DISTRICT ANNUAL PLAN
2005/06

VISION

To be New Zealand's foremost District Health Board in optimising the health and well being 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 CHAIR AND CHIEF EXECUTIVE

Hutt Valley DHB is pleased to present this District Annual Plan for 2005/06, This is a plan which is committed to further building on the excellent accomplishments of the DHB's first four years of operation.
Some of the key achievements over the last year were:

- Strong financial management resulting in a healthy balance sheet position which has underpinned the development of improved community-based services in Hutt Valley
- Development and completion of a Maori Health Strategic Plan
- Implementation of the Pacific Health Action Plan Year One
- Establishment of Primary Health Organisations throughout Hutt Valley in a way which included a high level of community involvement in both the establishment and on-going governance of those bodies
- Establishment of a low-income basic dental service through a Primary Health Organisation
- Establishment of a cardiac continuum of care spanning both prevention and treatment services
- Appointment of a Disability Advisor to develop and implement a DHB wide Disability Strategy
- Establishment of a number of workforce scholarships including a Maori mental health workforce programme (Te Rau Matatini), Pacific workforce scholarships, dental therapist scholarships, mental health workforce scholarships, and older persons workforce fund
- Successful completion of the additional orthopaedic elective interventions for year one
- Successful achievement of DHB Accreditation and Certification
- Introduction of a Clinical Board
- Planning and implementation of the Meningococcal B vaccination campaign.

Hutt Valley DHB intends to continue its proud record of achievement in the 2005/2006 financial year. The Board believes that after four years, the DHB is now moving to a period of continued development aimed at improving the health of Hutt Valley residents.

In this District Annual Plan, the Board has put significant emphasis on seven specific areas in which it is determined to show progress.

- Reducing Health Disparities
- Older Persons Services and Funding
- Primary Health Organisation Accountability and Gains
- Service Delivery Redesign
- Intersectoral Collaboration
- Key Ministerial Priorities
- Review of its District Strategic Plan

Further detail in each of these areas can be found in Section 2 of this plan. However, the Board believes that the strength of its focus in these areas, and its willingness to establish goals against which it can be judged, sets a strong precedent. The Board believes that in order to make a difference for the people of the Hutt Valley it must set challenging goals against which it can be judged.

The Board looks forward to continuing success in challenging times.

1.2 SIGNATORIES

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

2. INTRODUCTION

This is Hutt Valley DHB's fourth District Annual Plan (DAP), developed in accordance with the requirements of the New Zealand Public Health & Disability Act 2000 (Section 39). The plan is the formal accountability document between Hutt Valley DHB and the Minister of Health and will also serve to inform the public about the activities planned for the twelve-month period ending 30 June 2006.

2.1 GOVERNMENT EXPECTATIONS

The Minister has identified a list of expectations grouped into strategic and implementation priorities. They include priorities from the year 2004/05 as well as new issues that the Government expects DHBs to address. The 2005/06 Minister's expectations include:

1. Strategic Priorities

- Progressing the New Zealand Disability Strategy
- Reducing inequalities
- He Korowai Oranga
- The Health of Older People Strategy
- Improving mental health.

2. Implementation Priorities

- Progressing the Primary Health Care Strategy, including:
    - Strengthening Primary Health Organisation (PHO) health promotion, leading to effective chronic disease prevention and management
    - More effective community input
    - Stronger PHO infrastructure, workforce and information management.
- Developing health infrastructure, including:
    - Workforce
    - Information
    - Performance assessment and management.
- Developing regional networks between DHBs.
- Progressing the Meningococcal Vaccine Strategy and achieving improved overall immunisation rates.
- Improving elective services, including orthopaedics.
- Implementing the New Zealand Cancer Control Strategy, incorporating prevention, screening, treatment, palliative care and research.
- Implementing Healthy Eating, Healthy Action through collaboration within the sector and intersectorally.
- Collaborating across agencies to progress programmes to reduce tobacco, alcohol and other drug abuse, and minimise family violence, child abuse and neglect ("Opportunities for All" – Social Development priorities).

- Keeping infrastructure costs as low as possible, and within the expenditure track forecast in the DHB's District Annual Plan (DAP).

- Industrial relations strategies (including fostering workforce cooperation on DHB objectives and affordable remuneration solutions).

- Innovative approaches to enable management within budget.

2.2 HUTT VALLEY DISTRICT HEALTH BOARD PRIORITIES

This year the Board has required the DHB management to clearly identify the strategic areas which will receive priority attention this year, taking into account the Minister's national expectations as well as the DHB's five year Strategic Plan.

This is a significant departure in that in previous years the DHB has simply listed a large number of activities that will be undertaken during the year, attempting to be, in some ways, all things to all people. While later sections again list the priorities in each area of our activity, the seven priorities below are the ones which will be the priorities for the whole organisation during the 2005/2006 year. In this way, both the Minister and our community can clearly identify where we are placing maximum time and resources and can, therefore, expect maximum results.

1. Reducing Health Disparities (see Priority Activities, 7, 8, 9, 10)

The three priority areas under reducing health disparities are:

- Addressing determinants of health (income, employment, housing, transport, education, etc) via intersectoral collaboration with a focus on 'high need suburbs';
- Health and disability workforce implications - all DHB contracted providers will need to focus on employment opportunities and increasing workforce understanding of the requirements to reduce inequalities;
- Access to health and disability services - addressing specific services where there are current access issues (this relates to all DHB-contracted providers).

Implementing the Maori Health Strategic Plan and the Pacific Health Action Plan are key activities in reducing health inequalities.

2. Older Persons Services and Funding (see Priority Activity 25)

The focus will be on improving our understanding of the factors driving demand and the monitoring and management processes we can put in place.

We are also looking at developing and implementing a pilot (budget already approved by the Board) to support the Disability Support Service Aged Care workforce, especially the Home and Carer Support sector. Addressing workforce issues in this sector is critical to its future.

3. Primary Health Organisation (PHO) – Accountability and Gains (see Priority Activities 1, 2)

Priorities are to:

- Facilitate better co-ordination of the 'Services to Improve Access' and Health Promotion initiatives
- Monitor access and reduce barriers to access (including fees)
- Provide governance support for PHOs
- Pilot clinical performance indicators for GP services
- Develop improved primary-secondary integration.

4. Service Delivery Redesign (see Priority Activities 2, 31, 33)

The priorities for this review will cover all DHB-contracted provider services:

- For the provider arm, service delivery and model of care review and redesign will drive the Campus Plan and the Workforce Plan. Key aspects of workforce planning include the successful implementation of the Magnet programme and addressing on-going recruitment and retention issues within obstetrics and gynaecology.
- For the other DHB contracted providers, the review and redesign of the community demand driven diagnostic services – pharmacy, laboratory and radiology - is a priority area this year.

5. Intersectoral Collaboration (see Priority Activities 4, 5)

Priority will be in the three areas (physical activity, high needs communities, and children) identified by the Board for collaboration with key agencies and local authorities. Projects are likely to revolve around the wider determinants of health and wellness.

6. Key Ministerial Priorities

Key Ministerial Targets for the 2005/2006 year include:

- Elective Services – managing Elective Services Performance Indicators (ESPI) compliance for first specialist assessments and the Inpatient Waiting List and improving reports linking referrals, capacity to deliver, contract volumes, budget management, waiting list and point scores (inpatients only) (Priority Activity 13)
- MenzBTM Immunisation Programme – successfully implementing the programme in the Hutt Valley and Greater Wellington areas (Priority Activity 16)
- Child and Adolescent Dental Services – responding to the Minister's national initiative to revitalise and re-organise child and adolescent dental services by establishing a community-based clinic (Priority Activity 17)
- Cancer Control Strategy -developing a comprehensive plan for cancer prevention, detection, treatment and palliative care (Priority Activity 23)
- Mental Health – continuing implementation of the Mental Health Blueprint (Priority Activities 19,20)
- Financial Performance Targets – meeting all targets and maintaining at least a break-even position.

7. District Strategic Plan

The review, public consultation and successful development of a new five year strategic plan is a key activity during 2005/06 which will set the DHB's direction for the next five years.

2.3 POPULATION BASED FUNDING AND INTER-DISTRICT FLOWS

On the basis of the Inter District Flow (IDF) work completed in 2004/05, Hutt Valley DHB notes that funding for 2005/06 is over the Population Based Funding (PBF) share by 0.9%. Given the bluntness of the PBF tools, the Ministry has previously indicated that it favoured a margin to be applied to assessment of equity position. If this were applied, then Hutt would be seen as being at equity.

Central regions DHBs have identified possible issues in the calculation of regional mental health IDFs for 2005/06. They are currently undertaking a joint process to assess the impact of these issues. This work may lead to a change in the IDF allocation within the region; it may also require a future service change or reconfiguration. We anticipate mental health IDFs will be finalised by May 2005 for 2005/06 and out years.

2.4 PLANNING AND FUNDING

In 2005/06, Hutt Valley DHB is at its Population Based Funding share. We have also experienced a significant financial deficit on older persons expenditure with the 2003 devolution of older persons funding. Achievement of the financial position identified in this District Annual Plan will be a focus for the organisation in 2005/06 and beyond.

Hence the DHB's focus in 2005/06 will be on:

- Managing personal health demand driven expenditure growth on the funder side
- Managing older persons expenditure growth and reviewing service levels to accommodate expenditure to the funding devolved to us by the Ministry of Health in 2003
- Controlling provider arm costs and continuing to develop systems which improve both cost effectiveness and services to the public (e.g nurse led respiratory clinics)
- Working smarter across primary and secondary care (e.g., acute demand management; intermediary care; continuum of care for older people)
- Seeking opportunities for additional provider arm revenue (e.g., ACC).

2.5 MAORI HEALTH

Through 2004/05, the highest Maori health priority for Hutt Valley DHB was to increase Maori participation in decision-making (Whakatataka Objective 2.1). This resulted in the establishment of Te Awakairangi Hauora, which has been functional since March 2004. Members of Te Awakairangi Hauora are represented on the statutory committees of the DHB and regular meetings occur between chairpersons, the Board and the Chief Executive Officer.

The most significant achievement in 2004/05 was the completion and launch of the Hutt Valley DHB's first Maori Health Strategic Plan *Whanau Ora ki te Awakairangi.* The Vision of this plan is for Maori who live in Te Awakairangi to be healthy, vibrant

contributors to the community. The five strategies that will contribute towards this vision are:

- Working in harmony with Maori
- Collaboration across sectors to improve the well-being of Maori
- Enhancing and expanding the health workforce in the Hutt Valley
- Making wellness easier
- Restoring health.

The implementation of this Plan will be our key challenge and commitment in 2005/06 and beyond. Other related activities will include:

- Implementation of the Maori Health Gain framework
- Increasing investment in Maori health.

The specific activities are described in more detail in Section 4.3.4.

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 2000 places 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.

2.6 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 Hutt Valley, the Board has a Pacific Health Advisor, reporting directly to the Chief Executive. This has greatly strengthened relationships with the Pacific community. The Hutt Valley DHB's Pacific Health Action Plan 2004-2006 has been developed, finalised and is now through its first year of implementation. This financial year will see the continued implementation of the plan. These issues are further expanded in Section 4.3.3.

2.7 NEW ZEALAND DISABILITY STRATEGY

Hutt Valley DHB has undertaken a number of initiatives during 2004/05 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. The DHB appointed a Disability Advisor in 2005 reporting directly to the Chief Executive to oversee the implementation of the New Zealand Disability Strategy. This position will strengthen key relationships with the disability sector both in Hutt Valley and nationally. Further progression of these plans and initiatives for 2005/06 is contained in Section 4.3.12.

2.8 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 at a strategic level. These collaborations include inter-DHB, interagency and Intersectoral. The key developments for 2005/06 include:

- Intersectoral collaboration with the Lower Hutt and Upper Hutt City Councils, the Greater Wellington Regional Council, Housing New Zealand, Ministry of Social Development and the Accident Compensation Corporation;
- Continued collaboration with neighbouring DHBs including Capital and Coast DHB, and Wairarapa DHB;
- Continued constructive national relationships with the Ministry of Health and District Health Boards New Zealand (DHBNZ);
- Strong focus on a regional approach to planning and development of services e.g. elective services, mental health services;
- Closer relationships with educational institutions including Otago Medical School, including the Wellington School of Medicine, and tertiary training organisations.

Refer to Section 4.3.2 for more information.

3. KEY RISKS

3.1 KEY RISKS - FINANCIAL

Hutt Valley DHB has achieved small surpluses since 2001/02 despite working with one of the lowest percentage operational increases nationally. We have been satisfied by our significant achievements in the last four years to operate in this manner. The financial position, which Hutt Valley DHB faces for 2005/06 and out years, is a challenging one. The three key issues it faces relate to:

1) Demand driven older persons services, which have left us with a per annum gap of close to $0.4 million between actual expenditure incurred and devolution revenue;
2) Recalculation of the IDF base, mostly involving Capital and Coast DHB services, resulting in a net outflow of $5 million;
3) The cost of national industrial settlements

These are all areas that will require careful monitoring and discussion with the appropriate bodies during the coming year.

3.1.1. Older Persons Services

Hutt Valley DHB is committed to moving towards an integrated continuum of care consistent with the Health 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 2005/06 year will see the DHB continue to implement its Aging Well Together Strategy; with a particular focus on ensuring Maori and Pacific Peoples have access to appropriate older persons' services.

3.1.2 Income And Asset Testing

The Income and Asset Testing legislation was passed by Parliament in December 2004 to amend, consolidate and clarify the income and asset testing regime for older people requiring long term residential care. The Government estimates the total cost of these changes to be $112M in 2005/06 and increasing to $166M in 2009/10. The main changes to this Act include:

- Progressively increasing the value of assets that people may retain before being required to use them to pay for the cost of contracted residential care services, and
- Providing exemption from asset testing for people aged 50-64 who are unmarried and have no dependent children
- Specifying the maximum contribution that people are required to pay towards the cost of contracted care services.

We will work closely with the government with the aim of ensuring adequate funding is received by Hutt Valley DHB to implement this legislation.

3.1.3 National Nurse Settlements And Flow-On Effects

The Hutt Valley DHB supports the settlement increasing nursing wages significantly, and we are pleased that the Government is funding the impact of the settlement on us as a service provider. However, we will be closely examining whether this impacts on nurses employed in the NGO sector, particularly in relation to retention issues and demands for similar increases in the NGO sector.

Another potential flow-on impact of the nurses settlement will be a possible fiscal flow-on effect to other health professions.

3.1.4 Pharmaceutical Expenditure

Pharmac has, in its February 2005 forecast of the Community Pharmaceutical Expenditure budget, projected considerable growth in the volume of medicines as a result of the implementation of the Primary Health Care strategy. There are two elements to this. First, the rate of growth due to lowering co-payment and widening access to PHOs appears to have been underestimated. In addition, the Government has agreed to widen access to lower co-payments and doctor visits to more groups of patients.

The Community Pharmaceutical budget is therefore projected to nationally increase from $568 million in 2004/05 to $579 million in 2005/06. This is to accommodate the higher volumes due to PHOs than were forecast by the Ministry of Health. Pharmac further predicts volumes will continue to increase in 2006/07 to $588 million. Pharmac has indicated that copayments changes are forecast to increase pharmaceutical expenditure by $7 million nationally which is one of the factors driving the increased community pharmaceutical forecast for 2005/06 and out years.

At the same time, Pharmac's February 2005 forecast for 2005/06 rebates is less than previously forecast in November 2004 by $11 million nationally.

Should the projected growth in the community pharmaceutical budget occur as forecast by Pharmac, then Hutt Valley DHB may face a significant financial risk.

3.2 DISABILITY FUNDING

An issue is emerging with the Ministry of Health's identification of what should be funded through the Disability Support Services Directorate. Once the criteria are established, we believe there could be cost-shifting of clients who would previously have been identified as disability-funded clients and who would now become DHB personal health funded clients. Discussions regarding the funding implications of this are continuing with the Ministry.

3.3 IMPLEMENTATION OF MENINGOCCOCAL VACCINATION STRATEGY

The implementation of the Meningococcal Vaccination Strategy (MVS) will have a significant impact on both our own public health workforce as well as the primary health care workforce. While forward planning has been in place since September 2004 for a campaign beginning May 2005, the length and intensity of the campaign will strain our workforce. Activities are under way to mitigate this issue.

3.4 DENTAL SERVICES

Hutt Valley DHB provides the regional school dental services for Hutt Valley DHB and Capital and Coast DHB. This service has experienced significant problems in the last few years, particularly with workforce recruitment and retention issues. While Hutt Valley DHB has addressed workforce issues locally by investing in scholarships, and recruiting junior dentists, a national initiative is needed to ensure there are sufficient dental therapists trained to meet future demand. Furthermore, the School Dental Service operates at a significant loss to the organisation. A recent review of School Dental Services commissioned by the Ministry of Health also highlighted some key issues with the quality and safety of school health clinic facilities. The report notes that school dental services cannot continue to operate in a safe and effective way with the current configuration of services, and recommends that significant capital and on-going operating expenditure be allocated to bring the service up to standard and address the workforce and access issues.

DHBs have also been expected to absorb significant cost as a result of the review of Section 88 dental notices for adolescents. In particular, the Ministry's direction that the General Dental Benefit notices will be discontinued from 1 January 2006 has resulted in a significant cost for 2005/06 and out years as we absorb the cost of dentists moving from the General Dental Benefit to the new Adolescent Oral Health Services Agreement (which is paid at a higher price).

3.5 SERVICE REVIEWS/CHANGES

The Hutt Valley DHB proposes to undertake a number of service reviews.

A selection of services will be reviewed during the planning period to ensure the DHB reaches its financial break-even position for 2006/07 and to advance issues of improving access to services for our populations:

- Regional Mental Health services delivered to Hutt Valley population by other DHBs (and in particular Capital and Coast DHB and Whanganui District Health Boards);
- Reviews of pricing and configuration for services to delivered by other DHBs, including the School Dental Service;
- Review of child/whanau health services and assessment of duplication/gaps across service provision and alignment/rationalisation of services/funding;
- Review of youth health services and assessment of duplication/gaps across service provision and alignment/rationalisation of services/funding;
- Review of Hutt Valley DHB primary care funding and alignment/rationalisation in view of the additional $1.7 billion that the Government has put into primary care;
- Review of purchasing strategies for a number of demand driven services including community referred radiology services, pharmaceuticals, and laboratory;
- Review of infrastructure costs with possibility of shared service arrangements with other DHBs.

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.

4. 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, covering the period 1 July 2002 to 30 June 2007.

Hutt Valley DHB is committed to reviewing the current District Strategic Plan during 2005/06, noting that this year represents the fourth 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 District Strategic Plan at least once every three years. Due consultation with the community will occur as part of this District Strategic Plan review.

4.1 KEY DISTRICT STRATEGIC GOALS

The top 10 key goals were identified in the District Strategic Plan (2002 to 2007) 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 identified in the Table below.

Strategic Goal	Description
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.
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.
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.
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.
Elective Services	Ensuring people have access to elective medical and surgical services before they reach an unreasonable state of ill health.
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.
Youth Health	Developing youth-friendly services that reduce teenage road traffic accidents, pregnancies, drug and alcohol misuse and suicides.
Maori Health Development	Working to achieve equity of outcome for Maori, including through the development of services provided by Maori, for Maori.
Mental Health	Improving service quality, and developing primary mental health services to complement the specialist secondary services.

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 District Strategic Plan, 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 District Strategic Plan, 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 work stream.

4.2 DHB ACTIVITIES 2005/06

The tables below summarise priority activities and developments in the 2005/06 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. The Table below shows activities related to the 10 key goals from the District Strategic Plan and activities related to other strategic developments.

Priority Activities Related to Strategic Goals 2005/06

Key Strategic Goal	Priority Activities for 2005/06
1. Primary Health Services	1. Develop and support PHOs in the Hutt Valley. 2. Advance management of Referred services. 3. Implement key aspects of the Cancer Control Strategy as it relates to palliative care and primary care treatment services.
2. Healthy Communities	4. Work intersectorally with key agencies in specific areas including reduction of family violence. 5. Implement Healthy Eating - Healthy Action Plan. 6. Participate in a range of population health programs, including cancer prevention programs.
3. Reduce Inequalities	7. Pacific Health Plan implementation. 8. Enhance Reducing inequalities in Health Intervention Framework.
4. Maori Health Development (He Korowai Oranga)	9. Implement Maori Health Strategic Plan. 10. Increase investment in Maori Health.
5. Disease Management	11. Consolidate comprehensive approach to the reduction of incidence and impact of diabetes. 12. Implement a cardiovascular package of care.
6. Elective Services	13. Implement Government policy relating to elective services. 14. Expand local delivery of services including urology and Improve local delivery of regional services including ophthalmology. 15. Implement the Ministry of Health's Orthopaedic Initiative.
7. Child Health	16. Improve childhood immunisation rates. 17. Improve child health.
8. Youth Health	18. Improve Youth Health.
9. Mental Health	19. Advance implementation of Mental Health Blueprint. 20. Ensure appropriate access to regional mental health services for residents of Hutt Valley.
10. Integration	21. Manage acute demand pressures on the Provider Arm.

Priority Activities Related to Other Strategic Developments 2005/06

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 District Strategic Plan, they are vital to the success of the organisation.

Strategic Area	Priority Activities for 2005/06
11. Cancer Control	22. Improve the early detection and management of cancers. 23. Develop a Cancer Control Strategy Plan for Hutt Valley
12. Disability Strategy	24. Advance the objectives of the Disability Strategy. 25. Implement the findings of the Older Persons Plan.
13. Communications	26. Increase community participation in the service activities of Hutt Valley District Health Board.
14. Quality & risk Management – Promotion of Excellence	27. Quality Improvement Approach: Ensure health and disability services provided are safe, people-centred and of a high quality. 28. Implement Emergency Department Review recommendations.
15. Information Systems	29. Implement a Primary Care IT Plan to support the roll-out of WAVE report recommendations 30. Implement an Electronic Referral Management System
16. Workforce Development	31. Implement the DHB-wide workforce development plan
17. Capital Planning	32. Implement the Asset Management Plan. 33. Implement the Campus Redevelopment Plan
18. Magnet Hospital	34. Participate in and trial Magnet Hospital programme at Hutt Hospital.
19. Emergency Planning	35.Develop Emergency Plans, with regional and primary health collaboration.

4.3 ANNUAL OBJECTIVES AND TARGETS

Each of these priority activities is discussed further in the following sections. 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 has been 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 6 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.

4.3.1 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 District Strategic Plan 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 2004/05?

Primary Health Organisations – 2004/05

In 2004/05, two new PHOs were established, bringing the total number of PHOs operating in the Hutt Valley to five. The two new PHOs were Tamaiti Whangai PHO and Ropata Community PHO, which were established on 1 July and 1 October 2004 respectively. All five PHOs have signed the necessary contract documentation, completed business plans including how the Services to Improve Access and Health Promotion funding will be allocated, and agreed lower fee levels for their populations. Details of PHO fee structures, Business Plans and Trust deeds, including how the wider community, Maori and Pacific peoples are represented on each of the PHOs at a governance level, can be found on Hutt Valley DHB's website www.huttvalleydhb.org.nz.

During 2004/05, Hutt Valley DHB has continued to work with the PHOs about how Services to Improve Access and Health Promotion funding can best be allocated to improve the access of people most in need. Maori and Pacific representatives from each of the PHOs, as well as representatives from local marae, have taken an active part in discussions about how Services to Improve Access and Health Promotion funding will be allocated. As a result of this involvement, various Maori and Pacific providers in the Hutt Valley have received allocations from the Services to Improve Access and Health Promotion funding. Initiatives in which the local marae and the

Pacific Health Service are involved include transport initiatives, outreach nurses and outreach GPs, community health workers, a social worker and rangatahi health promotion and a Healthy Lifestyles Programme.

Hutt Valley DHB is working closely with all PHOs. A key means of fostering collaborative working relationships is through the monthly PHO Forum which Hutt Valley DHB hosts and facilitates. The Forum offers PHOs and Hutt Valley DHB the opportunity to raise issues of common interest and to share ideas about planning issues, spending priorities and new developments, both within PHOs, within Hutt Valley DHB and at a national level. Each quarter, the PHO Forum provides PHO Chairs with an opportunity to meet with Hutt Valley DHB Board members.

Following the resignation of Valley PHO's Chair, Hutt Valley DHB assisted Valley PHO identify an Interim Chair to work with the PHO over a nine month period to:

- review the PHO's governance arrangements;
- develop and implement a long term strategy for the provision of management services to the PHO;
- assist with the development of the PHO's 2005/06 Business Plan;
- identify and mentor a deputy chair, who will take on the Chair role at the end of the interim period.

Referred Services Management – 2004/05

The primary focus of the DHB's Referred Services Advisory group is on management of pharmaceuticals and laboratory services, and referred services activities coordinated and provided by primary care referrers in the Hutt Valley.

The group, composed of GPs, referred service facilitators, laboratory and pharmacy staff, and secondary service clinicians, developed and implemented a referred services work plan with a particular focus on:

- Decreasing demand for midstream urine (MSU) tests where clinically appropriate.
- Encouraging an increase in the use of fluoxetine in preference to other SSRIs (antidepressants) where clinically appropriate and evidence based.
- Increasing the use of statins to comply with guidelines.

A medication management pilot was implemented in late 2004, involving the establishment of a discharge pharmacist position, medication reviews in primary care and blister packages for high-risk groups.

Laboratory Review

Hutt Valley DHB was involved in a Regional Review of Laboratory Services – both hospital and community-based. The review identified a number of longer-term opportunities and risks that need to be taken into account in considering the future configuration of laboratory services. These are:

1. Efficiency: New technology means that larger laboratories can process greater numbers of many common tests at a much lower marginal cost than smaller laboratories. The DHB does not currently maximize its spend on laboratory services leading to a number of inefficiencies in laboratory expenditure.
2. Quality: There are a number of ways in which size and configuration are relevant to quality:

a. Larger laboratory systems allow greater standardising of test reading and pathologist/scientist specialisation, resulting in better treatment advice to clinicians.

b. Accreditation standards require certain volumes of some tests (e.g. cervical screening tests) to be performed annually – the Hutt Hospital laboratory now subcontracts these tests because it does not have sufficient volume to meet the prevailing standards.

c. Fragmented laboratory testing means that test results may not be easily available when patients cross laboratory boundaries (e.g. from the Hutt to Wellington, or primary to secondary care), resulting in inadequate information for clinicians, or duplicate testing.

3. Information systems: There is an opportunity to reduce duplication by developing common information repositories or access points. Currently duplication of laboratory test results between the primary and secondary sector is estimated to be in the order of between 5 and 10%.

4. Demand management: Current fee-for-service contract arrangements give no incentive to the pathologists providing advice to GPs to educate them about evidence based, cost effective laboratory testing – in fact they penalise such behaviours through reduced profits.

5. Critical service availability: The hospital laboratory service is critical to the running of the secondary care facility, and this critical service availability

6. needs to be preserved in the long term.

