this service via the Hutt Hospital dental outpatients;

b. The Hutt Valley is not funded at Blueprint levels and does not achieve the 3% intervention rate target for mental health;

c. Hutt Valley DHB has little or no influence over the provision of most tertiary services and cannot currently determine access levels;

d. Community radiology is available free of charge only for cardholders;

e. Hutt Valley DHB is not able to see all primary school age children every 12 months for an oral health examination. We have instituted a 12-month recall for high need individuals, and up to 24 month recalls for low need individuals.