New Initiatives – 2004/05

In 2004/05, Hutt Valley DHB provided significant financial support to the PHOs to allow them to build their infrastructure and capability. Other key successful initiatives included:

- Piki te Ora ki te Awakairangi and MidValley Access PHO were both successful with the mental health proposals that they submitted to the Ministry of Health for consideration as part of the mental health initiatives and innovations funding.
- All five PHOs either commenced delivery of Care Plus services, or entered the preparatory phase prior to the implementation of Care Plus services.
- Hutt Valley DHB began trialling a cardiac and diabetes risk prevention pilot through Valley PHO and Tamaiti Whangai PHO. This pilot seeks to reduce the incidence and impact of diabetes and cardiovascular disease in specific Maori, Tongan and mainstream communities. This pilot supports Hutt Valley DHB's work on implementing a cardiac continuum of care. (Cross reference to Strategic Areas 2 & 5)
- Hutt Valley DHB began piloting a new low income oral health service from Whai Oranga O Te Iwi, one of the three practices that are members of Piki te Ora ki te Awakairangi.
- Regional Public Health employed a health promotion support worker to work with all the PHOs in the Hutt Valley to support the development of their health promotion programmes.
- Hutt Valley DHB supported the Hutt Union and Community Health Service with its Pomare Access Project. This Project involved an extensive community consultation, from which the key recommendation was for a "One Stop Shop" to be established, where health and social services are increased and integrated for the entire community.

- A Working Party was established to look at issues related to the provision of after hours services in the Hutt Valley. As well as looking at local solutions, the PHOs are being kept informed about developments at a national level.
- The Primary Health Excellence Awards were extended to include a number of new categories, some of which provided opportunities for the newly established PHOs to be recognised.
- Primary care Cold Chain (refrigerator) accreditation was completed in preparation for the MeNZB™ immunisation programme.
- Quality Initiative payments were made to General Practices to implement systems and reach targets for diabetes management.
- Hutt Valley DHB approved PHO Services to Improve Access proposals to fund primary podiatry in Marae settings.

(For other diabetes related initiatives refer Strategic Area 5 Chronic Care).

Palliative Care

Hutt Valley DHB developed a palliative care education liaison service in 2004/05 to assist all providers in developing a palliative care approach when dealing with people in the final stages of life. This has the potential to reduce the number of admissions to hospital for people in the final stages of life, allowing them to remain in their own homes. This aims to improve the palliative care skills and awareness of all health providers in the Hutt Valley, thus improving the delivery of services across the continuum of cancer control.

Hutt Valley DHB has also piloted an intensive end-of-life programme to assist the delivery of good palliative care to patients in a residential facility. The service provides short-term intensive end-of-life support in conjunction with end-of-life care pathways developed specifically for use in the terminal stage of an illness.

This service does not replace current palliative or residential care, but provides a support structure to meet an identified gap in service provision. It aims to improve the quality of life for those with cancer, and their families and whanau, through support and palliative care.

What Is Planned For 2005/06?

Primary Health Organisations – 2005/06

Hutt Valley DHB has made significant investment in primary care in 2003/04 and 2004/05 and, in particular, in supporting the management of chronic disease. The Government has also invested a significant amount of funding through its $1.7 billion primary care strategy, in an effort to provide a sustainable base for primary care.

The Government has provided a range of funding for PHOs including: Health Promotion funding, Services to Improve Access funding, and Care Plus funding. Hutt Valley DHB will undertake a review of funding for primary care in 2005/06 to identify potential areas of duplication in funding and opportunities to consolidate funding if needed.

During 2005/06, Hutt Valley DHB will continue to work closely with the PHOs operating in the Hutt Valley. Monthly PHO Forums have been scheduled which Hutt Valley DHB will continue to host and facilitate.

Hutt Valley DHB will support Piki te Ora ki te Awakairangi and MidValley Access PHO as they implement the mental health proposals approved under MoH mental health initiatives and innovations funding. Hutt Valley DHB will also support these two PHOs as they implement the psychological therapies programme.

Upper Hutt Health Centre (UHHC), one of the practices in Upper Hutt, has indicated that it wishes to establish another PHO based in Upper Hutt. UHHC is currently part of Valley PHO. Hutt Valley DHB is working with UHHC to ensure that the community's views are heard and that the new PHO is capable of fulfilling all the minimum requirements for becoming a PHO and meets the needs of the enrolled population.

Integration and alignment of the delivery of district nursing services and the diabetes outreach nursing services with the PHOs in the Hutt Valley will be progressed and consolidated in 2005/06.

The cardiac and diabetes risk prevention pilots, which Hutt Valley DHB began through Valley PHO and Tamaiti Whangai PHO in 2004/05, will be evaluated by the Wellington School of Medicine following their completion. (Cross Reference to Strategic Area 5 Chronic Diseases).

Hutt Valley DHB will continue to work closely with all PHOs in 2005/06 as they develop their levels of Care Plus service delivery.

Hutt Valley DHB will work with Piki te Ora ki te Awakairangi and the members of the Pomare Access Project to realise their vision of a "One Stop Shop".

Primary Care Targets for MeNZB™ will be achieved in 2005/06. (Refer to Strategic Area 7 Child Health)

Referred Services Management – 2005/06

The Hutt Valley DHB Referred Services Work plan will continue to be implemented and monitored in 2005/06. The Hutt Valley DHB will also implement the national PHO Monitoring Framework currently being developed by DHBNZ, Ministry of Health and DHBs. The Hutt Valley DHB will progress the key findings of the Central Region Laboratory Review following two rounds of consultation, which occurred in September 2004 and January 2005.

Hutt Valley DHB also proposes to review the Community-referred Radiology service currently contracted through primary care.

Development of Pharmacist Services

The current Community Pharmacy contract will finish in June 2006, and therefore significant work around a purchasing strategy for pharmacy services will need to be developed and implemented. Hutt Valley DHB will continue to support the development of pharmacist services in conjunction with medication management services in the hospital and community.

Cancer Control

Hutt Valley DHB will assist palliative care service providers to develop cultural competencies through Maori liaison services. This meets the goal to improve quality of life for those with cancer, and their families and whanau, through support and palliative care.

National guidelines for the surveillance of patients with bowel cancer have been developed. We will improve the effectiveness of cancer control by implementing the

guidelines for follow-up of bowel cancer through additional follow-up surveillance (Refer to Strategic Area 11 Cancer Control)

Annual Objective 1	**Develop and Support PHOs in the Hutt Valley** (Cross Reference to Strategic Areas 2,3, 4, 5,10, 15 and 16)
Approach	To continue working closely with PHOs to support them individually and collectively to build their capacity and capability by: 1. Supporting PHOs' networking and infrastructure development through the following mechanisms: a. Continue to host and facilitate the monthly PHO Forum. b. Assist PHOs with business planning and needs assessment activities. c. Ensure that funding made available to PHOs in 2004/05 for IT and infrastructure initiatives is used to good effect to build PHO capacity and capability (Cross Reference Annual Objective 30). d. Ensure that PHOs remain responsive and representative of their communities (e.g. Maori, Pacific and consumer representation at a PHO Board level). e. Remain receptive and supportive to changes which PHOs (and their practice members) may want to initiate provided they are supported by their various communities of interest. 2. Supporting PHO service development initiatives and efforts to reduce health inequalities, thereby ensuring that PHOs reach those most in need: a. Assist and advise PHOs on the development of Services to Improve Access and Health Promotion Initiatives and ensure that Maori and Pacific peoples actively participate in PHO planning, development and implementation of these initiatives. b. Review and advise on the development of PHO Maori Health Plans. (Cross Reference Annual Objective 10). c. Support PHOs roll-out of clinical indicators in 2005/06 (Cross reference to Annual Objective 2). d. Work with PHOs on workforce development issues. (Cross Reference Annual Objective 33). e. Assist PHOs to become well prepared to access funding for new services which the Ministry of Health may make available (eg mental health,

	Care Plus, clinical indicators). f. Build on opportunities for Hutt Valley DHB to work in collaboration with PHOs (e.g. diabetes outreach services). g. Create opportunities for community based providers to become involved with PHOs in the next stage of developments (e.g. pharmacists) (Cross Reference Annual Objective 2). h. Support the next steps of the Pomare Access Project. (Cross Reference Annual Objective 8 & 10).
Milestones	1. Hutt Valley DHB responds in a timely manner to changes which PHOs (and their practice members) may want to initiate and where these changes are supported by their various communities of interest 2. PHO Business Plans reviewed and agreed with PHOs in accordance with their different annual cycles. 3. Services to Improve Access and Health Promotion Initiatives contained within PHO Business Plans are reviewed and agreed with PHOs prior to the commencement of their financial years, in accordance with a consistent and agreed policy. 4. PHO Performance Programme is rolled out in 2005/06 5. Opportunities for Provider Arm services operating in primary care settings are explored and advanced where appropriate by Q4. 6. Hutt Valley DHB supports the next steps of the Pomare Access Project.
Risks and Mitigation Strategies	*Risk:* • Hutt Valley DHB receives requests from PHOs and/or PHO provider members to change the PHO in ways that are inconsistent with the views of the various communities of interest. • The rapid pace of change for PHOs creates problems given their limited infrastructure and capacity. • The MeNZB campaign impact on PHO capacity and capability to take on additional services/requirements *Mitigation Strategy:* • Hutt Valley DHB develops and implements a policy ensuring that the community's interests are preserved in the event of any changes to PHOs. • Hutt Valley DHB continues to support PHOs to respond to changes that are externally driven, and minimises the impact that any changes may place on PHOs.
Indicators And Targets/Expectations	• SER-01 Accessible and appropriate services in PHOs.

Targets/Expectations	• SER-02 Participation by Maori in decision-making in primary health. • PHO Performance Programme roll out commenced by Q4. • PHO Workforce Plan is implemented by April 2006

Annual Objective 2	**Advance Anagement Of Referred Services** (Cross Reference Strategic Area 10 - Integration)
Approach	• Implement the national PHO performance management programme at a local level. (Cross reference to Objective 1). • Implement Hutt Valley DHB's referred services work plan, ensuring this fits with the national performance management programme. • Implement key findings of the Regional Laboratory Review around the supply of laboratory services in Hutt Valley. • Review effectiveness of medication management project.
Milestones	• PHO performance management programme implemented following national and MOH approval. • Medication management project evaluated by Q3. • Complete a contestable process for community laboratory by Q4. • Hutt Valley DHB referred services work plan projects implemented 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 and consultation processes for laboratory intervention.
Indicators And Targets/Expectations	Achievement of key milestones: • Referred services work plan projects are implemented and regularly monitored. • PHO performance management targets are

	implemented when agreed. • Finalise an integrated laboratory contract by December 2005. • Medication management project evaluated.

Annual Objective 3	**Implement Key Aspects Of The Cancer Control Strategy as it relates to palliative care and treatment (i.e. skin lesion service etc).** (Cross Reference Strategic Area 11)
Approach	• Evaluate the skin lesion programme aimed at early detection and treatment of skin lesions in primary care. • Evaluate intensive end of life support for those in the final stages of life programme. • Implement a Maori Education and Liaison service in palliative care. • Implement the guidelines for follow-up of bowel cancer through additional follow-up surveillance.
Milestones	• Evaluation of skin lesion removal programme in primary care by Q2. • Implement Maori liaison services in palliative care by Q1. • Evaluate intensive end of life support service by Q4.
Risks and Mitigation Strategies	*Risks* Inability to provide continued funding for non-core and pilot services *Mitigation* Continue good financial management practices and maintain proper prioritisation processes
Indicators And Targets/Expectations	Achievement of key milestones: • Maori liaison service contract and specification in place. • Intensive end of life pilot evaluated.

4.3.2 Strategic Goal 2: Healthy Communities – Population Health

Promoting Healthy Communities is about enabling people to increase control over their health status. Particular areas for focus are improved nutrition, increased physical activity, reduced smoking, and improved safety and well-being 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.

PHOs have also taken a greater health promotion/population health role in the last year – particularly with the roll-out of health promotion funding. There have been some important initiatives initiated through PHOs with this funding and there is significant scope for PHOs to take on a greater population health focus in future.

What does the District Strategic Plan Say?

In addition to a wide range of potential strategies to improve health, the District Strategic Plan identifies the following three 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 2004/05?

Intersectoral Collaboration

Intersectoral action is "a recognised relationship between parts of the health sector and parts of another sector, that has been formed to take action on an issue or to achieve health outcomes, in a way that is more effective, efficient or sustainable than could be achieved by the health sector working alone." (Harris et al. 1995: 7).

Intersectoral action is mandated by the New Zealand Public Health & Disability Act 2000 "to actively investigate, facilitate, sponsor and develop co-operative and collaborative arrangements with persons in the health and disability sector or in any other sector to improve…the health of people …".

Intersectoral action is recommended because many of the determinants of health arise outside the health sector. These include, among other factors: educational attainment, poverty, employment, culture, urban design, physical environment and lifestyles. By influencing, for instance, schools to provide healthier nutrition choices and to promote physical activity, we may have an impact on the future incidence of diabetes and cardiovascular disease.

Intersectoral Initiatives may be classified into three types:

1. **Over-arching** area or settings-based initiatives (Health Action Zones, Healthy Cities, Health Promoting Schools);
2. **Issues-based** initiatives: (community alcohol action programmes, community injury prevention programmes, Safer Community Councils, health and housing initiatives);
3. **Case-management** services (Strengthening Families, Social Workers in Schools, Early Start / Family Start, and Collaborative Case Management).

Collaboration

Hutt Valley DHB was involved in at least 37 Intersectoral and/or interagency projects in 2004/05. The table below sorts these into the three types of activity using the classification system described above.

Type	Number	Examples
Over-arching	5	Wainuiomata Community Outcomes, Naenae Rejuvenation, Pomare Access, Upper Hutt Safer Communities.
Issues-based	25	Housing, Physical Activity, Alcohol misuse, Safety (roads, injuries, falls), Emergency preparedness.
Case management	7	Strengthening Families, Family Start, Intensive Mental Health Services, Dental Services.
Total	37	

Some key intersectoral activities managed organisationally included:

- ***Naenae Rejuvenation Project:*** Originally a collaboration between Hutt Valley DHB, Hutt City Council, and Housing NZ, in the past year this project has included representation from Work and Income NZ, Te Puni Kokiri and Team Naenae. A community consultation co-ordinator has been employed part-time and Hutt Valley DHB is providing support for the project by facilitating engagement with young people and health providers in the Naenae area for the consultation process.

- ***Healthy Housing Index:*** Hutt Valley DHB contributed funding to the Wellington School of Medicine Healthy Housing Index project as part of a group of local funders interested in improving the housing conditions (and hence health outcomes) for low income families. The DHB has continued to facilitate meetings between the research group and key Maori and Pacific stakeholders, and provided the services of a Maori Health Protection Officer to work with the building inspectors on the houses of Maori participants.

- ***Housing and Heating Study***: Hutt Valley DHB has contributed funding towards the Wellington School of Medicine's research on Housing and Heating. The DHB has continued to facilitate this process ensuring that the focus in on high-need, Maori and Pacific households.

- ***Hutt Housing Steering Group***: The DHB has assisted with forming a Hutt Housing Steering Group including all key stakeholders (ie Hutt City Council, Ministry of Social Development, Housing NZ, Wellington School of Medicine, Hutt Mana Charitable Trust, Kokiri Marae, Piki te Ora ki te Awakairangi PHO, Energy Efficiency Conservation Authority) to look at working collaboratively in the area of housing and energy retrofitting projects. The stakeholders will collaborate in planning, implementing and, where appropriate, funding initiatives.

Regional Public Health Strategic Plan

RPH has structured its services in accordance with the strategic priorities outlined in the Strategic Plan for Public Health developed jointly with Capital Coast, Hutt Valley and Wairarapa District Health Boards and the Ministry of Health. Resources have been refocused to reflect the priority areas; Reducing Inequalities and Working With Communities to Promote Healthy Lifestyles.

During 2004/05, Regional Public Health staff undertook extensive work with the hospitality industry (especially restaurants and bars) and other groups (e.g. sports clubs) in preparation for the implementation of the new Smokefree Environments Amendment Act legislation from 10 December 2004. The Hutt Valley DHB has also implemented a Smoking Cessation service through primary care.

Healthy Eating Healthy Action

The Ministry of Health's Healthy Eating – Healthy Action: Oranga Kai – Oranga Pumau: Strategy framework (Healthy Eating Healthy Action Strategy) notes that two out of every five deaths each year (approximately 11,000 annually) are due to nutrition-related risk factors such as high cholesterol (reflecting mainly saturated fat intake), high blood pressure (reflecting a range of factors most notably high sodium intake), obesity, and inadequate vegetable and fruit intake. Of these 11,000 deaths a year, 8000 to 9000 are likely to be due to dietary factors alone, and the remaining 2000 to 3000 due to sub-optimal physical activity levels. When looking at the top 20 causes of death, by risk factor, the joint effects of diet (including cholesterol, blood pressure, BMI and vegetable and fruit consumption) rank first, with insufficient physical activity also in the top 10. Obesity is more of a problem for Maori and Pacific communities than other New Zealand groups.

The Healthy Eating – Healthy Action: Oranga Kai – Oranga Pumau: Strategy framework (Healthy Eating Healthy Action Strategy) provides an integrated policy framework to bring about changes in the environment in which New Zealanders live, work and play as this relates to nutrition, physical activity and obesity.

Hutt Valley DHB has progressed a number of Healthy Eating Healthy Action initiatives both in the organisation as a good employer and amongst contracted providers in 2004/05 including:

- 10,000 Steps @ Work programme for staff
- Weight Watchers @ work programme for staff
- Maintenance of a gym for staff
- Health Promoting Schools Status
- Additional funding for Hikoi programme which has significantly expanded since its inception in 2000
- AUT Pacific Heartbeat nutrition training programme completed by 24 students
- Cardiovascular/diabetes risk pilot with 3 communities focussed on implementing life style changes

What is planned for 2005/06?

Intersectoral Collaboration

A key focus of intersectoral collaboration in 2005/06 will be to establish and maintain a number of key strategic partnerships. A range of organisations have been identified as important intersectoral linkages, with a key relationship identified with the Territorial Local Authorities – the Hutt City Council, the Upper Hutt City Council and Greater Wellington Regional Council. The Councils are cited because:

- They have substantial overlap with the DHB in geographical responsibility
- They share a broad interest in improving well-being and reducing inequalities in the Hutt Valley

- They have similar target population groups (elderly, youth, deprived areas, Maori, Pacific)
- There is some overlap in membership at a governance level.

Further opportunities to reduce health inequalities and work on determinants of health (such as poverty, employment, and housing) are available through intersectoral work with central agencies such as the Ministry of Social Development and Housing New Zealand Corporation. The Ministry of Social Development have a commitment to working with DHBs and improving access to income for low income and unemployed people. Hutt Valley DHB is also pursuing strategic and operational relationships with the Accident Compensation Corporation.

Despite the fact that there are a substantial number of projects in which staff from a number of organisations are involved (for instance on youth development projects), no formal memorandum of understanding exists for the Hutt Valley DHB relationships with the Territorial Local Authorities and government departments, nor are there regular senior management or governance forums to consider matters of mutual interest. Therefore, a key component of intersectoral collaboration for 2005/06 will be formalising our relationships with Territorial Local Authorities and government departments through both MoUs and regular senior management and governance forums to progress formal work plans.

Management and staff of Hutt Valley DHB will also continue to support the significant intersectoral activity that both RPH and the DHB have participated in to date.

Regional Public Health Strategic Plan

Hutt Valley DHB will continue membership in, and support of, the Regional Public Health Steering Group and participation in the central region collaboration for public health). Resources will continue to be applied to the priority areas; Reducing Inequalities (focussing on Maori, Pacific and child populations) and Working With Communities to Promote Healthy Lifestyles (focussing on tobacco control, improved nutrition and physical activity, and reduction in misuse of alcohol and other drugs).

Healthy Eating Healthy Action Strategy

There have already been a number of Healthy Eating Healthy Action initiatives in 2004/05, this year Hutt Valley DHB intends to put emphasis on developing a more structured action plan for implementing Healthy Eating Healthy Action at both an organisational and funder level. We will also continue support of a number of projects including:

- Cardiovascular/diabetes risk pilot with three communities focussed on implementing life style changes (Cross Reference to Annual Objective 5 Chronic Disease)
- Workplace healthy lifestyle programmes such as Walk Challenge, 10,000 Steps @ Work Pilot, Weight Watchers and the gymnasium (Cross Reference to Annual Objective 5 Chronic Disease)

Key activities for 2005/06 will include:

- Formulating a Plan of action for implementing the Healthy Eating Healthy Action Strategy throughout the Hutt Valley DHB area over the next three years

- Implement the DHB Nutrition and Physical Activity Policy, with a key focus on ensuring the Hutt Valley DHB cafeteria provides a variety of nutritious foods
- Promote access to recreational facilities and walkways through pro-active participation on the Hutt Valley Active Communities Management Team and Living Streets Aotearoa
- Establish excellence grants for schools who reach Health Promoting Schools Status.

Tobacco Control

Tobacco control and smoking cessation programmes are key strategies for preventing cancer, especially lung cancer. Key activities in 2005/06 will include:

- On-going implementation of the Hutt Valley Smokefree DHB Policy and the Systems First Approach for a hospital
- Facilitate the implementation and enforcement of the Smokefree Environments Act and amendments.

Reducing Alcohol Misuse

Key activities in 2005/06 will include:

- Reduce alcohol misuse among young people through the Youth Access to Alcohol project
- Local Alcohol Controlled Purchase operations.

Annual objective 4	**Work Inter-Sectorally With Key Agencies In Specific Areas Including Reduction Of Family Violence**
Approach	• Develop strategic partnerships with Territorial Local Authorities, Regional Council, Accident Compensation Corporation and government departments such as MSD and HNZC to advance key collaborative initiatives addressing determinants of health and reducing inequalities. • Implement DHB Family Violence policy and plan. • Continue active participation in number of key projects including housing projects with Wellington School of Medicine and Kokiri. • Support initiatives in 'high needs' suburbs.
Milestones	• Regular forums and participation in joint initiatives. • Family Violence work plan implemented appropriately with respect to MOH guidelines Q2; training schedule established Q3; assessments underway Q4. • MoUs in place with key strategic partners by Q2.
Risks and Mitigation Strategies	*Risk* • Disparate views between different agencies. • Additional funding may be required to implement the Family Violence policy. *Mitigation Strategy* • Develop Memoranda of Agreement with key agencies to ensure joint work programmes and outcomes.

	• Seek external funding from MoH to implement family violence policy.
Indicators and targets/expectations	• POP-07 Planning and Implementing Family Violence Intervention programmes. Develop a DHB Family Violence project plan and report on progress. • Six monthly update and progress report to Hutt Valley DHB Board on intersectoral initiatives.

Annual objective 5	**Healthy Eating Healthy Action** (Cross Reference to Strategic Area 5 Chronic Disease)
Approach	• Develop a Healthy Eating Healthy Action framework and implementation plan for advancing the Ministry's Plan. • Implement the DHB Nutrition and Physical Activity Policy • Promote access to recreational facilities and walkways through pro-active participation on the Hutt Valley Active Communities Management Team and Living Streets Aotearoa • Increase participation in the Hikoi programme • Work with the Pacific Health Service to evaluate Healthy Lifestyles Pasifika • Continue support for key workplace activities including 10,000 Steps and Walk Challenge
Milestones	• Organisational Healthy Eating Healthy Action Plan developed by Q4 • Assess changes to the cafeteria menu and presentation by end of Q2 • Evaluation of Hikoi 2006 indicates increased participation, by Q4 • Evaluation of Healthy Lifestyles Pasifika completed by Q3
Risks and Mitigation Strategies	*Risk* • MeNZB work may be prioritised over the delivery of some health promotion activities in Q1 and Q2 • Lack of buy-in from key stakeholders and the community *Mitigation* • The impact of the MeNZB campaign will be minimised for priority areas • Active engagement with key stakeholders to achieve common goals
Indicators And Targets/Expectations	• POP-15 Implementing the Cancer Control Strategy: Reduce the incidence of cancer through primary prevention • Six monthly update and progress report to Hutt Valley DHB Board

Annual Objective 6	**Participate In Range Of Population Health Programmes Including Cancer Prevention Programmes** (Cross

	Reference To Strategic Areas 5 & 11)
Approach	Regional Public Health will continue their strong focus on supporting key population health initiatives including: • On-going Implementation of the Hutt Valley Smokefree DHB Policy and the Systems First Approach for a Smokefree hospital • Facilitate the implementation and enforcement of the Smokefree Environments Act and amendments • Reduce alcohol misuse among young people through the Youth Access to Alcohol project and local Alcohol Controlled Purchase operations • Support Primary Health Organisations with health promotion plans and initiatives
Milestones	• Support community organisations with events associated with World Smoke free Day in Q4 • Smoke free information and support provided to community organisations, marae, schools, clubs etc • Support schools requesting assistance with After Ball parties during Q2 • PHOs working collaboratively with each other on health promotion planning and programmes by Q2.
Risks and Mitigation Strategies	*Risk* • MeNZB work may be prioritised over the delivery of some health promotion activities in Q1 and Q2 • Lack of buy-in from key stakeholders and the community *Mitigation* • The impact of the MeNZB campaign will be minimised for priority areas • Active engagement with key stakeholders to achieve common goals
Indicators And Targets/Expectations	• Six monthly update report to Hutt Valley DHB Board and/or committees

4.3.3 Strategic Goal 3: Reduce Health Disparities

What does the District Strategic Plan Say?

The District Strategic Plan 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 disparities exist across the full range of publicly funded health services.

Health status disparities evident within the Pacific People's communities 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 issues are dealt within section 4.3.4. There is a focus in Primary Care and Healthy Communities (sections 4.3.1 and 4.3.2), in particular, on addressing the needs of deprived populations, including low income, Maori and Pacific People. Similarly, the Chronic Disease Management section (section 4.3.5) addresses two very high priority health needs for Pacific people – the detection/treatment of diabetes and heart disease.

The key priorities identified in the District Strategic Plan 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, poor nutrition, and inadequate physical activity among the Pacific population.

What Progress Was Made In 2004/05?

In August 2004 the Hutt Valley DHB Pacific Action Plan was launched with the Pacific community and their leaders. The following initiatives have commenced:

- A full time Registered Nurse has been employed to support Pacific families through their stay in hospital and discharge back to the community.
- Hutt Valley DHB Pacific Scholarships have been set up to build a competent and qualified workforce that will meet the needs of Pacific Peoples
- The primary Tamariki Ora well child service was fully funded
- Establishment of a Pacific-led service for pacific older people.

Pacific Provider Development Funding

The funding has included completion of the following initiatives:

- NGO governance and business training
- Pilot programmes developed to reduce in family violence; enhance victim support and stop men's violence
- NGO youth workshops for providers to better understand and support a youth-friendly services approach
- Auckland University of Technology Pacific Heartbeat nutrition training programme completed by 24 students.
- Pacific providers have developed infrastructure and systems to support delivery of services. Other Pacific Health initiatives
- Pacific mental health support provider established. (Cross Reference to Strategic Area 9 Mental Health)
- All Hutt Valley DHB Statutory Advisory Committees include Pacific representation; the Pacific Advisory Group continues to advise the DHB.
- Meetings with Pacific Island community groups on various health related topics.
- Hutt Valley DHB Pacific Advisor continues a regular radio broadcast providing updates and health promotion topics to Pacific communities in the region.
- Pacific advisory groups have been set up to participate in and prepare for the Meningococcal B campaign. (Cross Reference to Strategic Area 7 Child Health)
- Tongan community participation in cardiovascular protection pilot. (Cross Reference to Strategic Area 5 Chronic Disease)
- Hutt Valley DHB contribution to delivery and hosting of the Pasifika Medical Association 2004 biennial conference in Wellington. (Cross Reference to Strategic Area 16 Workforce Development)

- Participation in local Pacific initiatives to increase involvement in sporting activities and health awareness. (Cross Reference to Strategic Area 2 Healthy Communities)
- A Pacific provider is one of the service partners (with Maori and Palagi) who completed a successful Child, Youth and Family Service tender process to deliver a new Family Start service in Lower Hutt.
- Hutt Valley DHB Community Small Grant awarded to Pacific NGO to support healthy eating and physical exercise. (Cross Reference to Strategic Area 2 Healthy Communities)
- Following a review of Hutt Valley diabetes services the Hutt Valley DHB Diabetes Specialist Outreach Service was funded to provide a full time Registered Nurse to target Pacific diabetes. The target is to support integration of primary and secondary diabetes services and improve diabetes health related outcomes for Pacific communities. (Cross Reference to Annual Objectives 5 and 10)
- Hutt Valley DHB provided sponsorship to the Samoan Nurses Association NZ to attend the annual conference held in Auckland Oct 2004 (Cross Reference to Strategic Area 16 Workforce Development)
- Hutt Valley DHB supported the regional 'kilikiti tournament' in the last two years held at Hutt Valley (Cross Reference to Strategic Area 2 Healthy Communities)
- PHOs provided funding for delivery of Pacific lifestyle classes through a Pacific provider, to their Pacific communities. All the Hutt Valley Pacific communities are now supported.

Enhance Reducing Disparities in Health Intervention Framework – 2004/05

The Health Equity Assessment Tool (HEAT) was incorporated into the Equity section of the Funding Management Group paper template in July 2004. A range of DHB staff attended the Health Inequalities and Need conference at Te Papa in August 2004. Inequalities presentations have been developed and included within Hutt Valley DHB's Leadership Training Programme and the Cultural Training Day. These summarise material developed by the Wellington School of Medicine and Ministry of Health for their *Tackling Inequalities: Moving Theory into Action* workshops and incorporate Hutt Valley DHB specific data that was produced to support the development of the Maori Health Strategic Plan and Pacific Health Plan.

When developing new services or reconfiguring existing services, Hutt Valley DHB managers consider the evidence about inequalities in the service, and tailor the delivery to reduce inequalities. Examples include the new psychological therapies project, which is being sited in the Access PHOs serving high-need populations; the specific health promotion programmes for Maori and Pacific women within the screening programmes; recruitment of Maori and Pacific workforce for the new diabetes service; and the establishment of a pilot low-income dental service in conjunction with Piki te Ora ki te Awakairangi PHO.

Inequalities analysis has been incorporated within the Central Region Health Needs Assessment Project managed by the Central Technical Advisory Service with the outputs from this project contributing to an updated Health Needs Assessment and feeding into District Strategic Planning over 2005.

What Is Planned For 2005/06?

Pacific Health

Implementation of the Pacific Health Plan will continue for Year Two. Key focus areas of the Plan this year include:

- Reduction in skin disease
- Promotion of men's health
- Continue workforce initiatives.

Support for the Pacific Provider Development Fund will also continue.

Hutt Valley DHB will also has a strong focus on ensuring the MeNZB targets are reached for Pacific children and youth through primary care and the school-based vaccination programme. This has been achieved through the employment of a dedicated manager responsible for Pacific Awareness. (Cross Reference to Strategic Area 7).

Reducing Inequalities in Health Intervention Framework

During 2005/06 there will be continued focus on health inequalities, particularly in the key strategic priority areas identified during District Strategic Planning, in the use of equity assessment tools within service review and development, and the ongoing education of staff.

Annual Objective 7	**Pacific Health Plan Implementation** (Cross Reference to Strategic Areas 2, 12 &16)
Approach	• Encourage and support healthy lifestyles • Develop a competent and qualified workforce that will meet the needs of Pacific Peoples • Maintain and improve access to Pacific-led health services - Pacific older persons services, men's health service and skin disease project • Ensure Pacific Peoples continue to be engaged and participate in DHB decision-making
Milestones	• Hutt Valley DHB Leadership programme supports Pacific staff • Scholarship programme results in successful student outcomes on course completion rates • Begin to Implement the DHB Workforce Plan as it pertains to Pacific • Men's health programme in place by Q3 • Pacific elders day care service in place by Q3 • Community Fono by end 2005 to explore a partnership approach to health that will involve Church leaders
Risks and Mitigation Strategies	*Risks* • Sufficient buy-in and capacity by the Pacific community *Mitigation* • Early engagement and consultation
Indicators And Targets/Expectations	• PAC-01 Progress towards the implementation of priority areas identified in the Pacific Health and Disability Action Plan • 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.

Annual Objective 8	**Enhance Reducing Inequalities in Health Intervention Framework**
Approach	• Application of equity assessment tools in the review and development of services, and in annual service planning • Focus inequalities analysis on the key areas identified through District Strategic Planning • Continue education of staff in the area of inequalities
Milestones	• District Strategic Plan identifies key strategic areas by end of Q2 • Inequality presentations presented over the year.
Risks and Mitigation Strategies	*Risks* • Access to robust data to inform health status, risk factors and access analysis *Mitigation* • Work to identify and address data access and quality issues
Indicators And Targets/Expectations	• RIH-01 Progress towards raising awareness of inequalities and refocusing planning and funding activities to address inequalities in health.

4.3.4 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 District Strategic Plan 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 2004/05?

Development of Local Maori Governance Partnership agreement – 2004/05
Te Awakairangi Hauora has been independently functional since March 2004. Progress to date from the DHB has been to consolidate its role. Members of Te Awakairangi Hauora are represented on the statutory committees of the DHB, regular meetings occur between chairpersons, the Board and the Chief Executive Officer. Te Awakairangi Hauora has been active in monitoring the activities around the development of Whanau Ora ki te Awakairangi: the Hutt Valley DHB's Maori Health Strategic Plan.

Completion of 'Whanau Ora ki te Awakairangi': the Maori Health Strategic Plan

Whanau Ora ki te Awakairangi, the Hutt Valley Maori health Strategic Plan was completed this year. The plan identifies a five-year implementation strategy for improving the health of Maori in the Hutt Valley district beginning July 2005.

Investment in Maori Health – 2004/05
A number of investments in Maori health were made in 2004/05. These include:

- Following a review of Hutt Valley diabetes services, the Hutt Valley DHB Diabetes Specialist Outreach Service was funded to provide a full time Registered Nurse to target Maori diabetes. The nurse will support integration of primary and secondary diabetes services and improve diabetes health related outcomes for Maori. (Cross Reference to Annual Objective 5 Chronic Disease)
- A further $110,000,00 was committed to target increased early detection and diagnosis of diabetes in Maori. (Cross Reference to Annual Objective 5 Chronic Disease)
- A Maori parenting programme was established to provide appropriate maternity support services (both post-natal and pre-natal) to high risk Maori whanau (Cross Reference to Annual Objective 7 Child Health).

Improve Access To And Effectiveness Of Mainstream Services For Maori – 2004/05
A key focus of the Maori Health Strategic Plan has been to identify ways to improve access to and effectiveness of mainstream services for Maori. The provider arm, the NGO sector, the communities of interest and other sector agencies were engaged in a serious and consistent manner in formulating that framework throughout 2004/05.

Significant effort has been made in improving the effectiveness of the DHB provider arm response to Maori. In particular, there has been significant work undertaken with the Dental Service looking at strategies to improve Maori access to the School Dental Service as well as Maori pre-schoolers into the service. All services are now able to articulate a key priority for Maori Health that is consistent with the Maori Health Strategic Plan.

A commitment was made to creating a Maori Strategic Advisor to Regional Public Health Services and an Advisor position reporting directly to the Regional Leader, Public Health Services was established.

Satisfaction surveys of Maori patients and their whanau continue to show strong support for Hutt Valley DHB services, with the overall satisfaction rate increasing from 66% in 2003 to 82% in 2004.

Implement A Regional Whanau Ora Improvement Framework

A review document has been written articulating the findings of the current range of service specifications against the following criteria.

- The Treaty of Waitangi
- He Korowai Oranga
- Pricing Frameworks for Health Services
- Outcome measures.

The next stage of this project will involve identifying a framework for improving Whanau Ora service specifications and contracting.

What Is Planned For 2005/06?

Implementation Of 'Whanau Ora Ki Te Awakairangi': The Maori Health Strategic Plan

Implementation of the Maori Health Strategic Plan will begin in July 2005. Funding of $150,000 has been allocated for new service development resulting from that Plan. Key projects that come from the plan are:

- Development of a functional framework for Iwi/Maori communities' input to planning and decision making by establishing a Maori Health Service Development Group
- The health workforce plan for the Hutt Valley will have an integrated Maori stream
- The first Speakers day will be rolled out in October 2005
- New service development will include findings from the Maori mental health service review, development of kaumatua services, a focus on the reduction and cessation of smoking
- A Maori provider capacity and capability plan will be written this year. This will assist alignment of Maori Provider Development Scheme Funding into future years
- Further development of the primary and secondary continuum of care for Maori suffering with chronic illness will be developed this year.

The DHB will build on other developments achieved in 2004/05. This includes reconsidering the original Maori Health Gain framework proposed for roll out 2004/05. This work has now been superseded by the Maori Health Strategic Plan, which puts onus on management to implement Maori Health gain frameworks at the individual service level.

Workforce Development

There is a strong focus on Workforce Development for Maori in the Hutt Valley DHB and this will continue. Scholarships for Maori are available through the Hospital Trust Scholarships. The Te Rau Matatini training programme was completed in 2004, and the first raft of scholarships was awarded. Further scholarship support is planned in 2005/06. A workforce needs analysis is currently underway for the whole of the health funded agencies in Hutt Valley and results of this will build a current profile for development of a health workforce plan. (Cross Reference to Annual Objective 33).

Investment in Maori Health – 2005/06

Hutt Valley DHB will continue to build on the 2004/05 intentions to increase investment in Maori health by 5% per annum of total Maori health funding through until 2007. The Board has committed $150,000 sustainable funding in 2005/06 to implement the first phase of the Maori Health Strategic Plan to reduce health inequalities and address higher health needs among Maori.

Other

Hutt Valley DHB will also has a strong focus on ensuring the MeNZB targets are reached for Maori children and youth through primary care and the school-based vaccination programme. This has been achieved through the employment of a dedicated manager responsible for Maori Awareness.

Annual Objective 9	**Implement the Hutt Valley DHB Maori Health Strategic Plan** (Cross Reference to Strategic Areas 2, 5, 12 & 16)
Approach	All activities outlined below are made based on the directions of the Maori Health Strategic plan. Five key projects will be implemented over the next year. These are: 1. Establishment of a Maori Health Service Development Group 2. Maori Health Workforce Plan - Speakers day/Showcase 3. New service establishment of Kaumatua, focus on children and young peoples plan (Cross reference to Annual Objective 10) 4. Maori Provider capacity/capability plan 5. Chronic Illnesses continuum of care for Maori
Milestones	• Maori Health Reference Group formed and functional Q1 • Maori Workforce priorities articulated Q1 • Maori workforce plan Q3 • Capacity / capability plan written Q3 • Continuum of Care developed Q4
Risks and Mitigation Strategies	*Risks* • Unable to meet milestones due to lack of resource *Mitigation:* • Agree strategy to adjust implementation milestones. Ensure appropriate support is available to managers responsible for rolling out the strategy ensuring current internal resource is used appropriately.
Indicators And Targets/Expectations	• Annual report Te Awakairangi Hauora. • Bi annual report on Maori Health Service Development Group, • Draft copy of Maori Workforce plan. Q3 • HKO-03 Improving mainstream effectiveness.

Annual Objective 10	**Increase Investment In Maori Health To Reduce Health Inequalities** (Cross Reference To Strategic Areas 1 &3)
Approach	• Increase investment in Maori Health by $150,000 in 2005/06, to reduce health inequalities and address higher health needs amongst Maori • Ensure PHOs are able to articulate where funding either targets Maori, or the provider is chosen because of the model of care.
Milestones	• Additional investments of $150,000 will be committed to Maori health by 30 June 2006.
Risks and Mitigation Strategies	*Risks* Phasing of initiatives throughout 2005/06 may lead to funding not being fully committed. *Mitigation* • Ensure early development of initiatives in Q1.
Indicators And Targets	**RIS-02** • Provide a six-monthly expenditure template to the

	Ministry

4.3.5 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 addresses 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 higher 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 District Strategic Plan 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 District Strategic Plan 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 District Strategic Plan 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 District Strategic Plan 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 2004/05?

The area of chronic disease prevention and management was a significant focus for the Hutt Valley DHB in 2004/05. As a result, a number of significant initiatives were funded around diabetes and cardiovascular disease in particular.

Diabetes Review

A Hutt Valley DHB Diabetes Review has resulted in the reconfiguration of some diabetes services and additional funding for services mostly focussed on high need populations and delivery of services in a community setting. The new services/reconfigurations include:

Improving the Skills Of Primary Health Care professionals:
- Two-day course for primary nurses and, if successful, achievement of Hutt Valley DHB approval to deliver identified funded education sessions
- Approval of individual General Practices as diabetes skilled (bulk funded)

- Approval of private podiatrists to deliver specific services
- Diabetes Specialist Outreach Service (DSOS): additional service includes specific focus on reaching the Maori and Pacific community; paediatrics; workforce capacity building; primary and secondary integration

Free Patient Services:
- Diabetes education: sessions within practice by Hutt Valley DHB approved nurse patient education for newly identified patients and for patients with poor diabetes control
- Podiatry: newly identified patients may receive assessment, education and treatment sessions through private Hutt Valley DHB approved primary care podiatrist of patient's choice

High-risk Patients:
- Diabetes education: sessions within practice by Hutt Valley DHB approved nurse patient education
- Podiatry: follow up referred from specialist secondary services to approved private podiatrists who follow prescribed treatments;
- Specialist Diabetes Outreach Service: secondary care has a specific Maori focus to support improved reach and service delivery locally

Child/Youth:
- Dedicated Registered Nurse employed to manage paediatric diabetes services
- Youth peer support service established to support youth
- Counselling service to provide individual and family support

Other Initiatives:
- Match of General Practice registers to unique diabetes identifiers to determine accurate diabetes disease registers
- Quality Initiative payments to support General Practice to implement a systems approach to diabetes management and reach targets for diabetes management
- Hutt Valley DHB Small Grants Award to Diabetes Youth Wellington to support delivery of their first diabetes youth camp
- Well established Locality Diabetes Team (LDT) and Regional Diabetes Paediatric Advisory Group.

Cardiovascular Activities

A Cardiac continuum of care was launched in 2004/05. Since the launch:
- 50% of the practice nurses have received training in patient education (Cross Reference to Strategic Area 16)
- A standard education package for newly diagnosed patients was developed to be delivered in primary care
- Patients readmitted with Congestive Heart Failure are able to have a funded GP consultation to reduce the risk of readmission
- A mainstream and Maori cardiovascular/diabetes risk pilot has been implemented (Cross Reference to Annual Objective 2)
- The Department of General Practice, Otago University has been contracted to evaluate the risk pilots

Respiratory Activities

A respiratory working group was established to provide advice on ways of improving current respiratory services and identify opportunities for enhanced service delivery. A number of key initiatives in the respiratory area have resulted, including:

- 50% of the practice nurses have received training in respiratory education
- A standard education pack for respiratory education to be delivered in primary care is being developed
- Access to community based spirometry tests has increased
- Establishment of community based chronic disease self management courses.

What Is Planned For 2005/06?

Hutt Valley DHB has made a significant contribution towards chronic disease management and promotion services. We made that original investment in primary care prior to significant roll-outs of additional funding under the primary care strategy. With the Government investment into such programmes as Care Plus, Services to Improve Access, Health Promotion and Primary Mental Health, many of the services where Hutt Valley DHB provided seeding funding will need to be reviewed.

However, a number of initiatives will be undertaken as one-offs in 2005/06 including:

Diabetes

Improve reach to Maori community:

- A range of one-off initiatives is planned to engage the Maori community in their awareness and participation in diabetes treatment and prevention services.
- Recruitment of a Maori field worker to actively improve ongoing management opportunities among Maori by improving annual review and screening uptake, and self-help capacity.

Improve reach to Pacific community:

- Cardiovascular/diabetes risk pilot with Upper Hutt Tongan community to be implemented

Annual Objective 11	**Implement A Comprehensive Approach To The Reduction Of Incidence And Impact Of Diabetes** (Cross Reference To Strategic Areas 1,2,3,4,10, 15, 16)
Approach	Continue full implementation of the Diabetes Review including: • Improve reach to the Maori community to reduce access barriers and participate in diabetes intervention programmes • Support an integrated primary / secondary approach to diabetes management • Develop information systems solution so that secondary services can access diabetes review database to support primary care management
Milestones	• All PHOs participating in DSOS by Q2 • Three initiatives are in place that improve Maori access

	to diabetes services by Q 4 • All Diabetes Review recommendations in place by Q4 • Secondary care service can access diabetes review database by Q4
Risks and Mitigation Strategies	*Risk:* • PHO priorities and time to take ownership of processes. • Complexity of contracting Maori-reach initiatives. *Mitigation:* • Extensive consultation and community engagement.
Indicators And Targets	• **POP – 01** Diabetes risk reduction.

Annual objective 12	**Consolidate Cardiovascular Package Of Care** (Cross Reference To Strategic Areas 1,2,3,4,10, 11, 15, 16)
Approach	• Focus on early identification and early intervention with those individuals at risk of developing cardiovascular disease and diabetes • Provide streamlined clinical care and nurse education to those who already have cardiovascular disease • Ensure smoking cessation, exercise options and dietary counselling are offered to all at risk patients in primary care • Develop a strategy to implement the Stroke Foundation guidelines • Develop a strategy for ensuring DHB funded services have smoke free workplace policies in place
Milestones	• 1 year evaluation of mainstream and Maori pilots to begin by Q3 • Pacific diabetes/cardiovascular risk pilot underway by Q1. • All practices will be offering nurse education sessions for newly diagnosed patients by Q4 • Consider options for roll out of risk pilots by Q4 • Stroke guidelines implementation strategy implemented by Q2
Risks And Mitigation Strategies	*Risk* • Turnover of practice nurses limits ability to maintain accredited nurses for patient education *Mitigation* • Primary care nursing capacity is a key focus of Workforce Development Plan
Indicators And Targets/Expectations	• POP-02 Cardiovascular disease. • POP-03 Stroke

4.3.6 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 services, including cardiothoracic surgery, ophthalmology, paediatric surgery, urology and vascular surgery.

What does the District Strategic Plan Say?

The key priorities stated in the District Strategic Plan in relation to surgical services are to meet government targets and to expand local access to ophthalmology and urology.

What was achieved in 2004/05

Hutt Valley DHB continues to be hamstrung by capacity issues (particularly theatre time) in its delivery of additional elective services. These capacity issues will be addressed in the medium to longer term through the Integrated Campus Plan which will increase the number of theatres. (Cross Reference to Objective 35). Despite these capacity issues, significant inroads in the delivery of core and additional elective services were achieved in 2004/05. These included:

- Successful delivery of additional orthopaedic operations
- Substantial reduction in ENT first specialist assessment waiting times, reduction in orthopaedic first specialist assessment waiting times and orthopaedic inpatient waits.
- Implementation of primary care management guidelines for low back pain and ganglia
- 100% compliance reviews for care and review patients
- Consolidation of the ear nurse clinics and mobile ear van has not only assisted in reducing the ENT first specialist assessment waiting times, but is improving the early detection and treatment of children with ear disease and the associated hearing problems.

Central Region Activity

The Central Region Technical Advisory Service (TAS) also completed a number of significant service reviews on behalf of the Central Region DHBs with the aim of assessing feasibility and presenting options for improved regional collaboration in the delivery of these services. The first two reviews focussed on Urology and ENT, and identified significant opportunities for Hutt Valley DHB to:

- Work with other Central region DHBs, and Capital & Coast in particular, to improve access to Urology services for the residents of Hutt Valley.
- Participate in a joint regional programme of clinical workforce planning and development, with particular emphasis on the development and training of Clinical Nurse Specialists and Nurse Practitioners in both specialties.
- Participate in a regional programme for GP training in ENT services.
- Work with other Central region DHBs to strengthen and formalise service alliances through: standardisation of referral guidelines and admission-transfer-discharge protocols across the region; introduction of combined clinical audit programme; establishment of a regional collaborative group of medical and nursing clinicians.
- Use combined capacity of Central region DHBs to reduce waiting list numbers.

- Participate in the development and enhancement of a tertiary-level ENT service in the Wellington/Hutt area. Develop innovative funding mechanisms designed to address some of the unmet need in both specialties.

All of the above initiatives were discussed in wider regional forums which included clinicians, as well as service and funding managers from all Central region DHBs. Several initiatives were short listed as priorities for implementation and recommended to the regional CEO group. The CEO group has accepted these recommendations and asked the Chief Operating Officers to implement the initiatives on a regional basis. Some of this implementation work has commenced in the 2004/05 financial year, with substantial progress expected in 2005/06.

The third regional review by TAS focussed on the regional Plastic and Burns service and has built on earlier work developed specifically for Hutt Valley DHB. At the time of writing this DAP, the regional Plastic review was still under way and in the final stages. It has identified Hutt Valley DHB as a centre of excellence for Plastic and Reconstructive Surgery with a significant regional asset that underpins a range of other surgical specialties including (among others) Breast Surgery, Head and Neck Surgery, and Neurosurgery.

The review also identified a number of issues around inequitable access to Plastic and Reconstructive services for people residing in the provincial DHBs, outside the Wellington/Hutt area. This phenomenon is observed with other regional Plastic and Burns centres around the country. It means, however, that Hutt Valley DHB needs to invest additional effort to enhance collaboration with other central region DHBs, and Nelson-Marlborough, in order to create a fully functional hub-and-spoke model, ensuring a greater level of local service provision for 'routine' cases and centralised provision of services for more 'complex' cases. Hutt Hospital, with its specialised facilities and highly skilled multi-disciplinary team of surgical, nursing and rehabilitation specialists remains the best and most logical site for hosting the Regional Plastics and Burns Unit. Ongoing improvement of the Hutt Hospital facilities, especially the Operating Theatre complex and ICU within the Integrated Campus Plan, will ensure long-term sustainable development of this important regional service.

Hutt Valley DHB also successfully implemented the Government's announcement of second cycle IVF services for couples unsuccessful with their first publicly funded IVF cycle on behalf of the Central region.

What Is Planned For 2005/06?

Elective volumes will be maintained at the same levels as in 2004/05. All surgical services are operating at national intervention rates, apart from orthopaedics where we are participating in the national initiative.

A key focus in 2005/06 will be to gain approval of a business case for new theatres, as a key step in increasing our capacity by 2008.. The current restrictions on theatre capacity preclude any increase in elective delivery for orthopaedics in 2005/06. During the year, a theatre user group will be established that will consider theatre access issues and ensure full utilisation of theatre capacity.

The appointment of an elective services manager will enable a stronger focus to be placed on management of the booking system from within surgical departments. This appointment will ensure the implementation of the CQI and ESPI recovery plans for all services. These plans will be finalised by 31 July 2005, with the goal of compliance by 30 June 2006.

Further opportunities for innovation will be explored. Current developments will be consolidated, including the breathlessness clinic, the colorectal cancer follow up plan, further development of nurse clinics in orthopaedics, ENT, rheumatology and general surgery. Alternative first specialist assessment (FSA) management will be continued including the Low Back Pain pathway. Primary care management plans will be further developed and additional GP training sessions implemented for joint injections, ganglia management and GP management following colorectal cancer, melanoma and breast cancer. These will free up outpatient clinics and increase FSA capacity.

A key focus will be consistency of surgeon prioritising and scoring and the compilation of theatre lists in priority order. This will be attained by: peer comparison reporting; ensuring all clinicians are using the prioritisation processes appropriately; using national prioritisation tools; working with clinicians to increase participation in the continuous quality improvement activities around prioritisation and to take ownership of the process to improve consistency of access.

2005/06 will see the progression of a number of key initiatives including:

- Further progression of the Regional Reviews
- Rationalisation of the booking system processes within the hospital
- Employment of an elective services manager with operational management responsibility for meeting elective services contractual obligations
- Focus on implementing the CQI and ESPI recovery plans, aiming for compliance by 30 June 2006
- Development of a business plan for increasing the number of theatres as part of the Integrated Campus Plan
- Further development of primary care management plans for appropriate conditions
- Working to ensure all patients who have received certainty are treated within 6 months.
- Application of ESPI recovery plans for all surgical services

Orthopaedic Initiative

The CQI plan for the orthopaedic initiative will be agreed with the MoH and will be rolled out in 2005/06 and outyears. As noted above, a key focus will be to gain approval of a business case for new theatres. In the interim, a theatre user group will be established that will consider theatre access issues and ensure full utilisation of theatre capacity.

Hutt Valley DHB will apply the ESPI recovery plans and ensure careful management of theatre utilisation to meet the joint volumes as contracted in 2005/06. The approval of a business case for new theatres will be a key step in increasing theatre capacity to achieve the required orthopaedic intervention rate by 2008.

Annual Objective 13	**Implement Government Policy Relating To Elective Services.** (Cross Reference To Strategic Area 10 & 17)
Approach	• Establish a theatre user group • Use national ENT prioritisation tool • Review access thresholds for ENT, general surgery and plastics • Establish a strategy to resolve plastics outpatients and

	inpatients waiting lists • Ensure focus is placed on surgical patients receiving certainty of surgery within 6 months • Reduce First Specialist Assessments over 6 months wait for general surgery • Explore options for increasing capacity • Streamline booking system processes
Milestones	• Theatre user group established by Q1 • Theatre access plan completed by Q1 • • Business plan for new theatres approved by Q2 • Develop a strategy to manage patients to a six month timeframe by Q2 • Further develop the Hub and Spoke approach for plastic surgery by Q2 • • Employ an elective services manager by Q1 • Subcontract theatre space at Wairarapa DHB for ENT surgery by Q1 • ESPIs will be achieved and maintained by Q4 • Booking systems will be streamlined by Q2
Risks and Mitigation Strategies	*Risks* • ESPI requirements are not met • Capacity constraints • Non-compliance of consultants with prioritisation processes. • Securing necessary resources to meet contract requirements *Mitigation* • Monitor progress in patient flow steering Group • Exploring collaboration with other DHBs • Provide individual feedback to consultants • Active management to secure or share required resources
Indicators and targets/expectations	• ESPI recovery plan targets are met • Report on ongoing quality improvement in elective services **[SER-03 IDP]**

Annual Objective 14	**Expand Local Delivery Of Urology Services And Improve Access To Ophthalmology Services** (Cross Reference To Strategic Area 17 Capital Planning)
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 Q4 • 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 Q4

Annual Objective 15	**Implement The Ministry Of Health's Orthopaedic Initiative** (Cross Reference To Strategic Area 17 Capital Planning)
Approach	• To complete the phased additional orthopaedic initiative volume without impact to the core contract for orthopaedic services from Funder • Participate in theatre user group • Develop plan for additional joint equipment • Establish theatre priorities • Number of patient receiving a commitment to treat will reflect the theatre access plan • Develop and implement ESPI recovery plan for 2005/06 • Continued focus on prioritisation processes
Milestones	• Theatre access plan completed by Q1 • Additional Volumes completed by Q4
Risks And Mitigation Strategies	*Risks* • That theatre and human resource capacity will not allow volumes to be undertaken • Surgeons do not comply with prioritisation processes • Elective patients are deferred by increasing acute demand *Mitigation:* • Careful planning and the possibility of subcontracting will be considered • Surgeon buy-in will be actively sought.
Indicators and targets/expectations	• Numbers contracted for orthopaedic initiative will be completed.

4.3.7 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 District Strategic Plan identifies the following priorities:

Maternity

1. Additional support for breast feeding
2. Maternity co-ordination and 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 Lead Maternity Carer 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 2004/05?

Child Health

K**e**y milestones in the area of child health in 2004/05 included:

- The Hutt Valley DHB participated in the third Paediatric Society of New Zealand's national child and youth health survey. The results indicated a significant improvement in our rating – ranked among some of the top District Health Boards in New Zealand.
- Intersectoral, provider and NGO Forum held November 2004
- Review of skin infections (joint venture between Hutt Valley DHB and Capital and Coast DHB) in children and young people. Report published and new programme has been launched.
- The National Immunisation Register (NIR) will be rolled out in the Hutt Valley 1 May 2005 for the MeNZB campaign, with the birth cohort rollout beginning 10th October 2005
- Implementation of the Meningoccocal immunisation programme (MeNZB™) 5th May 2005
- Māori parenting programme funded in primary care
- New Family Start service funded by central government in Lower Hutt
- Two important review projects were completed during the year. The Family Violence Scoping Project reviewed the current activity and protocols of the Hutt Valley DHB's response to family violence and considered the future requirements for the Hutt Valley DHB to effectively respond to, and reduce the incidence of family violence (see Annual Objective 4). The Review of Public Health Nursing Service was a joint project with Capital and Coast DHB and sought to identify possible models of future delivery for the Public Health Nursing Service that aligns with child and youth health best practice (see Annual Objective 17).

Maternity

Key milestones in the area of maternity in 2004/05 included:

- Breast feeding rates on hospital discharge raised to 81%
- Community engagement in process to support breast feeding resulted in breast feeding friendly cafés 'BESTPART" programme launched in Parliament by Hon Annette King
- Maternity Steering Group meetings and advice to the DHB have resulted in progress on a number of areas: re-configuration of antenatal classes; contribution to Māori Strategic Planning process; improved intersectoral relationships; Baby Friendly Hospital Accreditation; submission to increase lactation support in the community; Midwifery included in Hutt Valley DHB scholarship programme; Lead Maternity Carer's listed in Hutt Valley DHB Web site
- Hutt Valley DHB Community Small Grant awarded to Nāku Enei Tamariki Māori Section for development of 2005 Breast Feeding Calendar
- Staff quota training to meet Baby Friendly Hospital Accreditation completed

Oral Health

As a part of a national project, the Wellington Regional School Dental Service was reviewed. This review report recommends significant service reconfiguration and change for the School Dental Service. The review document was submitted to the Ministry of Health as requested in October 2004. An implementation plan is yet to be developed, pending advice from the Ministry of Health.

A project (*Improving Access to Child and Youth Oral Health Project*) looking at particular issues (excluding those covered by the School Dental Service Review) with access to child and youth oral health services was completed, with new service models and initiatives underway to increase access.

All children assessed by the Wellington Regional School Dental Service (SDS) as risk level one were seen at least annually. The percentage of children enrolled in the SDS and overdue for an examination reduced from 47.9% in February 2004, to 35.2% in December 2004.

What Is Planned For 2005/06?

Child Oral Health

A review of child/whanau health services will occur in 2005/06. Significant investment has occurred in the Hutt Valley with the establishment of Family Start. There are also potentially a number of providers (including PHOs) delivering duplicated services to the same children and whanau. The review will identify current issues and opportunities, duplication and gaps in the funding and delivery of child/Whanau health services.

Programme/project activity will include:

- Programme to reduce skin infections continued
- Development of 'virtual' specialist child and youth health team for the Hutt Valley – this would be a small team of key child and youth health professionals from a number of services (already existing) as well as additional half-time senior medical positions (Community Paediatrician and Adolescent Physician).
- Establishment of a Developmental Paediatrician position within the Hutt Valley DHB Children's Health Service
- Immunisation targets reached for MeNZB™ campaign and successful implementation of NIR

Maternity

- Appointment of a DHB Maternity advisory role
- Continue reconfiguration of antenatal support groups to reach Maori and Pacific mothers and their whanau
- Continued focus on reduction in avoidable caesarean section rates
- Implementation of the Baby Friendly Hospital Initiative (BHFI) and accreditation by the NZ Breastfeeding Authority.

Oral Health

The School Dental Service currently operates with a yearly loss of close to $1 million. This position is not sustainable, and a pricing review of the school dental service will be jointly undertaken with Capital and Coast DHB.

The DHB will also develop an implementation plan for the implementation of the School Dental Service Review once Ministerial direction is finalised.

Evaluate the Special Child Oral Health Services (SCOH) pilot. SCOH services are the new child oral health services purchased as a result of the *Improving Access to Child and Youth Oral Health Services* project, focussed on providing child oral health services outside the scope of the School Dental Service.

Annual Objective 16	**Improve Childhood Immunisation Rates** (Cross Reference To Strategic Areas 1,3,4)
Approach	• Implement the National Immunisation Register (NIR) • Implement the Meningococcal Immunisation Programme (MeNZB)
Milestones	Birth Cohort to commence October 2005 • Post campaign Implementation Review Q3 • Final report to MoH Q3 Complete MeNZB campaign by end of Q3
Risks And Mitigation Strategies	*Risks* • Delays in MoH implementation date • Available NIR registration software for Maternity sector • Ability of Primary Care Providers to deliver programme due to workload and time of implementation • Inadequate information and support to Maori providers and communities • Inadequate information and support to Pacific providers and communities *Mitigation* • Appropriate risk management and maintain collaborative relationship with Ministry of Health • Hutt Valley DHB Information Services Manager involved; strategies for system upgrade or purchase of alternative software • Work with Providers and communities to identify and resolve issues • Comprehensive training and support for primary care providers • Maori coordinator appointed for awareness raising/ communication • Pacific coordinator appointed for awareness raising/ communication
Indicatorsand Targets/Expectations	• POP-12 Progress towards the national target of 95% of two year olds fully immunised. • RIS-03 Progress towards the implementation of the Meningococcal B Immunisation Project.

Annual Objective 17	**Improve Child Health** (Cross Reference To Strategic Areas 1,2,3,4,8,10,)
Approach	• Develop and implement Nurse Led Clinic – Eczema (12 month pilot). • Commence implementation of Hutt Valley DHB

	Family Violence Plan • Manage multiple acute hospital presentations for Māori and Pacific by early identification and management of risk factors. • Implement outcomes of the school dental service review consistent with the outcomes of the national review process from the Ministry of Health. • Continue targeting children with high needs for school dental services • Undertake a joint pricing review with CCDHB of the school dental service. • Implement findings of the Public Health Nursing Review • Develop a 'virtual' child and youth health team for the Hutt Valley • Evaluate Special Child Oral Health Services (SCOH) pilot •
Milestones	• Nurse led eczema clinic launched Q3. • Family Violence work plan implemented appropriately with respect to MOH guidelines Q2; training schedule established Q3; assessments underway Q4 • Maori and Pacific guidelines Q1; Staff education Q2; implemented Q3; • Staged implementation plan for School Dental Service developed. • School Dental Service reaches targets for risk one assessed children enrolled. • Pricing Review for SDS completed by Q2 • Plan developed to implement recommendations of the Public Health Nursing Review • 'Virtual' Specialist child and youth health team established (including new medical position) by Q4. SCOH services pilot evaluated internally by Q3.
Risks And Mitigation Strategies	*Risks* • No 'buy in' from key stakeholders within Hutt Valley DHB and/or primary health sector; unmet need, staff attrition rate exceeds training programme • Insufficient funding to begin full implementation of School Dental Service Review *Mitigation* • Early involvement key stakeholders and staff; entry/exit criteria, triage process, staff support
Indicators And Targets/Expectations	• **POP-12** Progress towards the national target of 95% of two year olds fully immunised. • Oral Health Targets – children caries free at age five years **[POP-05]**, and mean Decayed/Missing/Filled teeth

	score at year 8 school **[POP-06].** • **RIS-03** Progress towards the implementation of the MeNZB Immunisation Project.

4.3.8 Strategic Goal 8: Youth Health

In September 2002, the Government launched its plan for the health and well-being 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 Hutt Valley DHB is committed to improving the health and well being of young people. Young people are the only age cohort not to show a significant improvement in health status over the past thirty years. The Hutt Valley DHB Youth Health Service Plan (March 2002) outlines the specific 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 population of young people (15-24 years) in Upper Hutt City and Hutt City is 18,800 (the population of children (0-14 years) is 31,850).

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. Hutt Valley DHB demonstrates an understanding of this through its current commitment to child and youth health services

What does the District Strategic Plan Say?

The District Strategic Plan 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 2004/05?

During 2004/05 the Hutt Valley DHB Youth Health Steering Group has continued to meet and advise on key planning, funding and service delivery issues affecting young people. The review of primary sexual and reproductive health services was a significant project completed over 2004/05. All existing services were targeted at young people. The review led to a reconfiguration of services to improve access to sexual health services for young people. The YHSG were involved in the review, and led the consultation process with young people.

Last year (2003/04) the Hutt Valley DHB approved funding for the expansion of youth-specific primary health services for Upper Hutt City. During the past year, the Hutt Valley Youth Health Service has extended its services in Upper Hutt, including a partnership with Orongomai Marae to focus on increasing access to rangatahi in Upper Hutt.

The *Improving Access to Child and Youth Oral Health Project* was completed during the last year and identified strategies to improve access to publicly funded youth oral health services. A number of initiatives have been put in place with youth health providers and the Adolescent Oral Health Co-ordination Service during the year to increase enrolment rates of young people with an adolescent oral health provider.

The *Review of Public Health Nursing Project* was a key project for 2004/05. This was a joint project with Capital and Coast DHB and sought to identify possible models of future delivery for the Public Health Nursing Service that aligns with child and youth health best practice.

In the 2003/04 year the Hutt Valley DHB funded primary youth health clinics in four low decile high schools.

During 2004/05 work was completed to consider the establishment of an adolescent physician position for the Hutt Valley. The Hutt Valley DHB approved funding to establish a specialist youth health physician, together with a new community paediatrician position.

The New Zealand Paediatric Society assessed the performance of District Health Boards in child and youth health during 2004/05. The Hutt Valley DHB were pleased at the excellent result and improvement for the Hutt Valley.

What Is Planned For 2005/06?

With the significant activity in youth health service development and review over the 2003/04 and 2004/05 years, 2005/06 is going to be a year of consolidation.

During 2005/06 a new specialist child and youth health team for the Hutt Valley will be developed. This new team is intended to be small and made up of key child and youth health professionals from a number of services (already existing) as well as two additional half-time senior medical positions (Community Paediatrician and Adolescent Physician). Members of the specialist child and youth health team would continue with their existing responsibilities, but come together as a team to provide a specialist, multi-disciplinary consultation and liaison service for those working with children and young people in the Hutt Valley.

The Hutt Valley DHB has been working with the Hutt Valley Youth Health Service on an evaluation project to ascertain the impact on health outcomes for young people who use the HVYHS services. In 2005/06 the data collection and analysis for this project will take place. The youth health clinics in high schools will also be evaluated.

The *Review of Public Health Nursing Project* was a key project for 2004/05. In the following year implementation of recommendations of this project will be a priority once the MeNZB vaccination campaign is completed.

Annual Objective 18	**Improve Youth Health Outcomes** (Cross Reference to Strategic Areas 1,2,3,4,7,10,)
Approach	• Evaluate youth health clinics in high schools.

	• Development of a 'virtual' specialist child and youth health team for the Hutt Valley using existing nursing and allied health professionals from Hutt Valley DHB funded or provided services, and new medical positions.
Milestones	• "Virtual" Specialist child and youth health team established by Q4. • Youth health clinics evaluation completed by Q3.
Risks and Mitigation Strategies	*Risks* • Recruitment of adolescent physician is unsuccessful. • Specialist Child and Youth Health Team does not form effectively. *Mitigation* • Ensure a sound recruitment plan is place. • Ensure the model for the new team is well documented and clearly understood. • Ensure leadership for the development of the new team is assigned to a skilled Hutt Valley DHB manager with sound child and/or youth health knowledge.
Indicators And Targets/Expectations	• Increased oral health completion rates for young peoples (up to 18 years): over 55%. • Specialist Child and Youth Health Team completes three training events and 10 individual consultations with providers by Q4.

4.3.9 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%.

Hutt Valley DHB 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. In recent years Hutt Valley DHB has developed a number of recovery based mental health and addiction services, including Kaupapa Maori mental health services and Pacific mental health community support services and alcohol and other drug (AOD) services. Additionally Hutt Valley DHB is in the process of establishing a psychological therapies service for people with some severe and debilitating mental illnesses. These programmes will operate in certain primary care environments and are expected to integrate physical and mental health care and offer an easier point of access for many people.

What does the District Strategic Plan Say?

The District Strategic Plan 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 2004/05?

Local

Hutt Valley DHB has also supported a number of innovative projects from available surplus funds in the 2004/05 year. The Transitional Employment project is an example of one initiative that provides graduated support for people with long term mental illness to work in paid employment in the community. The Adventure Therapy pilot is another example of a service that uses physical challenge and positive risk-taking to help engage young people into treatment settings and provide an alternative to 'talking therapy'. Also the children of parents who use mental health services have some particular needs that are being addressed by the recently established COPMI (Children of Parents with Mental Illness) project.

Hutt Valley DHB contracted with Te Rau Matatini for the development of a range of training programmes aimed at increasing the mental health and cultural competencies of both Maori working in health and social services areas and those working in secondary mental health service provision roles. Te Rau Matatini, on behalf of Hutt Valley DHB also administered scholarship funds for the Maori mental health workforce. This work programme was led by the Portfolio Manager Maori Health and Maori Health Advisor within Hutt Valley DHB.

Other initiatives aimed at Advancing Implementation of Mental Health Blueprint in 2004/05 included:

- 0.5 Maori mental health consumer advisor position
- Day treatment programme for people with alcohol and drug issues
- Self esteem programme for women
- 'Warmline' peer-run 'out of hours' consumer support service
- Psychological Therapies Project manager appointed and establishing service in two Access Primary Health Organisations in the Hutt Valley.
- Provision of Pacific Alcohol and Other Drug services from Hutt Valley DHB provider arm, with aim of transferring to a Pacific NGO provider in the future
- Agreement reached for provision of Pacific mental health Community Support services.
- A process for administering mental health workforce scholarships has been developed for further consultation. A one-off funding pool for scholarships of $125,000 has been established. This workforce scholarships fund will enable targeted support for professional development in key areas such as Pacific clinical mental health; child and youth clinicians; and the specialised area of older people's mental health.
- Review completed of Local Mental Health and Addiction Advisory Group with role of the group clarified in respect of advisory andplanning and reporting functions.
- Hutt Valley DHB Mental Health Service ceased sub-contracting Service Co-ordination to CCDHB Regional Service Coordination. From 1 December 2004

Service Coordination and Needs Assessment returned to being provided by Hutt Valley DHB MHS

- A project to implement the MH-Smart initiative is underway. A coordinator has been appointed and the goal is to implement standard Outcome Measurements across all Mental Health Services in NZ by July 2005
- A Mental Health Service for Older People was developed
- Evaluation of the Consult/Liaison service has resulted in the provision of a 0.5 FTE consult liaison nurse position

Local Quality Improvement

- Following an audit by Quality Health NZ, Hutt Valley DHB was accredited for a further 3 years. Mental Health Services received only 4 service specific recommendations following this independent audit. These four low priority recommendations will be addressed in the coming year
- A Facilities Project is underway, looking at improving the facilities for the Psychiatric Intensive Care Unit/CATT/Acute Day Service and Upper Hutt service (cross reference to Strategic Area 17)
- A Nurse Educator position has been established to provide ongoing education and support to nursing staff across the Mental Health Service
- Community Assessment & Treatment Team and the Intensive Clinical Support service (a sub-regional multi- systemic therapy service targeted to young people in the care of the Department of Child Youth and Family, who are also clients of Child Adolescent and Family mental health services or alcohol and other drug services) were both recipients of the Hutt Valley DHB Excellence in Community Health Awards 2004

Regional

Hutt Valley DHB is an active participant in the Central Region Mental Health and Addictions Network (CRMHAN) and has collaborated with the five other DHB's in the region, TAS, and stakeholder representatives from across the region to develop the Regional Mental Health Plan (RMHP) for 2005/06. The RMHP reports on the network's achievements to date, prior year expenditure of additional Blueprint funding, developments planned for 2005/06 and the proposed allocation of additional Blueprint funding in 2005/06. This DAP and the RMHP for 2005/06 are aligned and consistent.

Regional achievements in 2004/05 have included:

- The recruitment of the regional mental health Contracts Manager based in Hutt Valley DHB.
- The findings of the Alcohol and Other Drugs Intensive Treatment Review are in the process of being implemented in the region. Hutt Valley DHB has a special role in this in the development of new (regional only) service specifications and recruitment of the new regional Alcohol and Other Drugs Coordinator position.
- Hutt Valley DHB is providing a project sponsor role for the regional Infant, Child and Youth mental health work programme.
- A Regional Speciality Review was completed and consulted on. The findings of that Review have significant implications for Hutt Valley DHB with key recommendations of the report noting that a number of treatment services be delivered locally

What Is Planned For 2005/06?

Local

One of the major challenges for the year ahead is the development of a new mental health service plan. The previous mental health plan has mostly been implemented now but there remains room for further improvement in the way that services are provided and in the range of services available. Some of the key areas that the plan will have to address include responsiveness to young people of all ethnicities; better availability of services to people outside the 3% most severely affected target group and the need for a fuller continuum of care for older people. The role of primary care is likely to feature greatly in the plan.

Of the priorities identified in the District Strategic Plan listed above, items 5 and 6 require particular further attention but require additional funds, currently unavailable for this purpose. However options for responding to the needs of youth for services when they are in a crisis will be considered, including whether these services can be provided by re-orienting existing services.

The programme of work for 2005/06 will have a particular focus on the quality of service delivery including specific interventions for service users e.g. regular review of treatment and support processes, including risk management plans, individual crisis plans for long term patients, relapse prevention plans and consumer outcomes.

The initiatives identified below are planned to advance the implementation of the Mental Health Commission's Blueprint. Hutt Valley DHB is in the situation of all 'new' Blueprint funds for 2005/06 being committed to implementation of regional mental health services, including regional Alcohol and Other Drug services. While these services will form part of a regional matrix of intensive treatment and support services, they will be provided locally in the Hutt Valley DHB district.

Annual Objective 19	**Advance Implementation Of Mental Health Blueprint**
Approach	• Further development of Pacific AOD service • Support the PHO-based Primary mental health services establishment (> 3% target group) • Reconfiguration of support services for youth mental health • Reallocation of surplus funds resulting from under-delivery of mental health services • Develop 5 year Hutt Valley Mental Health service plan • Continue and broaden quality and audit programme to include outcomes and service delivery focus. • Maintain DHB Workforce Scholarships • Development of family/Whanau advisor position within the Provider arm Mental health Service • Consolidate f Psychological therapies service
Milestones	• Identify potential suitable Pacific provider for future transfer of Pacific Alcohol and Other Drugs services

	from Hutt Valley DHB mental health services by Quarter . • Work with the Ministry of Health to negotiate agreement for primary mental health services (target group those with moderate mental health needs) and establish those services by Quarter 2. • Reconfigure support services to youth in the Hutt Valley to ensure that supported accommodation provides an optimal transition to non-institutional settings by Quarter 3. • Consult on priorities for services from available surplus funds and reallocate by Quarter 4. • Develop 5 year mental health and addiction service plan by Quarter 4. • Identify, collaboratively with services when possible, services that would particularly benefit from quality review by Q2 • Refine methodology for administering workforce scholarships and establish funding by Q2, implement by Q4 • Evaluation of psychological therapies service underway by Q3.
Risk And Mitigation	*Risk:* • Young people remain in supported housing beyond the period required thereby institutionalising them. • Resources required for development of service plan cannot be found from available budget *Mitigation:* • Consult with youth steering group and formulate an effective approach to youth mental health service delivery that maximises independence and provides a range of options for young people needing intensive support. • Enlist the assistance of service providers to take an active role in developing the plan.
Indicators and Targets	• Report on targets set for improving the health status of people with severe mental illness **[POP-08 IDP]**

Regional Mental Health Priorities

The region has developed strategic themes of access, participation, communication, service excellence, and holistic approach, out of which have arisen a number of goals. This district's goals are shown alongside the appropriate regional goal.

The table also shows the projects that CRMHAN and this DHB have proposed to advance the goals. Some projects are noted against more than one theme. Please

refer to the Central region Mental Health and Addiction Strategic Plan 2004-2006 for more detail concerning regional projects, also the TAS website www.centraltas.co.nz.

Strategic Theme	**Regional Goals** Incorporating but not limited to:	**District Goals**	**Regional Projects**	**District Projects**
Access	*Increased access to timely, appropriate and equitable:* Services Resources (culturally appropriate HR, appropriately skilled workforce, funding, facilities, training) Education	*Developing a robust and accessible primary care sector* *Reducing inequalities* *Child health – giving children the opportunity to grow up in a healthy supportive environment* *Youth health – developing youth friendly services* *Maori health development – working towards equity of outcome for Maori*	Regional Specialty Services Project Regional Forensic Services Implementation Project Regional Workforce Development Project Regional Child and youth project Regional response to prevent a crisis project Regional Alcohol and other drug services implementation Maori mental health service project Consumer run case management service regional pilot	*Developing primary mental health services for people with severe mental illness* *Developing primary mental health services for people with moderate mental health issues and needs (non Blueprint funded project)* *Aligning clinical Maori mental health service delivery with the Hutt Valley DHB Maori Health Strategic Plan* *Reconfiguring youth mental health support services to achieve less restrictive and more recovery centred options* *Continuing the development of the Children of Parents with Mental Illness pilot project* *Delivery of Pacific addiction services in primary care settings*

Participation	Increased participation at all levels by: • Maori • Consumer • Family • Pacific Peoples • Other stakeholders	*Developing partnerships with Maori*	Maori Mental Health Services Programme Pacific Peoples Mental Health Project	*Developing a whanauora model of community based mental health care for tangata whaiora* *Further involving Pacific peoples in local service planning*
Communication	*Enhanced:* Interagency and Intersectoral collaboration Tolerance and understanding within the sector and between mental health and the wider community	*Increase community participation in service activities*	Most regional projects incorporate elements of this theme	*Further advance primary and secondary services interface* *Involvement of community in mental health service plan*
Service Excellence	Provision of: Clinical leadership and safety Effective, outcomes-based services Optimal service delivery within available resources Innovative approaches to planning, funding and service provision	*Developing and maintaining the quality of existing services* *Identifying and realising efficiencies*	Regional Response to Prevent a Crisis Project Child and Youth Mental Health Services Project	*Continue quality and audit programme* *Developing an integrated continuum of service delivery including for people with moderate needs*

Holistic Approach	Promotion of: All aspects of the social, physical, spiritual and psychological wellbeing considered in delivering services to consumers/tangata whai ora The integration of mental health services with the wider community e.g. Housing, Employment, Education, primary care providers, community groups/agencies	*Health communities (encouraging people to exercise more, eat more healthily, stop smoking and improve parenting skills*	Alcohol & Other Drugs Intensive Treatment Review Implementation Project	*Developing an integrated continuum of service delivery to improve access* *Continue to support children of parents with mental illness and youth adventure therapy initiatives. Continue to provide good access to smoking cessation programmes for mental health service users.*

Additional to the following schedule of activity, Hutt Valley DHB will implement a new regional youth alcohol and other drug service aimed at those with the most severe and complex Alcohol and Other Drugs issues from new funding provided by the Ministry of Health for this purpose. The design of this service is currently being finalised.

The Ministry of Health have requested specific information about the funding of new mental health initiatives in 2005/06 (see Appendix 10).

Annual Objective 20	**Regional Mental Health And Addiction Sector Development**
Approach	• Implement Regional Mental Health and Addiction Strategic Plan including purchase of additional AOD day and evening treatment programmes regionally • Provide Project Sponsorship for development of infant child and youth mental health advisory group, service reviews and needs assessment. • Reconfigure delivery of certain Regional Specialty servicesto ensure better access for Hutt Valley residents • Complete a stocktake of Te Puawaitanga[1] locally, including rates of access of Maori to mainstream and Kaupapa Maori mental health services; workforce numbers and development; participation of Maori in service planning and delivery and measurement of Maori health outcomes. • Continue to contribute to the development of a strategy

[1] Te Puawaitanga Maori Mental health national Strategic Framwork, Ministry of Health, 2002

	to manage clinical risk regionally. • Manage transition of all NGO regional mental health contracts to HVDHB. • Central Region Technical Advisory services to complete regional workforce development plan *Valuing People* and implement *Essentially People* training.
Milestones	• Reconvene and coordinate activities of regional AOD councils by Quarter 2 • Purchase new AOD day treatment services by Quarter 4 • Regional Mental Health Advisory group for infant child and youth services established by Quarter 1 • Regional Infant Child and Youth mental health service reviews completed by Quarter 1 • Reconfigure certain Regional Specialty services by Quarter 4 • Complete stocktake of Te Puawaitanga locally by Quarter 1 • Develop a plan for further implementation of Te Puawaitanga by Quarter 2 • Develop a plan for management of clinical risk on a regional basis ensuring clear lines of accountability by Quarter 2 • Central region Technical Advisory services to complete workforce plan *Valuing People* and implement *Essentially People* training by Quarter 2.
Risks and mitigation	*Risk:* Regional AOD councils not functioning *Mitigation:* Ensure approach includes local Portfolio managers. Provide adequate time and support to process. *Risk:* Findings of Regional Specialty services lead to loss of clinical expertise. *Mitigation:* Ensure robust and well managed transition process if there is a transfer of service delivery.

4.3.10 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 District Strategic Plan 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 District Strategic Plan includes the following as priorities:

1. Maternity co-ordination & workforce development

2. Establishing an integrated care service with other providers for older people. (Refer to Strategic Area 12)
3. Managing demand driven spending (including acute medical demand). (Refer also to referred services management in section 4.3.1)

What Progress was made in 2004/05?
Primary secondary integration is now a component of most of the Hutt Valley DHB's workstreams. Whether integration is soft (i.e. integrating within systems) or hard (integrating across sectors), achieving integration is a particular focus of the following Strategic Areas:

- Primary Care (including palliative care)
- Referred Services Management (and in particular the Laboratory review)
- Disease Management
- Elective Services
- Child and Youth
- Mental Health
- Disability Strategy (and in particular the Older Person's Objective)
- Cancer Control
- Information Systems

The DHB has also put strong emphasis on supporting primary care practices with influenza immunisations, and has implemented a quality payment related to achievement of specific influenza immunisation targets.

Many of the initiatives that have been put in place in the past year have had their origin from a strong wish to improve integration of systems, services, and people. As a result, there is no singular objective around primary secondary integration – rather it is cross-referenced throughout this plan as a cornerstone philosophy of the bulk of our new initiatives and service reconfigurations.

What is planned for 2005/06?

The DHB will continue its focus on reducing demand pressures on the provider arm. The significant work undertaken under the chronic disease goals (i.e Strategic Area 5) have been undertaken on the basis that their implementation will result in reduced demand for acute services.

Annual Objective 21	**Manage Acute Demand Pressures On Provider Arm** (Cross Reference To Strategic Areas 1 & 5)
Approach	• Support the development and implementation of support systems for dementia care in aged care facilities • Reduce Congestive Heart Failure (CHF) admissions • Develop a continuum of care for managing infants admitted with respiratory conditions
Milestones	• Implement challenging behaviour policy by Q1 • Undertake training in all facilities for restraint, behaviour management and delirium management by Q4 • Establish a telephone consultancy service to assist the management of difficult residents by Q2

	• Evaluate impact of CHF funding for primary care by Q4. • "Wheezy children" templates for GPs completed by Q2
Risks and Mitigation Strategies	*Risk* • Capacity in primary care and aged care is currently fragile with the introduction of many PHO initiatives and limited workforce capacity. *Mitigation* • Work closely in the developmental stages with Primary Care and Aged care sectors to manage pace of development.
Indicators And Targets/Expectations	• Ambulatory Sensitive Admission Targets **[POP-13 IDP]**

4.2.11 Cancer Control Strategy

Cancer control is an organized approach to reducing the burden of cancer in our community. It recognizes that the disease cannot be completely eradicated in the foreseeable future, but that its effects can be reduced. The aims of cancer control are to reduce the number of people who develop cancer and the number who die from cancer, and to ensure a better quality of life for those who do develop the disease.

The New Zealand Cancer Control Strategy
The goals of the New Zealand Cancer Control Strategy are to:

1. reduce the incidence of cancer through primary prevention
2. ensure effective screening and early detection to reduce cancer incidence and mortality
3. ensure effective diagnosis and treatment to reduce cancer morbidity and mortality
4. improve the quality of life for those with cancer, their family and whanau through support, rehabilitation and palliative care
5. improve the delivery of services across the continuum of cancer control through effective, planning, co-ordination and integration of resources and activity, monitoring and evaluation
6. improve the effectiveness of cancer control in New Zealand through research and surveillance.

The key goals of the Cancer Control Strategy are woven throughout this document from our objectives related to Healthy communities (Healthy Eating Healthy Action and Tobacco control initiatives etc) and screening services, through to primary care and palliative care services. This objective, however, refers to Hutt Valley DHB developing an integrated Cancer Control Strategy that consolidates the range of current and planned activities into one plan.

What progress was made in 2004/05?

Breast Screening

In July 2004 the Minister announced an extension of the eligibility of women for the national breastscreening programme, from the previous 50 to 64 years to the new age range of 45-69 years. As this equates to a 60% increase in volumes, BreastScreen Central (BSC) initiated an age extension project to develop the best service delivery model for the extended service. As capacity existed, women in the 65-69 age group were invited for screening during 2004/05. Women in the 45-49 age group wanting to enrol are wait listed and will be screened as further capacity becomes available. It is BSC's aim to start screening a proportion of the 45-49 age

group women from 1 July 2005. However this is dependant on BSC subcontracting with other radiology providers to deliver screening. This is currently being explored and progress has been made.

BSC will be unable to fully implement the age extension until such time as an extended facility is available at Hutt Hospital. Planning for an extended facility is underway and it is anticipated that full implementation of the age extension will occur during the 2006/07 year.

BreastScreening volumes for 2004/05 are just ahead of target. This is mainly due to the positive response from 65-69 year old women being reinvited for screening.

Cervical Screening

During the first quarter of 2004/05, there was an increase in the coverage rate for cervical screening was maintained at 78%. Coverage measures all women who had a cervical screen in the last 36 months, in line with the recommended screening interval. The participation rate has been maintained above the target level of 90% at 96.85%. Participation measures all women who have had a cervical screen in the last 6 years.

The cervical screening team are currently working with the National Cervical Screening programme on implementing the changes that occurred as a result of the Health (National Cervical Screening Programme) Amendment Act, which came into effect on 7 March 2005.

The amendment resulted in changes to policy and procedures of the National Cervical Screening Programme that need to be followed by the team. In addition, changes have been made to the National Cervical Screening Register to accommodate the changes as a result of the amendment.

Inequalities Focus - Screening

Regional Screening Services continues to implement the Health Promotion plans which focus on delivering screening to priority women.

Several projects have been initiated focussing on Maori and Pacific women for example:

- Pacific Screening week in Cannons Creek, August/September 2004
- Working with Wairarapa Primary Health Nursing Innovation Projects on establishing a well women service for Pacific women in the Wairarapa
- Setting up a Marae screening initiative in Kapiti in collaboration with Hora Te Pai.

What is planned for 2005/06?

Screening

The key activity for 2005/06 will be continuation of the implementation of the BreastScreen age extension, and in particular looking to enhance the clinical leadership of that service as well as planning and implementing capital developments. Continued focus on reducing inequalities and looking at ways of improving the access of Maori and Pacific women into the service will also be a key goal. The service will continue to implement the Health (National Cervical Screening Programme) Amendment Act and participate in national initiatives as they occur.

Cancer Control Strategy

While Hutt Valley DHB has a number of important initiatives already in place, and other initiatives currently under development that are aimed at tackling some of the key goals of the Cancer Control Strategy (refer Objective 1 under Primary Care), no overall strategy that focuses on all key goals is currently in place. It is therefore planned that a key focus in 2005/06 will be the development of a cancer control strategy for the Hutt Valley DHB.

Annual Objective 22	**Improve The Early Detection And Management Of Cancers** (Cross Reference Strategic Areas 1 & 24)
Approach	• Encourage enrolment and participation in the national breast and cervical screening programme amongst women in the eligible age range by ***Breast screening*:** • Continue the General Practice funding and recruitment pilot in 05-06 if approved by National Screening Unit • Complete Health Promotion plan, implement and evaluate; with a focus on reducing inequalities • Participate in national and regional media strategies; • Close collaboration with community groups to promote screening. • Establish closer relationships with PHO's to promote screening • Improved contracting and collaboration with Maori Independent Service Provider to increase coverage amongst Maori women • Continue with special Maori and Pacific Screening weeks • Continue to plan for and implement the additional capacity for the age extension. • Design and implement quality frameworks that support the women's pathway. ***Cervical Screening*** • Continue GP and smear taker education and health promotion; • Complete Health Promotion plan, implement and evaluate; with a focus on reducing inequalities • Participate in national and regional media strategies; • Close collaboration with community groups to promote screening; • Promote National Screening Unit (NSU) funded smear taker course; • Improved contracting and collaboration with Maori Independent Service Provider to increase coverage amongst Maori women; • Continue with special Maori and Pacific Screening weeks • Design and implement quality frameworks that

	support the women's pathway.
Milestones	• 6-monthly measurements against screening targets; • Health Promotion plan written, implemented and evaluated.
Indicators and targets	• **POP-15** Implementing the Cancer Control Strategy

Annual Objective 23	**Progress a Cancer Control Strategy Plan for Hutt Valley DHB** (Cross Reference to Strategic Areas 1,2,3,4, and 10,)
Approach	Develop a Hutt Valley DHB cancer control strategy focussing on the following areas: • Reducing the incidence of cancer through primary prevention • Ensuring effective screening and early detection to reduce cancer incidence and mortality (link to Public Health screening objective around improving PHO inter-face) • Ensure effective diagnosis and treatment of cancer to reduce morbidity and mortality • Improving the quality of life for those with cancer, their family and whanau through support, rehabilitation, and palliative care. • Improving the delivery of services across the continuum of cancer control through effective planning, coordination and integration of resources and activity, monitoring and evaluation.
Milestones	• Hutt Valley DHB Cancer Control Implementation Plan developed by Q4
Risks and Mitigation Strategies	*Risks* • Such a Plan will require significant staff input. Current staffing may not allow completion of the Plan within timeframe *Mitigation* • Ensure Plan development occur concurrently with the development of the District Strategic Plan.
Indicators And Targets/Expectations	• Hutt Valley DHB Cancer Control Action Plan developed by Q4

4.2.12 New Zealand Disability Strategy

What does the District Strategic Plan say?

The District Strategic Plan (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 District Strategic Plan 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 2004/05?

Disability Strategy

The major achievement for 2004/05 has been the appointment of a Disability Advisor who will work with the disability community to develop a plan for the implementation of the NZDS. This position is a senior management position, reflecting the importance of disability issues for Hutt Valley DHB.

Older Persons Services

The Hutt Valley DHB Older Persons service plan was launched in 2004. Key initiatives from that Plan are being developed including:

- The finalisation of an Older Persons Workforce Fund
- Pacific Elder Care day service
- Enhanced Service Coordination
- Single entry point for all older persons referrals.

Hutt Valley DHB has also agreed to participate in the pilot of the InterRai Assessement tool. The InterRAI MDS tools is a patient assessment system that will also enable the DHB to comprehensively plan services. As well as being of direct clinical use to frontline staff by providing comprehensive assessment and care planning, the InterRAI MDS tools provide the basis for an outcome-based assessment of the client's response to an intervention or programme of care.

Home-based support providers also received a significant price increase to their core contracts (5%) plus additional funding to implement a Packages of Care pilot.

A research based falls assessment and intervention programme was commenced in partnership with the Otago School of Medicine and ACC.

A community referred equipment catch up programme was implemented.

Discussions began with the Hutt City Council and New Zealand Housing Corporation regarding housing options for older people in Wainuiomata (Cross reference to Strategic Area 2).

What Is Planned For 2005/06?

Disability Strategy

Following on from the work commenced in 2004/05 and in consultation with the disability community, a work plan for implementation of the NZDS will be completed by June 2006. This will include a strategy to increase disability awareness across all DHB services and inclusion in all aspects of DHB planning. A consumer advisory group will be established during the year.

Older Persons Services

The Hutt Valley DHB was significantly impacted by the devolution of the older persons funding in 2003. As a result, we face a *continuing* significant deficit in older persons' funding for 2005/06 and out years and our focus for this year will be to look at ways of managing demand.

As part of this approach to containing costs in older persons services, we will develop alternative support strategies to maintain individuals in their own home and reduce the admission rate into long term aged care. These may include increasing day care options, utilising restorative respite care and increasing social co-ordination.

We will continue our work with other agencies to explore supported housing options for older people.

We also recognise workforce recruitment and retention issues are key for NGO providers and we will be focused on mitigating the serious workforce issues facing the sector. (Cross Reference to Strategic Priority 16– Human Resources).

The DHB will implement the InterRai Assessment tool pilot as part of a group of 6 DHBs nationally piloting the tool. Hutt Valley DHB is piloting the community section of the tool. The Pilot will be complete by 2006/07 year.

Annual Objective 24	**Advance The Objectives Of The Disability Strategy**
Approach	• Complete accessibility survey of Provider Arm. The survey will include assessment of non-physical barriers. • Develop a work plan for the implementation of the NZDS • Utilise the Consumer Advisory Group in consultation with the wider community
Milestones	• Provider Arm Access Survey completed in Q4 • Work Plan for implementation of NZDS completed by Q4
Risks and Mitigation Strategies	*Risk* • Disabled people feel excluded from process *Mitigation* • Ensure engagement through close liaison with Disabled People's Assembly (DPA) and a Consumer Advisory group
Indicators And Targets/Expectations	• Provider Arm accessibility survey completed • Implementation work plan completed • Report quarterly on progress

Annual Objective 25	**Implement The Findings Of The Older Persons Plan** (Cross Reference To Strategic Areas 10 & 16)
Approach	• Increase flexibility in current contracts to allow for individuals to be supported in their own homes for longer, including restorative respite options. • Improve the co-ordination of current referrals and services to streamline care and reduce duplication through implementation of a care coordination service. • Continue to work intersectorally on long term supported living options • Develop and implement workforce solutions that will stabilise and grow the older persons NGO workforce. • Implement the InterRai Assessment tool as part of a

	national pilot in 6 sites.
Milestones	• InterRai assessment tool will be implemented by Q1 • Restorative respite options available by Q3. • Packages of care pilots will be in place by Q2 • Care coordination service will be established by Q4
Risks and Mitigation Strategies	*Risks* • That the capacity in the community will not be adequate to support alternative home support strategies • Serious workforce recruitment and retention issues across all older persons NGO services. *Mitigation* • Consider using existing resources in an alternative manner • Prioritise older persons NGO workforce in the implementation of the DHB's Workforce Plan.
Indicators and targets/expectations	• POP-14 Residential care/home care. Expenditure on subsidised home-based support services, Personal Care and Night Relief, carer support and respite care.

4.2.13 Communications and Consultation

"Communicating Effectively" is included as one of Hutt Valley DHB'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 Hutt Valley DHB is guided by its consultation policy that outlines the way in which we as an organisation engage and consult early with key stakeholders, and communities, Maori and Pacific peoples. The DHB has established and maintained a number of key groups which act as advisory groups to guide the 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 providers' 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 Hutt Valley DHB 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 Hutt Valley DHB and externally in the Hutt Valley.

What Progress Was Made In 2004/05?

- The Hutt Valley DHB website was re-launched in July 2004, with separate intranet (for staff) and Internet (for the public). This has resulted in a significant increase in usage both within the organisation and by the public.
- Policy on events and functions introduced to ensure high standard and appropriate participation
- Publication development introduced as a project in order to improve the standard and community appropriateness of DHB publications
- Public launches of Low-Income oral health service, Cardiac continuum of care, Pacific Health Action Plan, Older Persons Plan and Maori Health Strategic plan completed
- The Annual Report summary was again circulated as a lift out of the Hutt News and the Hutt Leader, this time in October 2004.
- The monthly half-page update in the Hutt News and Upper Hutt Leader has been revamped to be more visible and easier to read.
- The intranet and internet sites, the public quarterly newsletter and the monthly staff newsletter have been better integrated to ensure a greater flow of information to all interested parties.

What Is Planned For 2005/06?

Consultation on the District Strategic Plan will be a key focus area for 2005/06.

Annual Objective 26	**Increase community participation in the service activities of Hutt Valley District Health Board**
Approach	• Increase focus on the internet portion of the DHB website to better support DHB initiatives, including recruitment and provision of disease state information • Implement recommendations on DHB publications • Support intersectoral collaboration by building a more co-operative and co-ordinated communications approach • Community Consultation of the DSP
Milestones	• Internet includes upgraded information and well-developed recruitment material • New look patient/client information being introduced across the organisation • At least one intersectoral communications initiative has commenced • Community consultation on DSP completed by Q1
Risks and Mitigation Strategies	*Risks* • Lack of commitment from key areas of organisation • Slowness in developing material in some key areas. *Mitigation* • On-going oversight by Executive Management Team

4.3.13 Quality and Risk Management – Promotion of Excellence

Hutt Valley DHB 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 Hutt Valley DHB services. Quality monitoring of external providers is dealt with in Section 5.

What does the District Strategic Plan Say?

The Quality section of the District Strategic Plan 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 and reduction of Maori "Did Not Attend" outpatient clinic statistics for the top five DRGs.

What Progress Was Made In 2004/05?

A 2 year certification status against the Health & Disability Sector Standards and a 3 year accreditation status against the Quality Health NZ Standards is pleasing. Both reports provide useful recommendations and quality improvement suggestions, which will provide a good framework for the ongoing quality programme initiatives. Concern, however has been expressed to the Ministry of Health regarding the potential mal-alignment of the approval periods of certification and accreditation, particularly in terms of increased compliance costs and resources required to comply with additional audits.

The ongoing Maori Patient/Whanau satisfaction survey along with the regular surveys of all patients provides useful information on which to base quality improvement activities. Hutt Valley DHB's ratings too have decreased slightly compared to other DHB's quality improvement projects have looked at ways of improving the lower ratings eg: explaining waiting times in outpatient clinics.

This year has seen a high level of positive exposure of Hutt Valley DHB quality activities. The Quality Australasian Quality and Safety Conference in Canberra in August 2004 saw several posters, presentations and chairing of sessions by Hutt Valley DHB staff, with keen interest already signalled for 2005.

Additionally, recognition of quality improvement has occurred through the Health Innovation Award (Nurse-Led Respiratory Clinics and Infection Control Bug Parade), Chair's Quality Award, presentations and posters at international Conferences,

Primary Health Excellence Awards, Magnet/Quality Champion Dinner and Study Days, and the HR Excellence Awards.

Regular reports detailing clinical events across hospital services has assisted services to focus improvements eg: medical floor bathroom alterations has resulted in a decrease in patient falls.

Complaints, medical misadventure and coronial reports are centralised allowing monthly reports to be generated and to ensure appropriate action is being taken to prevent/lessen reoccurrence.

The emergency preparedness documentation has been reviewed in the provider services and Hutt Valley DHB has participated in the development of a regional emergency preparedness plan. Regular education and drills were held throughout the year and all Fire Evacuation drills were successful from the Fire Service's perspective.

What Is Planned For 2005/06?

The established in early 2005 of the Clinical Board is producing an increased focus on clinical leadership with quality and risk management activities. Quality improvement initiatives will have a focus on patient safety issues with an emphasis on learning and preventing/lessening reoccurrences of events that have the potential to harm patients. The Clinical Board also has an overview of improvements in the way in which clinical risk assessment, reporting and mitigation strategies are managed in each service.

As part of the ongoing requirements of compliance with national standards, Hutt Valley DHB provider services will focus on achievement of quality action plans resulting from audits and surveillance visits against the Health & Disability Sector Standards and the Accreditation Standards.

The Central Quality and Audit Programme will be reoriented to concentrate less on compliance audits and more on quality improvement and service effectiveness for the next three years.

Annual Objective 27	**Quality & Risk Management – Promotion of Excellence**
Approach	Ensure health and disability services provided are safe, people centred and of a high quality.
Milestones	• Clinical Board activities reflect increased clinical leadership of quality and clinical risk activities. • Review the Interim Board functions including the option of an extension of the Board DHB-wide by Q4 • Hutt Valley DHB provider services comply with national standards and external audits in accordance with funding contracts. • Consumers and their representatives are given opportunities to express their views on the quality of services provided. • Clinical risk assessment, reporting and mitigation

	strategies are documented in each service. • Re-focus NGO provider quality and audit programme on continuous quality improvement programme
Risks and Mitigation Strategies	*Risks* Increased complaints, errors in patient care, decreased satisfaction and overall lowering of standards of care provided to service users. *Mitigation* Ensure quality/risk management activities support staff to provide safe and high quality care.
Indicators And Targets	• QUA-01 Quality systems. • Clinical Board Annual Report by Q3Surveillance Audit by Q2 • Patient satisfaction reports undertaken Quarterly • New NGO quality and audit programme in place by Q1 • Clinical risks are identified and documented in risk reporting system.

Annual Objective 28	**Consolidate Recommendations Of ED Review**
Approach	• Ensure those recommendations of the internal ED review that are can be implemented in advance of physical changes to ED have occurred.
Milestones	• All recommendations from ED review that are not contingent on additional space have been implemented by Q1.
Risks and Mitigation Strategies	*Risks* • Requires additional funding • Key workforce constraints – particularly in relation to Emergency Medicine medical staff • Expanding ED physically must occur before some of the recommendations, including recruiting all the additional workforce, can be fully implemented. *Mitigation* • Reasonable budget and phased implementation of recommendations over time • Develop a recruitment strategy across the service • Work on implementing the ED Review continues to be integrated with work on the Campus Plan.
Indicators And Targets/Expectations	• ED Review recommendations (not contingent on additional space) implemented.

4.3.15 Information Systems

The role of information systems is to support the delivery of health services by providing a reliable information infrastructure to support sector wide information systems.

Such infrastructure underpins and enables the development of new strategies and business processes arising from strategy documents and Ministerial expectations (DAP Guidelines).

What does the District Strategic Plan Say?

The District Strategic Plan information section outlines a series of strategies to progress the development of information systems that support the DHB's key goals. This includes the on-going development of clinical information systems for the hospital provider and, in 2005/06, the development of shared clinical information resources for both primary and secondary care.

What progress was made in 2004/05?

A Primary Care IT Plan has been drafted in consultation with the SWITCH primary care IT group. This has identified a number of key initiatives eg valley wide GP network and support for National Immunisation Register, which are currently under action. The Health Practitioner Index has been delayed pending installation of HPI software at the Ministry of Health.

The new Community Dental System implementation provides a new system to support both community clinics such as the Whai Oranga low-income dental pilot, and the School Dental Service. This project is well underway and is expected to operational by the end of 2004/05.

Electronic Discharge Summaries from the hospital continues to run very well with a compliance of around 98% for all hospital discharges.

What is planned for 2005/06?

The main focus for 2005/06 will be the continuing development of initiatives arising from the 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.

The Health Information Strategy for New Zealand provides a direction for the sector to make better decisions about how to improve the quality and availability of health information. The DHB will continue to develop its information system and information management capability in line with the twelve action zones and the eight capability building guides identified in Health Information Strategy for New Zealand and to actively identify ways that PHOs and NGOs can increase their Information management capability so that the sector can better manage and improve service delivery.

The DAP will focus on progressing several strategies in line with the Health Information Strategy for New Zealand action zones.

- National Network Strategy/NHI Promotion
- Electronic Referrals
- National Outpatient Collection

Hutt Valley DHB will also reassess its Information Systems Strategic plan in line with the national Information Systems Strategic Plan.

Annual Objective 29	**Implement Primary Care IT Plan** (Cross Reference to Strategic Area 1)
Approach	• Implement high priority elements of the Primary Care IT Plan to enable better service delivery in the primary care setting. (Cross Reference Annual Objective 1)
Milestones	• Valley Wide Network:Q1 • On-line access to NIR:Q1 • Health E-Record Pilot: Q3
Risks and Mitigation Strategies	• Primary Care IT User Group (SWITCH) ensures user involvement in decision making processes • Implement agreed priorities • Small group of GPs determines overall direction so must keep communication and level of consultation high.
Indicators and targets	• Report on progress with information initiatives and capability development (INV-01)

Annual Objective 30	**Implement Electronic Referral Management System** (Cross Reference to Strategic Area 1)
Approach	• Implement electronic referral management for GPs referring patients to secondary provider services
Milestones	• Electronic Referral Management and Status Messaging system from Orion in place: Apr 2006
Risks and Mitigation Strategies	• Newly developed system – to be piloted and tested • New business processes required for both GPs and the hospital support services • Needs standards for data and code sets
Indicators And Targets	• Referral management system in place

4.3.16 Human Resources And Workforce Development

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

Planning and implementing workforce initiatives will involve work streams for attraction, recruitment and retention; training and development; employment relations; health and safety; systems and technology and performance management.

What does the District Strategic Plan Say?

The Human Resources section of the District Strategic Plan 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 2004/05?

Workforce

Significant work was made towards development of a DHB-wide workforce plan. This has included involvement and collaboration in development of DHBNZ's Workforce Action Plan, and Hutt Valley DHB's Pacific Health Action Plan and *Whanau Ora ki te Awa*kairangi – Maori Health Strategic Plan.

Specifically the workforce planning and development project has achieved the following:

- Establishment of a steering committee with input from hospital services, primary and community services
- Developing key linkages with key stakeholders from the primary and community services, including Planning and Funding Portfolio Managers and Pacific and Maori Health Advisors.
- Demographic data profiles obtained for the DHB-wide workforce (Primary, Community and Hospital Services)
- Development of the Home Support workforce programme
- Intersectoral collaboration with the education sector, eg planning for the leadership development programme to move onto the New Zealand Qualifications Authority framework
- Integration of workforce planning into the DHB services annual service planning process
- Introduction and continued support of healthy workforce programmes; eg 10,000 steps, Weightwatchers @ work, spot check clinics, identified training days for health and safety representatives
- Use of technology to identify vacancies across the hospital services
- Planning for the introduction of specific scopes of practice, eg Enrolled Nurses
- Ongoing support for scholarship programmes; Pacific Health, Dental, Hutt Hospital Foundation Trust, Advanced Study and Research, Manui Tipuranga Maori Mental Health.

In addition, involvement in career days with Te Ra o te Raukura and Workchoice Day and our commitment to the Mainstream Supported Employer Programme have maintained our profile as the employer in the Hutt Valley, with a community heart.

Training and Development of our knowledge resources continues, keeping pace with legislation changes. Significant changes to scopes of practise and registration requirements have meant further investment in continuing education as provided for both as core subjects and as external courses and conferences.

Employee Relations

Employee relations has had a significant focus, with major negotiations held this year resulting in national agreements, eg Senior Medical Officers, Nurses and Midwives and Laboratory workers. Hutt Valley DHB has had input into every national and regional negotiation via the strategy groups or negotiation teams.

What Is Planned For 2005/06?

Workforce

The key focus for 2005/06 is the completion and then implementation of the Hutt Valley DHB workforce plans (eg Hutt Valley DHB Strategic Workforce Plan, Pacific Health Action Plan and *Whanau Ora ki te Awakairangi*) and annual service plans.

Particular emphasis and importance will be given to the collaborative efforts made with key stakeholders and other sectors to complete and develop plans as well as ensuring alignment with other local, regional and national workforce priorities and planning.

Priority workforce planning areas from the Health Workforce Advisory Committee (HWAC) are as follows:

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

Employee Relations

A key focus is to continue with Bipartite and other service based meetings encouraging understanding and collaboration at both a strategic and operational level.

Annual Objective 31	**Implement the Hutt Valley DHB Workforce Plan** (Cross Reference to Strategic Areas 1,3,4,5, and 12)
Approach	• To work collaboratively and in consultation with key stakeholders to the Hutt Valley District Health Board as well as with regional and national parties. • Workforce plan is aligned with the Health Workforce Advisory Committee's report, DHBNZ Work Action Plan, Mental Health Workforce Development Framework, Hutt Valley DHB's Pacific Health Strategic Plan, and Whanau Ora ki te Awakairangi.

Milestones	• Meet the workforce objectives as outlined in the Pacific Health Strategic Plan • Meet the workforce objectives as outlined in *Whanau Ora ki te Awakairangi* • Implementation of the Hutt Valley DHB Strategic Workforce Plan underway by Q2
Risks and Mitigation Strategies	*Risks* • Workforce does not meet future health needs • Workforce planning does not consider future service delivery/ models of care related to the integration of primary, community and hospital services • Key Stakeholders are not involved in planning outcomes • Planning toolkits are not user friendly and are not used *Mitigation* • Future workforce planning needs to be undertaken within a 5-10 year timeframe with detailed plans produced on an annual basis. Plans must encompass models of care and future health directions. Performance indicators are developed and evaluated annually • Integration of workforce planning within financial and business planning framework. Workforce planning across continuum's of care – primary-community-hospital • Involvement and accountability of key stakeholders in the planning and implementation phases of workforce plans • Planning toolkits are formulated after testing with pilot groups
Indicators And Targets	• INV-02 Implementation of the DHBNZ Workforce Action Plan.

4.3.17 Capital Planning:

The DSP identifies that Hutt Valley DHB 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. However, expansion of services (e.g. orthopaedics initiative, age extension for Breastcreening) is placing increasing pressure on Hutt Valley DHB facilities. Therefore an integrated process is underway to prepare a Campus Redevelopment Plan.

Asset management as a concept and process has operated within Hutt Valley DHB for a number of years but there has been a lack of coordination between the various systems and processes. The Asset Management Plan (AMP) gives Hutt Valley DHB the opportunity to develop an organisational 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 Hutt Valley DHB 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 of failure of each asset and implement a centralised system that records and monitors this information.

What Progress Was Made In 2004/05?

This year we will have completed a concept development for the Integrated Campus Plan (ICP). A Health Planner has been engaged and timelines completed. Concept options are to be presented to the Board in July 2005.

Hutt Valley DHB has developed a formal Asset Management Plan (AMP) in line with the MoH 'Guidelines for Capital Investment' published in October 2003. The first draft of the AMP was submitted to the Ministry in May 2004 and reviewed through a peer review process comprising members from the asset management improvement programme Steering Group.

The AMP is primarily based around the provision of services within the Provider Arm of the organisation. The plan details Hutt Valley DHB's approach to asset maintenance, development, renewal and replacement over a 15 year timeframe to ensure the most efficient and effective use of the organisations assets in line with service and patient needs and also to facilitate capital prioritisation of funding.

The objective of the AMP is to describe how Hutt Valley DHB will manage the assets invested in its services and allow strategic asset planning in order to achieve the performance targets and strategic goals set by its services.

In addition Hutt Valley DHB has developed current levels of service (LoS) statements for each of the departments and service providers. The purpose of levels of service is to measure the suitability of the existing asset base and also for planning future asset requirements. The LoS statements include information on minimum levels and standards of service in order to maintain the current contracted volumes of service available to the public.

Asset risk, the consequences of failure, current controls to manage this and required actions are all understood and evaluated as part of the asset function and performance analysis.

In this current year we have commenced the implementation of the BEIMS fixed asset register to replace our current IBA fixed asset module for financial information. This will allow the integration of the financial asset data with the repair and maintenance information loaded in by the Building Services team. This will allow Hutt Valley DHB to have a greater understanding of asset performance and replacement timelines.

The BEIMS integration project is expected to be complete by end of March 2005.

What Is Planned For 2005/06?

In the upcoming year, we will complete the testing and implementation of the integrated BEIMS asset management system. This will give us a greater understanding of the assets owned by the DHB and allow us to plan for the future needs of our patients in the form of an Asset Management Plan.

We will need to utilise the "DHB Asset Management Handbook for Asset Management Improvement" and the recommendations of the peer review of our first draft Asset Management Plan to ensure that our second submission to the Ministry of Health is enhanced.

We will establish an Asset Management committee with a range of members from within the organisation to ensure that a broader view is taken on asset planning.

Annual Objective 32	**Implement Asset Management Plan**
Approach	▪ Consolidate the 1st draft Asset Management Plan (AMP) by implementing the proposed 'DHB Asset Management Handbook for Asset Management Improvement'. ▪ Review comments from the Asset Management Improvement Programme (AMIP) and implement recommendations for change. ▪ Creation of an AMP committee by a including a broad selection of HUTT VALLEY DHB staff to ensure adequate representation. ▪ Review and further develop the use of the BEIMS software to establish information flows in full support of the AMP. ▪ Implement organisational communications on asset management.
Milestones	• October 2005 - 2nd draft of Asset Management Plan is due to the Ministry of Health.
Risks And Mitigation Strategies	*Risks:* • Risk of failure of critical equipment could create patient safety issues. • Mismatching of capital resources with operating resources will lead to inefficiencies. *Mitigation:* • Full assessment of equipment is maintained in the BEIMS system which is monitored and reported. • The asset management plan aims to ensure assets are matched appropriately to the needs of each service both now and in the future.
Indicators And Targets	• Completion of the 2nd draft Asset Management Plan by Q4

Annual Objective 33	**Implement the Campus Redevelopment Plan** (Cross Reference to Strategic Area 6)
Approach	• Implement the Campus Redevelopment Plan on staged basis, with high propriety projects initiated during 2005/06.
Milestones	• CEO presents concept options to Board - Q1

	• Implementation of projects from Campus Redevelopment Plan begin by Q2
Risks and Mitigation Strategies	*Risks* • Significantly more costs and additional projects than anticipated. • Loss of Revenue for not undertaking the recommendations. • Substandard / non-compliant facilities. • Unable to carry out DSP/DAP objectives. • Not able to provide the most appropriate care for the community. *Mitigation* • Prioritise projects in line with funding. • Undertake those projects that improve revenue situation or do not pose serious revenue risks. • Adopt those processes that are standard and compliance related. • Take into account and apply the needs of DSP/DAP. • Go back to the community and consult on needs and status within DSP process.
Indicators And Targets	• Concept development completed by July 2005. • Begin to implement projects from Campus Redevelopment Plan by Q2

4.3.18 MAGNET HOSPITAL

Hutt Valley DHB 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 2004/05?

- A "Go-Magnet Workshop" was held in May 2004 to share the Hutt Valley DHB experience in aspiring to Magnet Recognition, and to establish networking with like-minded organisations in order to be mutually supportive. Positive feedback was received from the 37 participants (including 10 from Australia).

- Promotion activities have included the Hutt Valley DHB website with Magnet now visible on both the Internet and Intranet sites, presentation of Magnet to orientation and core training, local newspaper articles and internal communications.

- Magnet Champions and Quality Representatives were also brought together following the accreditation visit, to become the new team of Quality Champions.

This move will also achieve greater integration of quality improvement activities with the Magnet programme.

- An "Area Brief Communiqués" has been established in each service to provide updates to new and current staff on key activities of the particular unit.

- The Quality Indicator Working Party was established in August 2004 with beginning reporting of indicators required for Magnet recognition established. These will be available on the Intranet in 2005.

- The resignation of the Director of Nursing in December 2004 has lead to an extension of the timeframe for the Magnet application and survey process. This is due to the mandatory requirement for the Director of Nursing to be in their position for at least one year prior to application for Magnet accreditation.

What Is Planned For 2005/06?

- Following the appointment of a new Director of Nursing, timeframes will be re-established to guide the project towards a successful Magnet Appraiser visit.

- Quality Indicators will be collated and reported quarterly to monitor progress of patient outcomes against the Magnet Forces.

- Nursing Excellence Breakfasts will be held monthly. These are intended to be an opportunity to discuss plans and issues, strengths and weaknesses regarding the achievement of Magnet recognition in particular, and nursing excellence in general.

Annual Objective 34	**Magnet Recognition Programme** (Cross Reference to Strategic Area 16)
Approach	Participate in the Magnet Recognition Programme and gain formal recognition of having improved patient care and outcomes by achieving Magnet Status.
Milestones	• Timeframes confirmed by nursing leadership for achievement of Magnet Status. • Quality Indicators developed and implemented with regular reports back to all services. • Nursing excellence is promoted at all levels of organisation with a key focus on nursing leadership. • Documentation to support Magnet application submitted to ANCC. • Site visit undertaken to assess Hutt Valley DHB against the Magnet Forces.
Risks and mitigation strategies	*Risks* • Lack of nursing leadership to direct and support of Magnet. • Timeframes slip due to staff changes. *Mitigation* • Positive nursing leadership will reflect Magnet

	Principles. • Appointment of Director of Nursing.
Indicators And Targets	• Timeframes re-established for Magnet Appraiser Visit: Q1 • Quality Indicator Reports: Quarterly • Documentation submitted to ANCC: Q4 • Site visit by ANCC appraisers: Q4

4.3.19 Regional And National Health Emergency Planning

Hutt Valley DHB is committed to the Ministry of Health's National Emergency Planning process which has seen the release of The National Health Emergency Plan: Infectious Diseases in 2004. The Plan describes the co-ordination and communication structures to be used in future health related emergencies. We will continue to work with the Ministry of Health in implementing both this plan and others due for release in 2005.

What Progress Was Made In 2004/05?

Hutt Valley DHB participated in the MoH led health emergency capability and capacity survey of all DHBs and has actively participated in developing the Ministry of Health's "National Health Emergency Plan". Staff also contributed to "The National Health Emergency Plan: Infectious Diseases" which is the first in a series of plans being developed by the Ministry of Health. A steering group representing all parts of Hutt Valley DHB has been established to report to management on implementation of Hutt Valley DHB's responsibilities under this plan.

The Emergency Management Coordinator and Regional Public Health staff participated in a Regional Planning Group that has resulted in a draft regional emergency plan being developed (covering DHBs in the lower North Island). This draft plan will form the basis of ongoing collaboration on a regional and national basis for 2005/06.

Regional Public Health completed a project assessing the feasibility of setting up community assessment centres for illnesses such as SARS and Avian flu. This project determined that such centres are feasible and is developing the resources and plans needed to establish a centre. The results from the project have been provided to the Ministry of Health and have been presented to primary care providers.

What Is Planned For 2005/06?

The group set up to address Hutt Valley DHB's compliance with The National Health Emergency Plan: Infectious Diseases (as referred above) will finalise their work plan in 2005/06. We expect other Ministry of Health emergency plans will be released up until the end of 2005 and steering groups to oversee compliance with these will be established as the plans become available.

Hutt Valley DHB is committed to ensuring collaboration between the central region DHBs is strengthened throughout 2005/06 by increased involvement in regional and national health emergency planning.

The Emergency Management steering group will oversee a primary health care project which will involve an initial assessment of the emergency preparedness in this sector, followed by a project plan detailing how the DHB will assist the sector to establish emergency plans.

Exercises to test the various plans will be carried out on a local and regional basis and in conjunction with any Ministry of Health responses.

Annual Objective 35	**Develop Emergency Plans With Regional And Primary Health Collaboration**
Approach	• Review the National Health Emergency Plans as they are developed by the Ministry of Health and ensure district planning is fully compatible. • Develop a regional Emergency Plan through active collaboration with the central region DHBs to meet the Ministry of Health's expectations of regional planning and response. • Review emergency preparedness in primary health sector and support primary health providers in their emergency preparedness planning.
Milestones	• Develop Action plan to address requirements of NHEPID byQ2. • Complete a regional DHB Emergency Management plan by Q4 • Development of primary health care project plan following initial assessment of emergency preparedness in this sector, by Q3. • Progress report on plan by Q4. • Exercise undertaken to review effectiveness of plans, in 2006/07.
Risks And Mitigation Strategies	*Risks* • Hutt Valley DHB is unable to mount effective response to emergencies effecting the Hutt population. • Hutt Valley DHB is unable to carry its weight within a regional or national response. *Mitigation* • Hutt Valley DHB assesses its status against the National Health Emergency Plans currently being developed by the Ministry of Health and ensures plans within the organisation are in compliance. • The Hutt Valley DHB Emergency Management Plan will be tested. • Hutt Valley DHB engages fully in regional DHB emergency planning and response activities.

	• Hutt Valley DHB emergency planning function extended to include primary care sector
Indicators And Targets	• Meeting minutes and correspondence show active Hutt Valley DHB staff involvement in progressing regional DHB emergency planning. • Regional DHB plan developed. • Funding and Planning records show improved primary health care provider compliance with contractual requirements to have emergency planning in place.

5. POPULATION

5.1 HUTT VALLEY DHB OVERVIEW

5.1.1 Organisational Structure

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

5.1.2 Population Profile

A range of demographic and health status information on the Hutt Valley can be found in the Hutt Valley DHB District Strategic Plan and DAP 2004/05. Additional information is included in 2002 Service Plans and Fact Sheets which are also available from the Hutt Valley DHB 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 we are currently updating the 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.

5.2 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.

5.2.1 Service Coverage and 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 CSC 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 2005/06:

- 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.

5.3 DECISION MAKING AND PRIORITISING

5.3.1 Decision Making Principles

The principles of the Hutt Valley DHB Decision-Making Framework are listed below.

Effectiveness

Hutt Valley DHB 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 Hutt Valley DHB 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

Hutt Valley DHB 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, Hutt Valley DHB 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, Hutt Valley DHB 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 Hutt Valley DHB'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

Hutt Valley DHB 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

Hutt Valley DHB 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, Hutt Valley DHB acknowledges the requirement to encourage 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 Hutt Valley DHB will give priority to services targeting, or provided by, Maori, all other things being equal.

Hutt Valley DHB 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.

5.3.2 Administration Of Funding Agreements With PROVIDERS

Operational Management

Planning and Funding staff administers funding Agreements. A key relationship (portfolio) manager is 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 either the General Manager Funding and Planning or portfolio manager concerned and will be fully documented.

5.3.3 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.

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 contracted through TAS. Following a review of the TAS audit programme 2002/2005, Central Region DHBs have agreed to reorient the current NGO audit programme from a purely compliance audit programme to a more quality improvement focussed programme (cross reference to Annual Objective 28). DHBs will still be able to request pure contractual compliance audits through the revamped programme.

The new audit programme will be in place from 1 July 2005 (subject to a business case accepted by Regional DHBs in March/April 2005) and delivered through TAS. Hutt Valley DHB will develop an Audit Schedule for NGO providers for the 2005/06 year once we are clearer on the details of the new audit programme (business case to be finalised in April 2005).

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.

5.3.4 Service Change

The following reviews are being conducted in the 2005/06 year, all of which may result in service reconfiguration to a greater or lesser extent.

- Regional Mental Health services delivered to Hutt Valley population by other DHBs (and in particular Capital and Coast DHB and Whanganui District Health Boards)
- Reviews of pricing and configuration for services to delivered by other DHBs – including the School Dental Service
- Review of child/Whanau health services and assessment of duplication/gaps across service provision and alignment/rationalisation of services/funding
- Review of youth health services and assessment of duplication/gaps across service provision and alignment/rationalisation of services/funding
- Review of Hutt Valley DHB primary care funding and alignment/rationalisation in view of the additional $1.7 billion that the Government has put into primary care
- Review of purchasing strategies for a number of demand driven services including community referred radiology services, pharmaceuticals, and laboratory

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

5.4 COLLABORATION

Hutt Valley DHB will continue to build on its collaborative endeavours at inter-DHB, interagency and intersectoral levels (Cross Reference Strategic Area 2).

5.4.1 Inter Dhb – Central Region

There continues to be close collaboration within the Central region. This collaboration is seen as imperative amongst the six central region DHBs in order to:

- Avoid unnecessary duplication and make best use of skills and experience
- Recognise the significant mobility of the population in accessing services across district boundaries
- Recognise the interdependence of district and regional services
- Recognise the shared interests in many national projects

To that end, DHBs in the Central Region have jointly established the Central Region Technical Advisory Services Limited to provide and/or facilitate joint regional activity. TAS was established with Ministerial approval in 2001 as a limited liability company under the Companies Act 1993 and is jointly and equally owned by the six DHBs in the central region. Each DHB participates in its governance through the board structure.

The purpose of the Technical Advisory Services is to provide the central region's DHBs with expert advisory services through health information, service planning and external service audit functions to support local DHB decision-making. It does not have a mandate to make purchasing decisions. Technical Advisory Services also undertakes audit services for DHBs – reviewing and monitoring the contract performance of service providers, with the emphasis on quality and patient / community outcomes. Fee based Service Level Agreements have been developed between Technical Advisory Services and each DHB to agree the relative priority and detail of any other activities that may be undertaken for an individual DHB.

The following table summarises the various forums for regional planning, co-ordination and decision-making:

Role	Responsibility
CEOs/Chairs Forum	Responsible for providing links with DHBNZ, agreeing a regional work plan and resolving regional issues, meetings occur monthly
TAS Board - CEOs	Responsible for oversight and decision-making regarding the regional collaborative work programme, meetings occur monthly
GM, Planning and Funding forum	Responsible for: • Providing overall direction to the TAS work programme • Providing sponsorship of joint regional projects • Gaining approval from CEOs as required • Removing any local DHB impediments to project progress

	• Prioritising projects • Linking the regional work programme with the local DHB work programme • Linking the regional work programme with the national DHB work programme • Resource use Meetings occur fortnightly
Chief Operating Officers Forum	*Details to come*

Joint Projects

The Regional Forums above provide the vehicle for joint regional projects. Planning and Funding General Managers maintain a common Technical Advisory Services work programme with most projects supported through GM sponsorship and supported by either staff in Technical Advisory Services or specific staff within individual central region DHBs. A GM, Planning and Funding chairs the meetings.

Regional collaboration includes involvement in the following joint regional groups and projects:

- Referred Services Management
- Regional Capital Committee
- Provider audit programme
- Regional Mental Health Network
- Regional review and development of certain surgical services
- Regional laboratory services review
- Information Strategic Systems Planning
- Sharing of policies and workforce development opportunities
- Joint recruitment and retention initiatives
- Industrial relations, including MECA negotiations
- Regional Maori Health Directorate.
- Continuation of the Mental Health Network Support
- Review and implementation of a number of secondary/tertiary services including ENT, Urology and Plastics
- Outcome reviews and analysis of effectiveness evidence
- Investigation of inter-DHB infrastructure

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.

Other Central Region Collaborations

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 2005/06, should funding be made available for this work.

There are also a number of portfolio manager, Funding and Planning working groups which meet regularly to discuss local initiatives, regional planning, and provide support to each other with the various portfolio duties. These groups all feed into wider national groups. These groups include:

- Older Persons Regional Group

- Oral Health Group
- Pharmacy group
- Laboratory Group
- IDFs group.

Regional Mental Health Planning

DHBs are required to work regionally in the planning and funding of their mental health services (cross reference to Objective xx). In the Central region this is achieved through the Central Region Mental Health and Addictions Network. Hutt Valley DHB is an active participant in CRMHAN and has collaborated with the five other DHBs in the region, TAS, and stakeholder representatives from across the region to develop the current Regional Mental Health Plan. The Regional Mental Health Plan reports on the network's achievements to date, prior year expenditure of additional Blueprint funding, developments planned for 2005/06 and the proposed allocation of additional Blueprint funding in 2005/06. This DAP and the Regional Mental Health Plan for 2005/06 are aligned and consistent.

The Central Region Mental Health and Addictions Network 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. The Central Region Mental Health and Addictions Network 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
- Review of Regional Mental Health Specialty Services

The Central Region Mental Health and Addictions Network focus for 2005/06 will be on operational implementation of these plans, and initial planning for other areas such as mental health services for children and youth. This focus is reflected in Hutt Valley DHB and other DHBs' mental health plans and developments for the year ahead. In 2005/06 the Hutt Valley DHB will continue its contribution to the funding of CRMHAN infrastructure, and implement the following initiative as part of the co-ordinated region-wide implementation of recommendations from the Central Region Mental Health and Addictions Network review of Alcohol and Other Drug Services.

A copy of the Regional Mental Health Plan, project scopes and regular updates on project progress are available on the Central Region Technical Advisory Services website (www.centraltas.co.nz).

5.4.2 National DHB Collaboration

Hutt Valley DHB will continue to participate and support key DHB CEO projects during 2005/06.

The portfolio and key activity areas for 2005/06 are identified below:

Portfolio	Key Portfolio Activity – Focus for 2005/06
Service	• Continue to work jointly with the Ministry on implementation of

Improvement	the Primary Health Care Strategy. • Engage on the second Mental Health Plan and ensure workable implementation parameters for DHBs. • Further the objectives of the Health for Older People strategy by promoting joint activity between DHBs on continuum of care and home support services. • Deliver key project results in: PHO Performance Management
Workforce Development	• Participate in Health Workforce Information project, Leadership and Management Programme, and Health Sector Conferences. Continue to engage with Health Work Advisory Committee (HWAC) and the Ministry to achieve a greater alignment of HWAC activity, Ministry activity and the WAP. Continue to build the working relationship emerging with the Clinical Training Agency.
Employee Relations, Industrial Relations	• Continue to build capability in ER/IR within DHBNZ and in the sector including strategy, process, base information, forecasting, costing, negotiation process and project management. Tighten DHB collective process around negotiations, and develop ongoing strategy activity around workforce objectives as they translate to the ER/IR arena. • Develop discussion papers and a DHB sector position on key strategic issues arising from Workforce, ER/IR and the Bipartite forums.
Service Frameworks	• Deliver the National Benchmarking Programme including training of a group of DHB experts in use of the analysis and results. Deliver further streamlining of DHB accountability documents. Deliver ongoing savings from the insurance/risk initiative, and complete the asset management planning project. Bed in base capability around information (service specifications, counting, common costing), and gain value for DHBs from the activity on prioritisation tools. Progress a way to manage national services between DHBs, and consider development of service planning / analysis between DHBs and the Ministry.
Information	• Drive delivery of activity from information systems, standardise systems and investment (through the Health Information Standards Organisation and DHB CEO commitment).

Hutt Valley DHB 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).

We will also continue to support DHBNZ in its coordination and policy advocacy roles.

Population Based Funding & Inter-District Flows

As part of the move toward a population based funding approach, Hutt Valley DHB 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, Hutt Valley DHB is fully in line with Hutt Valley's share of the New Zealand population in 2005/06 (at equity). Moreover, in order to ensure that Hutt Valley residents receive services (when necessary) from out-of-district service providers, Hutt Valley DHB is currently looking to secure appropriate IDF arrangements with all other DHBs. It is likely that these will be in line with the national wash-up rules for IDFs. One project we anticipate completing in 2005/06 is securing agreement with other central region DHBs regarding arrangements for funding high cost, low volume treatments such as blood products. The cost of these products can be financially crippling to any DHB from year to year, and one proposal is for the establishment of a regional risk pool for high cost, low volume services.

5.4.3 Local Collaboration

Interagency

Hutt Valley DHB has begun to develop partnerships with NGO 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 continues to 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. We also continue to provide Information Services support to our primary care providers, as evidenced by our current work to introduce broadband access to PHOs and other IT initiatives. We will continue to look at expanding this aspect of corporate support for our NGOs as the year progresses.

Intersectoral

We are also working with the two Hutt Valley City Councils and the Greater Wellington Regional Council to establish a Hutt specific focus for intersectoral collaboration. Hutt Valley DHB is involved in the Wellington Leaders Group that includes the major Crown owned territorial authority and social service delivery organisations. We are also involved in the Hutt Valley Governance Group – a group of senior management representatives from key agencies and health providers in the Hutt Valley looking at ways to improve health, social and educational health outcomes for Hutt Valley residents.

Collaboration - Cooperative Arrangements

Hutt Valley DHB has entered into the following cooperative arrangements:

- Te Awakairangi Hauora Relationship Board Memorandum of Understanding
- The Wainuiomata Governance Pilot contract
- Heads of Agreement agreed between Wairarapa DHB and Hutt Valley DHB increasing the range of collaborative arrangements for staffing and provision of service jointly across the Masterton and Hutt Valley hospital sites.

- Provision of mental health bed days with Wairarapa DHB at their Masterton hospital site
- Working agreement with Schizophrenia Fellowship
- Memorandum of Understanding between Hutt Valley DHB Provider arm and all the Mental Health NGO providers
- Currently in discussion with Ministry of Social Development regarding a Memorandum of Understanding to work together on projects of interest.

5.3 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.

DHB Service	Description
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.
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, endoscopes procedures and specialist nurses who provide home visits and nurse led clinics in chronic disease management. The service also provides a regional rheumatology service 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.
Maternity Services	The Maternal Health Service has a modern Obstetric Unit that is women and family focussed. A multidisciplinary team comprising midwives, obstetricians, nurses, lactation consultant and support staff provide comprehensive antenatal, intrapartum and postnatal 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. The key goals for the service are to work with the community, be strategic in approach, focussed on outcomes and move towards a sustainable integrated model of care.
Children's Health	The Children's Health Service comprises 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.
Regional Public Health	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.
Mental Health	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 mental health, 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.
Screening	A regional service that provides BreastScreening services to the Greater Wellington Area and Wairarapa
Community Health	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.
	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 complementary 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 Hutt Valley and Capital and Coast DHBs. 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.
Clinical Support	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 roster 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.

6. MANAGING FINANCIAL RESOURCES

While the 2004/05 DAP projected a modest surplus for 2005/06, the funding envelope for 2005/06 will not enable Hutt Valley DHB to achieve that goal. Our position will be a surplus of $1,000 for 2005/06 and a small surplus in 2006/07 of $9,000, and a small surplus of $6,000 in 2007/08. Hutt Valley DHB has made considerable losses in the devolution process for Disability Support Services, with demand for these services outstripping the funding devolved to us in 2003.

Achieving the $1,000 surplus position will be difficult as already outlined in Section 2 and the DHB will be putting in a number of strategies to manage within that position. The key elements to achieve the financial forecast in 2005/06 are containing the cost pressures arising from employment agreement settlements, minimising price increases for various clinical consumable items, ensuring demand driven expenditure including the DSS contracts are contained within budget parameters, and for service/contracts consolidation and synergies where appropriate.

The revenue streams within the financial forecasts have been prepared using the information contained in the funding package for the 2005/06 and 2006/07 financial years. For the 2005/06 year an assumption of 3.3% revenue growth has been used to derive the revenue forecast.

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.

6.1 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 2 are included in Appendix 2 of this plan.

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

	2004/05 $000's	2005/06 $000's	2006/07 $000's	2007/08 $000's
Revenue				
Revenue	271,015	296,151	304,198	312,590
Interest Revenue	984	933	934	994
Total Revenue	**271,999**	**297,084**	**305,132**	**313,584**
Expenditure				
Provider Expenditure	(138,815)	(151,780)	(155,931)	(160,728)
Operating Expenditure	(118,116)	(130,184)	(132,590)	(135,001)
Depreciation	(7,018)	(7,156)	(8,657)	(9,904)
Interest	(1,242)	(1,223)	(1,205)	(1,205)
Capital Charge	(6,740)	(6,740)	(6,740)	(6,740)
Total Expenditure	**(271,931)**	**(297,083)**	**(305,123)**	**(313,578)**
Net Surplus/(Deficit)	**68**	**1**	**9**	**6**
Gain/(Loss) on Sale of Assets	-	-	-	-
Net Surplus/(Deficit)	**68**	**1**	**9**	**6**

6.1.2 Summary Of 2005/06 Operating Budget

The operating forecast for 2005/06 is a surplus of $1,000.

6.1.3 Funding Advice

Two Funding Package advices were received in December 2004 and February 2005 with an overall increase in price of 3.9% (including CPI and Demographjc increases). While this increase allows for inflationary cost pressures on consumable and infrastructure items, it does not cover the significant financial risks we are faced with around under 65 disability services, the risk around Income and Asset testing, and DSS expenditure.

[2] The required financial statements are the Statement of Financial Performance, Statement of Financial Position, Statements 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).

6.1.4 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 relating to 2004/05 will continue and have been included in the 2005/06 planning year; and
- Confirm an amount has been set aside as a price increase for NGOs and is included in the 2005/06 planning period.

Having completed the above steps we have identified that the Funder will operate with a surplus of $1,186,000 for the 2005/06 planning year.

6.1.5 Provider Financials

New service planning templates for the Provider arm were developed to determine the 2005/06 budgets. The provider has received an overall revenue increase of 5.9% (of which 3.9% is price). On top of that, additional funding has been made available to the provider to cover off the Nurse Pay settlement, Holidays Act impact and the impact of the implementation of FRS3.

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 ($1,236,000). It should be noted that with the move to Regional and National Multi Employer Collective Agreement (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 $496,000k.

The operational performance of the Provider Arm for 2005/06 is largely due to issues that have been experienced in both the 2003/04 and 2004/05 financial year and have ongoing cost implications for future years. The increase in FTEs is largely a result of contractual compliance requirements for our medical rosters over which we have little control and recruiting additional staff in the Emergency Department and General Medical Ward to cope with patient safety and quality issues. Other cost increases include clinical supplies costs, notably blood products.

HVDHB has been able to cover these costs in the 2003/04 year due to the disposal of surplus property that was not budgeted, and in 2004/05 due to a significant Funder surplus. However both these transactions were one-offs, and with the Funder position significantly worse than the previous 2 years due to DSS funding shortfalls and recalculation of the IDF base, the additional costs in the provider arm mentioned above have ongoing implications for this organisation.

6.2 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.

PROVIDER

- Revenue is based on the funding packages received in December 2004 and the updated package in February 2005;
- The impact of the collective employment agreement settlements has been factored in to the plan on the basis of regional/national agreements;
- Other costs have increased in line with the Consumer Price Index at 2%;
- The exchange rates utilised for the $USD and $AUD dollar are $0.72 and $0.90 respectively;
- Interest rates on term debt is fixed at 6.25% for the planning period;
- Interest income reflects the funding received one month in advance from the MOH and it is assumed this will continue for the planning period;
- The impact of the revaluation on capital charge at 11% has been factored into the Plan for both revenue and expenses.
- Capital expenditure projects and equipment will be funded from operating cash surplus;
- The number of inpatients will not be greater than current activity levels thereby not causing additional costs through unbudgeted bed days;
- The complexity and casemix will not significantly change from the current years trend thereby causing additional costs;
- FTE levels will be recruited to budgeted levels so there is no adverse impact on employment costs;
- 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;
- Revenue for 2006/07 is based on an assumption of a 3.09% increase on price and costs.

FUNDER

- Any additional contracts devolved from the Ministry of Health will be devolved with sufficient funding to cover the full cost of the contract;
- Personal Health demand driven expenditure will not exceed the budgeted increase of 2.6%;
- DSS demand driven expenditure will not increase from actual levels in 2004/05;
- The level of Pharmac rebates forecast in the 2004-05 financial year will continue.

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 the Ministry will continue to fund any additional costs associated with the revaluation of assets and resultant increased capital charge. 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 2.6%. If this does not occur then for every 1% adverse change this will impact adversely on our bottom line by approx $500,000k.

Employment Costs – We have assumed an increase in employment costs and a change of 1% will adversely impact on the bottom line by $496,000k.

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.

OUTYEARS 2006/07 TO 2007/08

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

2006-07

- 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 personal health demand driven expenditure has been based on a 1% decrease.

2007/08
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.

6.3 CAPITAL EXPENDITURE

In line with the Asset Management Plan, HVDHB plans to increase its' capital expenditure commitments over the planning period from expenditure in the 2004/05 year. It is anticipated that $41M will be spent over 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 three year planning period:

Hutt Valley District Health Board Capital Expenditure For the year ended 30 June			
	2005/06 $000's	2006/07 $000's	2007/08 $000's
Property	5,983	7,550	3,300
Computer Equipment	1,694	1,500	1,500
Clinical Equipment	3,878	1,989	4,555
Other Office Equipment	-	-	-
Plant & Equipment	197	200	200
Total Capital Expenditure	**11,752**	**11,239**	**9,555**

Principles

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

- The Capital expenditure spend is financially affordable and will improve the efficiency of HVDHB.
- All capital expenditure will be funded through current operational funding- no additional funding from debt or equity will be required.
- There are no assets that have been identified as being surplus to long term health service delivery needs.

6.4 EFFICIENCY INITIATIVES

The table below identifies efficiency initiatives that will impact on the 2005/06 planning period and have been incorporated into the annual plan. Failure to achieve these efficiencies will impact on the financial result for the DHB.

Efficiency Initiative	Comment	Savings / New Revenue $'000
Procurement Savings	Synergies achieved from syndicated procurement and other procurement initiatives	200
Risk Management Of Annual Leave	Senior management are required to ensure annual leave is continually monitored and taken.	300
Joint Initiative	Additional joint surgery to be undertaken	200

6.5 DISPOSAL OF LAND / ASSETS

When disposing of land, Hutt Valley DHB will abide by the appropriate statutes and be guided by appropriate business property management principles. Hutt Valley DHB will not dispose of any estate or interest in any land without having first consulted with the Minister of Health. This consent will include compliance with the relevant

protection mechanism that addresses the Crowns' obligations under the Treaty of Waitangi and any process relating to the Crowns' good governance obligations in relation to Maori sites of significance.

6.6 ASSET VALUATION

Under the Crown Accounting policies we revalued our Land and Buildings using the Financial Reporting Standard (FRS3) in the 2003 financial year. This exercise has increased equity by $34M and has increased the capital charge element paid to the Crown. The financial statements for 2005/06 and the outyears have assumed that compensation will be received by HVDHB from the Crown for the additional capital charge. This element amounts to $3,7M.

6.7 BUSINESS CASES

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

6.8 DEBT AND EQUITY

The key banking covenant ratios and the budgeted ratios are shown in the table below. It can be seen that the budgeted ratios are well within the covenant ratios as required by the Crown Financing Authority (CFA) and there is scope for additional debt to fund major projects if required. The CFA is the key lender to HVDHB with current exposure being a $19M loan at a fixed rate of 6.25% out to December 2007. In addition, HVDHB has a working capital facility with BNZ of $6M if required.

Hutt Valley District Health Board
Covenant Ratios
As at 30 June

	2004/05 $000's	2005/06 $000's	2006/07 $000's	2007/08 $000's
Debt to Debt plus Equity *(Long term debt + Short term debt + Bank overdraft) / ((Long term debt + Short term debt + Bank overdraft) + Total Equity)*	23.0%	23.0%	23.0%	23.0%
Interest Times Coverage *(Net Surplus + Interest Expense + Depreciation) / (Interest Expense)*	6.71	6.85	8.19	9.22

7. MEASURING SUCCESS

This section identifies the key performance indicators chosen by the DHB to measure its performance in the 2005/06 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.

Hutt Valley DHB Key Performance Indicators (SOI Targets) for 2005/06

Output Class	DAP Objective	Measure	HVDHB SOI Targets for 2005/06	HVDHB SOI Targets for 2006/07	HVDHB SOI Targets for 2007/08
Fund	Develop and support Primary Health Organisations (PHOs) in the Hutt Valley	These indicators measure: Progress of PHOs towards improving the health of their enrolled populations with a specific focus on chronic disease management and financial management.	Actively participate in National projects aimed at the implementation of clinical performance indicators in PHOs. SER-01 Accessible and appropriate services in PHOs. Ratio of age-standardised rate of GP consultations per high need person compared to non-high need person. Targets to be agreed after baseline data becomes available.	Monitor clinical performance indicators in PHOs, and assist as required to improve health outcomes. SER-01 Accessible and appropriate services in PHOs. Ratio of age-standardised rate of GP consultations per high need person compared to non-high need person.	Monitor clinical performance indicators in PHOs, and assist as required to improve health outcomes. SER-01 Accessible and appropriate services in PHOs. Ratio of age-standardised rate of GP consultations per high need person compared to non-high need person.
Fund	Advance management of Referred Services	These indicators measure: How well the Funder is able to control the budget that has been allocated for pharmaceutical and laboratory costs.	Progress towards a public tender and evaluation process which considers options for greater integration in the provision of laboratory services.	Dependent on outcome of tender process.	Dependent on outcome of tender process.

Provider	Implement Government Policy relating to Elective Services	These indicators measure: The effectiveness of the DHB in providing elective services	Maintain surgical volumes at levels equal to or greater than in 2004/05. Achieve compliance with Elective Services Patient Flow Indicators by 30 June 2006, subject to theatre capacity.	Maintain surgical volumes at levels equal to or greater than in 2004/05. Maintain compliance with Elective Services Patient Flow Indicators, subject to theatre capacity.	Maintain surgical volumes at levels equal to or greater than in 2004/05. Maintain compliance with Elective Services Patient Flow Indicators, subject to theatre capacity.
Fund & Provider	Improve childhood immunisation rate	These indicators measure: In relation to the Meningococcal Vaccination Programme (MeNZB) The success of both Funder (as manager of the overall campaign) and Provider (as the provider of the school-based component of the MeNZB programme)	RIS-03 Progress towards the target of 90% of 6 month to 5 year old children receive 3rd dose of MeNZB vaccine. Progress towards 90% of school-enrolled children receive 3rd dose of MeNZB vaccine.	POP-12 Progress towards the national target of 95% of two year olds fully immunised, with rates of NIR Immunisation coverage at 6, and 12 months of age.	POP-12 Progress towards the national target of 95% of two year olds fully immunised, with rates of NIR Immunisation coverage at 6, 12, 18 and 24 months of age.

Output Class	DAP Objective	Measure	HVDHB SOI Targets for 2005/06	HVDHB SOI Targets for 2006/07	HVDHB SOI Targets for 2007/08
Fund	Develop and support Primary Health Organisations (PHOs) in the Hutt Valley	These indicators measure: Progress of PHOs towards improving the health of their enrolled populations with a specific focus on chronic disease management and financial management.	Actively participate in National projects aimed at the implementation of clinical performance indicators in PHOs. SER-01 Accessible and appropriate services in PHOs. Ratio of age-standardised rate of GP consultations per high need person compared to non-high need person. Targets to be agreed after baseline data becomes available.	Monitor clinical performance indicators in PHOs, and assist as required to improve health outcomes. SER-01 Accessible and appropriate services in PHOs. Ratio of age-standardised rate of GP consultations per high need person compared to non-high need person.	Monitor clinical performance indicators in PHOs, and assist as required to improve health outcomes. SER-01 Accessible and appropriate services in PHOs. Ratio of age-standardised rate of GP consultations per high need person compared to non-high need person.
Fund	Advance management of Referred Services	These indicators measure: How well the Funder is able to control the budget that has been allocated for pharmaceutical and laboratory costs.	Progress towards a public tender and evaluation process which considers options for greater integration in the provision of laboratory services.	Dependent on outcome of tender process.	Dependent on outcome of tender process.
Provider	Implement Government Policy relating to Elective Services	These indicators measure: The effectiveness of the DHB in providing elective services	Maintain surgical volumes at levels equal to or greater than in 2004/05. Achieve compliance with Elective Services Patient Flow Indicators by 30 June	Maintain surgical volumes at levels equal to or greater than in 2004/05. Maintain compliance with Elective Services Patient Flow Indicators, subject to	Maintain surgical volumes at levels equal to or greater than in 2004/05. Maintain compliance with Elective Services Patient Flow Indicators, subject to

			2006, subject to theatre capacity.	theatre capacity.	theatre capacity.
Fund & Provider	Improve childhood immunisation rate	These indicators measure: In relation to the Meningococcal Vaccination Programme (MeNZB) The success of both Funder (as manager of the overall campaign) and Provider (as the provider of the school-based component of the MeNZB programme)	RIS-03 Progress towards the target of 90% of 6 month to 5 year old children receive 3rd dose of MeNZB vaccine. Progress towards 90% of school-enrolled children receive 3rd dose of MeNZB vaccine.	POP-12 Progress towards the national target of 95% of two year olds fully immunised, with rates of NIR Immunisation coverage at 6, and 12 months of age.	POP-12 Progress towards the national target of 95% of two year olds fully immunised, with rates of NIR Immunisation coverage at 6, 12, 18 and 24 months of age.

8. REFERENCES

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

1. Pacific Health Action Plan
2. Maori Health Strategic Plan
3. Wellington Regional Public Health Strategic Plan
4. Older Persons' Plan
5. Hutt Valley DHB Referred Services Workplan
6. Primary Nursing Business Plan (2002-2005)
7. Regional Mental Health Plan
8. Quality/Risk Plan
9. Asset Management Plan
10. Integrated Campus Plan (currently under development)
11. Consultation Policy
12. Five Year District Strategic Plan
13. MeNZB Project Implementation plan
14. National Immunisation Register Project Implementation Plan
15. 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

9. 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 2005/06
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
10. Hutt Valley DHB Funding For New Mental Health Service Initiatives In 2005/06

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

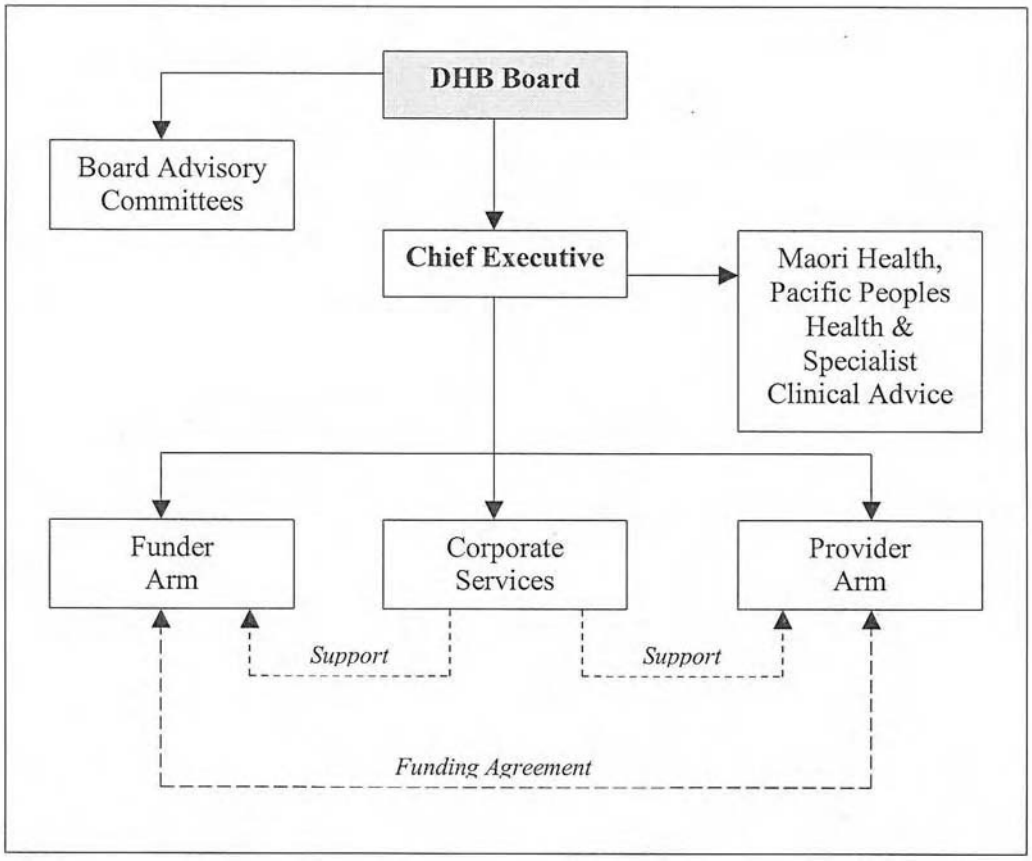
Monitors, advises and provides recommendations to the Board on the financial and operational performance of the services provided by the Provider Arm of the DHB.

Finance, 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

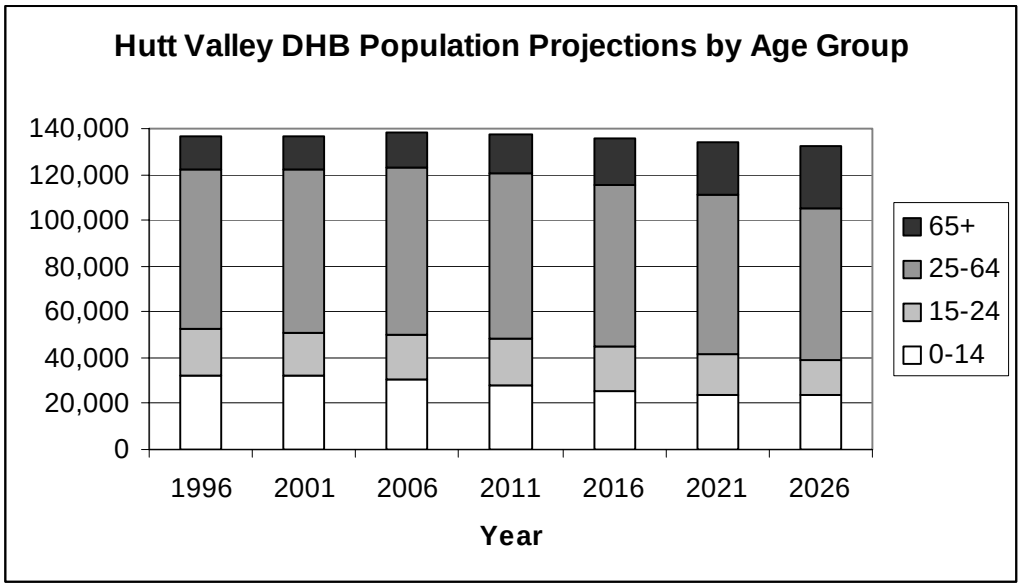
A variety of Hutt Valley Health Profile Information has been previously published in our District Strategic Plan 2002-2007 and previous District Annual Plans and Annual reports. These and other sources of information (e.g. Service Plans, Maps, Populations and Fact sheets) on the population and health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

The current Hutt Valley population is around 138,000 people. 16% of the population are Maori and 7% are Pacific peoples, slightly above the New Zealand average. Around 100,000 people live within Lower Hutt and 38,000 in Upper Hutt. Upper Hutt has lower percentages of Maori and Pacific peoples than Lower Hutt. The Maori and Pacific peoples populations both have an age structure that is younger than other ethnicities with around half aged under 25 years.

Hutt Valley DHB Projected Population 2005 by Age and Ethnicity

	# Maori	# Pacific	# Other	# Total	% Maori	% Pacific	% Other
Children 0-14 Years	8,090	3,160	20,130	31,380	26%	10%	64%
Youth 15-24 Years	3,970	1,900	13,300	19,170	21%	10%	69%
Adults 25-64 Years	9,960	4,810	57,510	72,280	14%	7%	80%
Older Persons 65+ Years	520	320	14,490	15,330	3%	2%	95%
All Ages	22,540	10,190	105,430	138,160	16%	7%	76%

Based on Statistics New Zealand medium population projections, the Hutt Valley population is expected to decrease slowly over the next 20 years to around 132,000 people. This will be mainly driven by decreasing numbers of children and youth, which are not compensating for the increased numbers of elderly people as the population ages. However high and low projections indicate that it is possible that the population could grow to as high as 150,000 people or shrink to as low as 120,000. The Upper Hutt population is more likely to decrease than the Lower Hutt population.



Whatever population projections are used, the percentage of Maori and Pacific people are expected to increase to around 21% and 10% respectively of the total Hutt population by 2021.

There are an estimated 23,000 Hutt Valley residents with some form of disability and around 15,000 of these are aged under 65 Years. 95% of disabled people live in the community with only 13% of older disabled people in residential care and less than 1% of disabled persons under the age of 65 live in residential care.

APPENDIX 3 - IDF TARGETS FOR 2005/06

Population Based funding & Inter-District Flows

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

Approximately 29% of hospital admissions, for Hutt Valley residents, are to Wellington hospital and approximately 3% 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 NGO contracts, for both personal and mental health services, and this generates a number of inward funding flows from other DHBs.

Hutt Valley DHB has agreed 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. Due to better counting the flows to Capital and Coast DHB have increased markedly by $3.3M, as well as the flow to Whanganui for Mental Health services.

	Flow to	Flow From	Net Flow
Auckland	2,965	421	(2,544)
Bay of Plenty	81	142	61
Canterbury	1,090	547	(543)
Capital and Coast	42,776	22,152	(20,624)
Counties Manukau	501	276	(225)
Hawkes Bay	297	1,954	1,657
Lakes	87	89	2
MidCentral	450	3,293	2,843
Nelson Marlborough	111	695	584
Northland	38	66	28
Otago	649	85	(564)
South Canterbury	12	29	17
Southland	17	59	42
Tairawhiti	47	168	121
Taranaki	47	231	184
Waikato	869	465	(404)
Wairarapa	189	2,913	2,724
Waitemata	131	326	195
West Coast	11	13	2
Whanganui	1,162	1,010	(152)
	51,531	**34,935**	**(16,596)**

APPENDIX 4 - SERVICE LEVEL AGREEMENT

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	914,852	1	914,852	0%
ADJ107	Cost of Capital Adjustment	Adjuster	non-IDF	5,987,505	1	5,987,505	0%
ADJ111	Offer Adjuster	Adjuster	non-IDF	5,973,178	1	5,973,178	0%
						12,875,535	

Hospital Specific

Purchase Unit Code	Purchase Unit Description	Unit of Measure	IDF Class	Unit Price	Contract Volume	Total Amount	Volume Variance
HS0011	Administration of dental benefit	Service	non-IDF	2	10,000	23,182	0%
HS0012	PI Health Programmes	Service	non-IDF	158,409	1	158,409	0%
HS0037	Service Integration and Health Information Projects	Service	non-IDF	426,071	1	426,071	0%
HS0075	Cleft Palate Programme	Service	non-IDF	113,634	1	113,634	0%
						721,296	

Personal

Purchase Unit Code	Purchase Unit Description	Unit of Measure	IDF Class	Unit Price	Contract Volume	Total Amount	Volume Variance
AH01001	Dietetics	Contacts	non-IDF	29	4,687	138,250	24%
MS01001	Nurse Led Outpatient Clinics	Attendances	non-IDF	25	4,507	110,634	1%
AH01003	Occupational Therapy	Contacts	non-IDF	29	4,545	134,061	-21%

Purchase Unit Code	Purchase Unit Description	Unit of Measure	IDF Class	Unit Price	Contract Volume	Total Amount	Volume Variance
AH01005	Physiotherapy	Contacts	non-IDF	25	13,746	342,745	-7%
AH01007	Social Work	Contacts	non-IDF	29	1,540	45,424	-7%
AH01006	Podiatry	Contacts	non-IDF	29	3,039	89,640	3%
AH01008	Speech Therapy	Contacts	non-IDF	29	391	11,533	-38%
C01011	Vision Hearing Screening	Tests	non-IDF	577,424	1	577,424	0%
C01013	Preschool Health Services	Clients (Eligible Children)	non-IDF	174,999	1	174,999	0%
C01014	School Health Services	Clients (Eligible Children)	non-IDF	1,168,102	1	1,168,102	0%
COOC0042	Ear Clinic	Service	non-IDF	210,920	1	210,920	0%
CS02001	Community Laboratory (Hospital)	Tests	non-IDF	21	1,797	37,699	0%
CS04001	Community referred tests - cardiology	Tests	non-IDF	115	769	88,338	18%
CS04003	Community referred tests - audiology	Tests	non-IDF	36	1,045	38,061	-13%
CS04008	Community referred tests - respiratory	Tests	non-IDF	104	121	12,585	20%
D01001	Inpatient Dental treatment	Cost Weighted Discharges	IDF - acute	2,949	9	27,368	0%
D01001	Inpatient Dental treatment	Cost Weighted Discharges	IDF - elective	2,949	1	1,828	0%
D01001	Inpatient Dental treatment	Cost Weighted Discharges	non-IDF	2,949	50	147,455	-63%
D01002	Outpatient Dental treatment	Attendances	non-IDF	153	9,557	1,461,530	0%
D01003	School dental services	Clients	IDF - elective	101	21,500	2,179,249	0%
D01003	School dental services	Clients	non-IDF	73	33,841	2,462,359	-39%
D01008	Low income adults	Clients	non-IDF	144,620	1	144,620	0%

Purchase Unit Code	Purchase Unit Description	Unit of Measure	IDF Class	Unit Price	Contract Volume	Total Amount	Volume Variance
D01009	Oral Health Regional Co-ordination Services	Clients	non-IDF	264,835	1	264,835	0%
D01011	Dental Education Service to Pregnant women, preschoolers and caregivers	Treatments	non-IDF	129,684	1	129,684	0%
D01013	Dental Projects	Service	non-IDF	59,725	1	59,725	0%
DOM101	Community Services - professional services	services covered by other purchase units.2.	non-IDF	41	29,000	1,190,537	10%
DOM102	Community Services - home oxygen	Clients	non-IDF	338,714	1	338,714	0%
DOM103	Community Services - stomal service	Clients	non-IDF	503,463	1	503,463	0%
DOM104	Community Services - continence service	Clients	non-IDF	486,912	1	486,912	0%
DOM105	Community Services - Home help	Hours	non-IDF	15	4,345	63,526	0%
DOM106	Community Services - meals on wheels	Meals	non-IDF	4	43,994	174,551	0%
DOM107	Community Services - personal care	Hours	non-IDF	12	479	5,808	-5%
ED04001	Emergency Dept - Level 4	Attendances	non-IDF	149	32,936	4,923,524	9%
ED08001	Emergency Care Co-ordination	Service	non-IDF	45,228	1	45,228	0%
M00001	General Internal Medical Services - Inpatient Services (DRGs)	Cost weighted discharges	IDF - acute	2,949	228	672,578	25%
M00001	General Internal Medical Services - Inpatient	Cost weighted discharges	IDF - elective	2,949	0	942	-76%

Purchase Unit Code	Purchase Unit Description	Unit of Measure	IDF Class	Unit Price	Contract Volume	Total Amount	Volume Variance
	Services (DRGs)						
M00001	General Internal Medical Services - Inpatient Services (DRGs)	Cost weighted discharges	non-IDF	2,949	3,267	9,636,011	-3%
M00002	General Medicine - 1st attendance	Attendances	non-IDF	203	380	77,390	-2%
M00003	General Medicine - Subsequent attendance	Attendances	non-IDF	129	503	64,902	-3%
M00004	Adult Acute Assessments	Attendances	non-IDF	599	1,100	659,165	0%
M00008	Models of Care	Service	non-IDF	83,079	1	83,079	0%
M10001	Cardiology - Inpatient Services (DRGs)	Cost weighted discharges	IDF - acute	2,949	79	233,182	-25%
M10001	Cardiology - Inpatient Services (DRGs)	Cost weighted discharges	IDF - elective	2,949	1	2,830	-34%
M10001	Cardiology - Inpatient Services (DRGs)	Cost weighted discharges	non-IDF	2,949	1,422	4,194,084	0%
M10002	Cardiology - 1st attendance	Attendances	non-IDF	201	846	169,747	8%
M10003	Cardiology - Subsequent attendance	Attendances	non-IDF	133	1,984	263,728	3%
M10004	Cardiac Education and Management	Clients	non-IDF	98	947	92,640	-5%
M10009	Cardio-vascular models of care	Service	non-IDF	116,528	1	116,528	0%
M15002	Dermatology - 1st attendance	Attendances	non-IDF	161	442	70,952	-2%
M15003	Dermatology - Subsequent attendance	Attendances	non-IDF	109	366	39,933	0%
M15004	Dermatology - UV Treatment	Treatment	non-IDF	31	1,319	41,365	-3%
M20002	Endocrinology - 1st attendance	Attendances	non-IDF	233	111	25,892	-8%
M20003	Endocrinology - Subsequent attendance	Attendances	non-IDF	138	225	31,004	2%

Purchase Unit Code	Purchase Unit Description	Unit of Measure	IDF Class	Unit Price	Contract Volume	Total Amount	Volume Variance
M20004	Diabetes - 1st attendance	Attendances	non-IDF	183	209	38,268	8%
M20005	Diabetes - Subsequent attendance	Attendances	non-IDF	138	1,170	161,398	-2%
M20006	Diabetes Education and Management	Clients	non-IDF	173	2,031	351,499	-1%
M25001	Gastroenterology - Inpatient Services (DRGs)	Cost weighted discharges	IDF - acute	2,949	7	19,825	97%
M25001	Gastroenterology - Inpatient Services (DRGs)	Cost weighted discharges	IDF - elective	2,949	1	3,923	-72%
M25001	Gastroenterology - Inpatient Services (DRGs)	Cost weighted discharges	non-IDF	2,949	40	117,964	-35%
M25002	Gastroenterology - 1st attendance	Attendances	non-IDF	270	407	109,740	-4%
M25003	Gastroenterology - Subsequent attendance	Attendances	non-IDF	113	768	86,677	-4%
M25004	Gastroenterology - ERCP	Procedures	non-IDF	893	82	73,218	28%
M25005	Gastroenterology - Colonoscopy	Procedures	non-IDF	679	724	491,399	42%
M25006	Gastroenterology - Gastroscopy	Procedures	non-IDF	447	742	331,871	1%
M55001	Paediatric Medical Service (Inpatient)	Cost Weighted Discharges	IDF - acute	2,949	69	203,733	12%
M55001	Paediatric Medical Service (Inpatient)	Cost Weighted Discharges	IDF - elective	2,949	1	2,907	0%
M55001	Paediatric Medical Service (Inpatient)	Cost Weighted Discharges	non-IDF	2,949	796	2,348,865	6%
M55002	Paediatric Medical Outpatient - 1st attendance	Attendances	non-IDF	188	803	151,240	5%
M55003	Paediatric Medical Outpatient - Subsequent attendance	Attendances	non-IDF	127	3,298	420,022	0%
M55004	Paediatric Acute	Attendances	non-				0%

Purchase Unit Code	Purchase Unit Description	Unit of Measure	IDF Class	Unit Price	Contract Volume	Total Amount	Volume Variance
	Assessments		IDF	599	1,350	808,975	
M55005	Paediatric community programme	Service	non-IDF	100,046	1	100,046	0%
M65002	Respiratory - 1st attendance	Attendances	non-IDF	261	337	87,905	15%
M65003	Respiratory - Subsequent attendance	Attendances	non-IDF	168	565	94,944	7%
M65004	Respiratory Education and Management	Clients	non-IDF	102	541	54,993	17%
M65005	Respiratory - Bronchoscopy	Procedures	non-IDF	445	10	4,452	100%
M65012	COPD Pilot	Service	non-IDF	105,934	1	105,934	0%
M70001	Rheumatology (incl Immunology) - Inpatient Services (DRGs)	Cost weighted discharges	IDF - acute	2,949	16	46,196	74%
M70001	Rheumatology (incl Immunology) - Inpatient Services (DRGs)	Cost weighted discharges	IDF - elective	2,949	208	614,882	-10%
M70001	Rheumatology (incl Immunology) - Inpatient Services (DRGs)	Cost weighted discharges	non-IDF	2,949	170	501,346	0%
M70002	Rheumatology (incl immunology) - 1st attendance	Attendances	non-IDF	297	950	282,366	-1%
M70003	Rheumatology (incl immunology) - Subsequent attendance	Attendances	non-IDF	174	3,452	601,740	6%
OT01001	Blood & Blood Products to Private Hospitals and primary providers	Service	non-IDF	49,584	1	49,584	0%
OT02001	Coroner Deaths not requiring	Case	non-IDF	42	34	1,426	0%

Purchase Unit Code	Purchase Unit Description	Unit of Measure	IDF Class	Unit Price	Contract Volume	Total Amount	Volume Variance
	Post Mortem						
S00001	General Surgery - Inpatient Services (DRGs)	Cost weighted discharges	IDF - acute	2,949	108	319,514	2%
S00001	General Surgery - Inpatient Services (DRGs)	Cost weighted discharges	IDF - elective	2,949	144	424,099	-5%
S00001	General Surgery - Inpatient Services (DRGs)	Cost weighted discharges	non-IDF	2,949	1,975	5,825,635	8%
S00006	General Surgery (excl vascular surgery) - 1st attendance	Attendances	non-IDF	174	1,363	237,595	-24%
S00007	General Surgery (excl vascular surgery) - Subsequent attendance	Attendances	non-IDF	94	2,850	268,058	-2%
S00008	Minor Operations	Procedures	non-IDF	269	168	45,217	0%
S25001	Ear, Nose and Throat - Inpatient Services (DRGs)	Cost weighted discharges	IDF - acute	2,949	19	57,440	1869%
S25001	Ear, Nose and Throat - Inpatient Services (DRGs)	Cost weighted discharges	IDF - elective	2,949	77	225,663	160%
S25001	Ear, Nose and Throat - Inpatient Services (DRGs)	Cost weighted discharges	non-IDF	2,949	259	763,815	0%
S25002	Ear Nose and Throat - 1st attendance	Attendances	non-IDF	134	1,206	161,829	12%
S25003	Ear Nose and Throat - Subsequent attendance	Attendances	non-IDF	93	1,924	178,538	28%
S30001	Gynaecology - Inpatient Services (DRGs)	Cost weighted discharges	IDF - acute	2,949	15	45,105	-10%
S30001	Gynaecology - Inpatient Services (DRGs)	Cost weighted discharges	IDF - elective	2,949	50	145,999	8%
S30001	Gynaecology -	Cost	non-		666		106%

Purchase Unit Code	Purchase Unit Description	Unit of Measure	IDF Class	Unit Price	Contract Volume	Total Amount	Volume Variance
	Inpatient Services (DRGs)	weighted discharges	IDF	2,949		1,963,718	
S30002	Gynaecology - 1st attendance	Attendances	non-IDF	206	861	177,155	-22%
S30003	Gynaecology - Subsequent attendance	Attendances	non-IDF	169	1,299	219,063	-2%
S30006	Termination of Pregnancy	Procedures	non-IDF	833	5	4,164	-80%
S30008	Gynae Minor Procedure - High Cost	Procedures	non-IDF	484	100	48,437	43%
S45001	Orthopaedics - Inpatient Services (DRGs)	Cost weighted discharges	IDF - acute	2,949	143	421,363	-3%
S45001	Orthopaedics - Inpatient Services (DRGs)	Cost weighted discharges	IDF - elective	2,949	179	527,221	-7%
S45001	Orthopaedics - Inpatient Services (DRGs)	Cost weighted discharges	non-IDF	2,949	2,049	6,041,369	1%
S45002	Orthopaedics - 1st attendance	Attendances	non-IDF	260	859	222,989	6%
S45003	Orthopaedics - Subsequent attendance	Attendances	non-IDF	144	2,149	309,934	30%
S45004	Fracture Clinic - 1st attendance	Attendances	non-IDF	242	2,303	557,406	-10%
S45005	Fracture Clinic - Subsequent attendance	Attendances	non-IDF	123	5,678	697,825	-13%
S60001	Plastic & Burns - Inpatient Services (DRGs)	Cost weighted discharges	IDF - acute	2,949	1,326	3,911,952	23%
S60001	Plastic & Burns - Inpatient Services (DRGs)	Cost weighted discharges	IDF - elective	2,949	1,196	3,528,036	10%
S60001	Plastic & Burns - Inpatient Services (DRGs)	Cost weighted discharges	non-IDF	2,949	897	2,644,061	3%
S60002	Plastics (incl Burns and Maxillofacial) - 1st attendance	Attendances	non-IDF	168	2,955	496,563	35%
S60003	Plastics (incl Burns and Maxillofacial) -	Attendances	non-IDF	189	7,613	1,441,713	4%

Purchase Unit Code	Purchase Unit Description	Unit of Measure	IDF Class	Unit Price	Contract Volume	Total Amount	Volume Variance
	Subsequent attendance						
S60004	Pulsed Dye Laser Treatment - Initial assessments	Assessments	non-IDF	156	61	9,531	74%
S60005	Pulsed Dye Laser Treatment - treatments	Treatment	non-IDF	2,890	105	303,499	25%
DSS214-D	AT&R Inpatient	Bed Day	non-IDF	395	6,236	2,462,993	-9%
DSS215-D	AT&R Outpatient Clinics	Attendances	non-IDF	143	1,500	213,979	0%
DSS216-D	AT&R Day Hospital and Day Programs	Attendances	non-IDF	165	1,600	263,409	0%
DSS217-D	AT&R Domiciliary Assessment and Education	Visits	non-IDF	147	1,737	255,557	9%
TR0101	Patient Travel & Accommodation Assistance	Service	non-IDF	250,000	1	250,000	0%
W01002	Pregnancy and Parenting Education	Courses	non-IDF	1,382	50	69,120	0%
W02003	Maternity Facility -Fee for labour and delivery 600+ births	Deliveries in facility	non-IDF	736	1,794	1,320,660	0%
W02006	Maternity Facility -Fee per postnatal 600+ births	Postnatal stays	non-IDF	1,104	1,479	1,633,140	-1%
W03001	Secondary Maternity	Deliveries in catchment area	non-IDF	1,134	1,900	2,154,711	0%
W06002	Neonatal home care	Service	non-IDF	100,046	1	100,046	0%
W06003	Specialist neonates	Cost Weighted Discharges	non-IDF	3,124	533	1,665,261	1%
W07006	Budget Hold S88 Obstetric Consultations	Service	non-IDF	221	850	187,571	0%
						85,335,570	

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	37,473	6	239,828	0%
MHCS01A	Community Alcohol & Drug Services (Other Clinical FTEs)	Other Clinical FTEs	non-IDF	86,428	5	432,138	0%
MHCS01B	Community Alcohol & Drug Services (Senior Medical Clinical FTEs)	Senior Medical Clinical FTEs	non-IDF	170,126	0	17,013	0%
MHCS02A	Kaupapa Maori Alcohol & Drug Services (Other Clinical FTEs)	Other Clinical FTEs	non-IDF	86,428	3	259,283	0%
MHCS03	Detoxification - Home/Community	Clinical FTEs	non-IDF	93,730	1	46,865	0%
MHCS06A	Community Mental Health Service (Other Clinical FTEs)	Other Clinical FTEs	non-IDF	90,376	42	3,831,935	0%
MHCS06B	Community Mental Health Service (Senior Medical FTEs)	Senior Medical Clinical FTEs	non-IDF	181,221	6	1,087,325	0%
MHCS07	General Hospital Liaison Service	Clinical FTEs	non-IDF	120,648	2	180,971	0%
MHCS08A	Children & Young People Community Services (Other Clinical FTEs)	Other Clinical FTEs	non-IDF	91,119	16	1,457,905	0%
MHCS08B	Children & Young People Community Services (Senior Medical FTEs)	Senior Medical Clinical FTEs	non-IDF	193,056	1	270,278	0%
MHCS18	Community Service - Older People	Clinical FTEs	non-IDF	105,934	1	105,934	0%
MHCS19	Kaupapa Maori Mental Health Services - Adult	Clinical FTEs	non-IDF	104,564	10	1,003,816	0%

Purchase Unit Code	Purchase Unit Description	Unit of Measure	IDF Class	Unit Price	Contract Volume	Total Amount	Volume Variance
	Community Teams (Clinical FTEs)						
MHCS21	Advocacy/Peer Support – Consumers	FTEs	non-IDF	65,743	1	65,743	0%
MHCS35A	Community Services for Pacific Islands People (Other Clinical FTEs)	Other Clinical FTEs	non-IDF	95,651	5	430,428	0%
MHCS39	Kaupapa Maori Mental Health Services - Tamariki and Rangatahi	FTEs	non-IDF	91,119	2	182,238	0%
MHCS47A	Child and Youth Intensive Clinical Support Service (Other Clinical FTE)	Other Clinical FTEs	non-IDF	88,970	3	266,910	0%
MHCS47B	Child and Youth Intensive Clinical Support Service (Senior Medical	Senior Medical FTEs	non-IDF	188,503	1	94,251	0%
MHCS48	Child and Youth Wrap Around Services	Programme	non-IDF	284,321	1	284,321	0%
MHIS01	Acute Inpatient Beds	Available bed days	non-IDF	457	5,822	2,659,958	0%
MHIS03	Clinical Rehabilitation/Sub-Acute/Extended Care Inpatient Beds	Available bed days	non-IDF	218	659	143,394	0%
MHIS07	Child and Youth Inpatient Beds	Available bed days	non-IDF	611	146	89,265	0%
MHIS09	Intensive Care Inpatient Beds	Available bed days	non-IDF	630	2,300	1,449,092	0%
MHRE01	Adult Planned Respite	Programme	non-IDF	72	730	52,815	0%
MHRE02	Adult Crisis Respite	Programme	non-IDF	264	1,211	319,957	0%
MHRE04	Child and Youth Planned Respite	Programme	non-IDF	117,955	2	225,293	0%
MHWD01	Workforce Development	Programme	non-IDF	44,742	1	44,742	0%

Purchase Unit Code	Purchase Unit Description	Unit of Measure	IDF Class	Unit Price	Contract Volume	Total Amount	Volume Variance
						15,241,699	

DID

Purchase Unit Code	Purchase Unit Description	Unit of Measure	IDF Class	Unit Price	Contract Volume	Total Amount	Volume Variance
DSS1004	Needs Assessment	Assessments	non-IDF	172	142	24,394	0%
DSS235	ATR Inpatient – Mental Health Services for Elderly	Bed days	non-IDF	471	1,327	625,190	40%
DSSR260	Accredited Equipment Assessment	Assessments	non-IDF	123	1,296	159,351	0%
						808,935	

APPENDIX 5 - CROWN FUNDING AGREEMENT – INDICATORS OF DHB PERFORMANCE

Crown Funding Agreement Indicators of DHB Performance 2005/06

Measure	Definition	Frequency	Targets, Expectations and Deliverables 2005/06
HKO-01	Local Iwi/Māori are engaged and participate in DHB decision-making and the development of strategies and plans for Māori health gain	Six monthly (Q2, Q4)	**Ongoing partnership model with local Iwi and Māori and the implementation of the Māori Health Plan.** **Associated Deliverables** DHBs to report providing the following information: 1. Provide a copy of the Memorandum of Understanding (MoU) between the DHB and its local Iwi/Mäori health relationship/ partner, and report achievements against key objectives in the MoU 2. A progress report that demonstrates how local Iwi/Mäori 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 Strategic Plan) • District Annual Plan (DAP) • Health Needs Assessment • Mäori Health Plan 3. Describe any specific initiatives achieved as an outcome of DHB engagement with their local Iwi/Mäori health relationships 4. Describe when Treaty of Waitangi training (including any facilitated by the Ministry of Health) has, or will, take place for Board members, and what percentage of Board members have undertaken the training 5. Describe achievements against key deliverables in the implementation of the DHB's Mäori Health (Strategic) Plan (or more detailed annual Mäori Health (Action) Plan) 6. The performance reports 1,2, and 3 and 5 above have been endorsed by the local Iwi/ Māori health relationships
HKO-02	Development of Māori Health Workforce and Māori Health	Six monthly (Q2, Q4)	**Implementation of the Māori Strategic Health Plan, including workforce and provider development.** **Associated deliverables** 1. Provide a copy of the DHB Mäori Health Workforce Plan (or agreed regional Maori

Measure	Definition	Frequency	Targets, Expectations and Deliverables 2005/06
	Providers		Workforce Plan), or the timeframe to complete the Plan 2. Achievements based on key deliverables in the DHB (or Regional) Mäori Workforce Plan, or if the Plan is being developed, describe at least 2 key DHB Mäori health workforce initiatives that the DHB has achieved 3. Report the number of (i) management (ii) clinical (iii) administrative and (iv) other FTEs held by Mäori out of the total numbers of (i) management, (ii) clinical, (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 Māori 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 Plan	Six monthly	**Implementation of the Pacific Health Action Plan** **Associated deliverables** Provide a report responding to the following key points: 1. Pacific child and youth health • what initiatives have been implemented and progressed to improve and protect the health of Pacific children (0-14 years)? • what initiatives have been implemented or progressed to improve the health of Pacific youth (15-25 years)? 2. Promoting Pacific healthy lifestyles and wellbeing • what initiatives have been implemented or progressed to encourage and support healthy lifestyles? 3. Pacific primary health care and preventative services • what initiatives have been implemented or progressed to ensure that there are locally available Pacific primary health providers that effectively meet the needs of their local Pacific communities? 4. a. The Pacific Health and Disability Workforce Development Plan • what initiatives have been implemented or progressed to develop a competent and qualified Pacific health and disability workforce that will meet the needs of Pacific peoples?

Measure	Definition	Frequency	Targets, Expectations and Deliverables 2005/06
			b. Pacific Provider Development • what initiatives have been implemented or progressed to develop and support Pacific health provider's capacity and capability to effectively deliver health services? 5. Promote participation of disabled Pacific peoples • what initiatives have been implemented or progressed 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 implemented or progressed 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 Action Plan** **Associated deliverables** Report outlining the following key points: • 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 • Give the number, purpose and outcomes of any community participation activities that have been conducted during the reporting period
RIH-01	Progress towards raising awareness of inequalities and refocusing planning and funding activities to address inequalities in health	Annually (Q3)	**To raise awareness and focus on inequalities** **Associated deliverables** Provide a description of (or reference to) the deliverable used to consider the DHB's population's health needs 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. DHBs are expected to describe how their analysis

Measure	Definition	Frequency	Targets, Expectations and Deliverables 2005/06
			and decisions change when they apply the Health Equity Assessment Tool and Reducing Inequalities Intervention Framework to new initiatives, to funding reviews and to service reviews
POP-01	Diabetes	Annually (Q3)	**To reduce the impact of diabetes** **Associated deliverables** **1.1 Diabetes Risk Reduction: Obesity** The number of Health promoting schools as a percentage of the total number of schools within the DHB (as part of the Healthy Eating Healthy Action). 1.2 Diabetes recognition and follow up To increase diabetes annual review rates as a percentage of expected prevalence rates. ***Targets*** Total – 77% Maori – 50% Pacific – 80% Other – 84% **1.3 Diabetes management** To increase the percentage of patients with diabetes type I or type II who's HBA1c blood tests are less than or equal to 8% ***Targets*** Total – 74% Maori – 60% Pacific – 50% Other – 80% **1.4 Diabetic retinopathy screening** To increase the percentage of patients with diabetes receiving retinal screening within the last two years. ***Targets*** Total – 80% Maori – 80%

Measure	Definition	Frequency	Targets, Expectations and Deliverables 2005/06
			Pacific – 80% Other – 80% %
POP-02	Cardiovascular disease	Annually (Q3)	**To reduce the impact of cardiovascular disease** **Associated Deliverables** 2.1 CVD risk reduction Are smoke free policies in place across the DHB (Y/N) 2.2 CVD recognition and follow up – primary care indicator The percentage of people in each target group who have had their 5 year absolute CVD risk recorded in the last five years. 2.3 CVD management – secondary care sector The percentage of people with a 5 year absolute CVD risk of 15% and above who have a CV management/care plan which includes patient specific goals and follows best practice guideline advice. 2.4 CVD services The percentage of people who have suffered a CVD event who attend a cardiac rehabilitation outpatient programme. Targets to be agreed after baseline data becomes available
POP-03	Stroke	Annually	**To reduce the impact of stroke** **Associated deliverables** **3.1 Stroke risk reduction** See POP-01 1.1 & POP-02 2.1 **3.2 Stroke risk recognition – primary health indicator** The percentage of people in each target group who have had their CVD/stroke risk recorded in the last five years. **3.3 Stroke management – secondary care indicator** The percentage of people who have suffered a stroke event who were admitted and discharged from hospital who have a management/care plan which includes patient specific goals and follows best practice guideline advice which specifically includes antiplatelet therapy and blood pressure lowering therapy. This may take the form of a stroke risk discharge template completed for each patient

Measure	Definition	Frequency	Targets, Expectations and Deliverables 2005/06
			3.4 Strokes services The percentage of people who have suffered a stroke event who have been admitted to organised stoke services and remain there for their entire hospital stay. Targets to be agreed after baseline data becomes available
POP-05	Oral Health - Percentage of children caries free at age five years	Annually (Q3)	**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)	**To reduce the average Decayed/Missing/Filled Teeth score for children at form 2** **Targets** Total – 0.8 Maori – 1.1 Pacific – 1.1 Other – 0.8
POP-07	Planning and implementing Family Violence Intervention Programmes	Six monthly	**To increase DHB responsiveness to reducing violence** **Associated deliverable** Develop a DHB Family Violence project plan and report on progress. As a minimum the plan should include actions and deliverables for 2005/6 on each of the 10 domains in the AUT violence audit where your DHB scored less than 50. Please indicate whether your DHB has any staff who have a role in leading intervention into child or partner abuse. An incident of family violence occurring in a clinical setting offers the opportunity to review the effectiveness of your current policy and procedures. Please indicate in your progress reports how/if your family violence policies and procedures have been reviewed or amended as a result of a family violence incident occurring in a clinical setting
POP-08	Improving the health status of people with severe	Quarterly	**To increase access to treatment and support services for people with severe mental illness.** ***Targets***

<table>
<tr><th>Measure</th><th>Definition</th><th>Frequency</th><th>Targets, Expectations and Deliverables 2005/06</th></tr>
<tr><td></td><td>mental illness</td><td></td><td>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 total births</td><td>Annually</td><td>To reduce rates of babies born 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 Hospital Initiative in maternity facilities</td><td>Annually (Q4)</td><td>To progress implementation of the BFHI.
Associated Deliverables
Report listing all maternity facilities in the DHB and the BFHI status of each facility. If not BFHI accredited 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 (Mäori, Pacific and other) of “hospital born” babies delivered in an accredited baby friendly hospital</td></tr>
<tr><td>POP-12</td><td>Progress towards the national target of 95% of two year olds fully</td><td>Quarterly</td><td>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</td></tr>
</table>

<table>
<tr><th>Measure</th><th>Definition</th><th>Frequency</th><th>Targets, Expectations and Deliverables 2005/06</th></tr>
<tr><td></td><td>immunised</td><td></td><td>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, including:
a) DHB NIR Enrolled Populations
b) Progress towards the national target & NIR Immunisation coverage at 6, 12, 18 and 24 months of age</td></tr>
<tr><td>POP-13</td><td>Ambulatory Sensitive Admissions - Children and Older People – Discharge rate per 1000 population</td><td>Six monthly (Q2, Q4)</td><td>To reduce admissions that are potentially preventable by appropriate primary care and to assist with planning to reduce disparities.
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 to be agreed after baseline data becomes available</td></tr>
<tr><td>POP-15</td><td>Implementing the Cancer Control Strategy</td><td>Six monthly (Q2, Q4)</td><td>To ensure the implementation of the Cancer Control Strategy
Associated deliverable
Report on the key areas of progress achieved against the DHB’s cancer control strategy implementation plan goals/areas for action:
1. Reduce the incidence of cancer through primary prevention.
2. Ensure effective screening and early detection to reduce cancer incidence and mortality.
3. Ensure effective diagnosis and treatment of cancer to reduce morbidity and mortality.
4. Improve the quality of life for those with cancer, their family and whanau through support,</td></tr>
</table>

Measure	Definition	Frequency	Targets, Expectations and Deliverables 2005/06
			rehabilitation, and palliative care. 5. Improve the delivery of services across the continuum of cancer control through effective planning, coordination and integration of resources and activity, monitoring and evaluation. 6. Improve the effectiveness of cancer control in New Zealand through research and evaluation
POP-16	Radiation oncology treatment waiting times	Quarterly	**To reduced waiting times for radiotherapy** **Associated deliverable** Each of the six cancer centre DHBs (Auckland, Waikato, Mid Central, Capital and Coast, Canterbury and Otago) provide a report updating on progress towards ensuring all patients receive oncology megavoltage radiation treatment according to nationally agreed standards. This report is to be agreed with all the peripheral DHBs whose populations have used the service during the quarter
SER-01	Accessible and appropriate services in Primary Health Organisations	Quarterly	**Progress is made towards improving access to appropriate primary health care services.** **Associated deliverable** Ratio of age-standardised rate of GP consultations per high need person compared to non-high need person. Targets to be agreed after baseline data becomes available
SER-02	Participation by Maori in decision-making in primary health	Six monthly (Q2, Q4)	**To increase Maori participation in decision-making within Primary Health.** **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	**Ongoing quality improvement in Elective Services** **Associated deliverable** Each DHB is expected to demonstrate that it is managing elective services and data quality requirements for the National Booking Reporting System (NBRS) by meeting the targets for the eight Elective Services Patient Flow Indicators and supplying accurate codes in their

Measure	Definition	Frequency	Targets, Expectations and Deliverables 2005/06
			NBRS extract files. In addition a reporting template will be provided for Orthopaedic Services. Targets to be agreed after baseline data becomes available
SER-05	Improving the responsiveness of mental health services	Six monthly (Q2, Q4)	**To improve the responsiveness of mental health services** **Associated deliverable** Provide a narrative report on: 1. How often are consumer surveys being undertaken and what changes have resulted from consumer feedback? 2. How would your DHB integrate the nationally consistent perception survey questions into current practice?
QUA-01	Quality Systems	Annually (Q3 parts 3,4,5, Q4 parts 1,2)	**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 (as specified in reporting tables), specifically in terms of: • The amount of audit activity initiated in the period

Measure	Definition	Frequency	Targets, Expectations and Deliverables 2005/06
			• The actions taken in response to audit findings completed in the period where the actions taken to address audit findings will not be completed within 3 months 4. The DHB provider arm demonstrates an organisational wide commitment to quality improvement and effective clinical audit by reporting 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 (as specified in the reporting template). • Personal health • Mental health. 5. DHBs to confirm that complete and timely information has been provided to: a. the following components of the Hospital Benchmarking Information (HBI): • patient satisfaction • blood stream infections b. 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 towards the development of information management and technology.** **Associated deliverable** DHBs to provide the following report to demonstrate the degree of progress being made and where targets are agreed, provide additional commentary to explain variances: 1. The number and percentages of clinical FTEs, by major clinical grouping, that has access to which clinical knowledge bases (such as Cochrane and Medline) 2. The number and percentages general practices using electronic decision support guidelines endorsed by the NZ Guidelines Group, particularly for cardio-vascular, diabetes and referrals 3. The volumes and percentages of discharges, broken down by service area, eg orthopaedic, mental health, using electronic messaging software to notify primary care providers of relevant patient details on hospital discharge. The electronic means used should be specified 4. The number and percentages of DHB funded referring practitioners electronically

Measure	Definition	Frequency	Targets, Expectations and Deliverables 2005/06
			generating laboratory order scripts, receiving laboratory results and electronically generating pharmaceutical scripts 5. On the extent to which DHBs have implemented and are complying with sector standards for security and privacy. This includes the Health Information Privacy Code 1994, the Health Network Code of Practice and any other related standards or practices formally agreed between the Ministry and DHBs
INV-02	Implementation of the workforce action plan	Quarterly (different parts each quarter)	**To implement a workforce action plan.** **Associated deliverable** DHBs to report providing the following information: 1. Supporting the implementation of HWIS 1.1 Quarter 2. DHBs to provide a brief progress report (70 words or less) assessing their achievement of HWIS timelines up to 31 December, and the likelihood they will achieve the final implementation deadline 1.2 Quarter 4. As above, to 30 June 2006 2. Maintaining and achieving healthy workplaces 2.1 Quarter 2. DHBs to complete the stocktake project as identified in the 04/05 WAP. The main conclusions (including, where applicable, any remedial action considered necessary) are to be described 2.2 Quarter 4. DHBs are to report briefly (70 words or less) on any remedial action or new initiatives implemented under Deliverable 2.1 in the period to 30 June 2006. The report should describe expected outcomes, and actual achievements, of the action. 3. New ways of working 3.1 Quarter 1. DHBs are to complete a review, or participate in a regional or national review, to assess what barriers may exist to the establishment of new roles in their organisations. The conclusions of the review are to be reported. 3.2 Quarter 3. DHBs are to implement, where practicable, cost-effective action to overcome, or endeavour to overcome, one or more of any barriers identified in 3.1. DHBs are report on action taken and results

Measure	Definition	Frequency	Targets, Expectations and Deliverables 2005/06
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** Report progress achieved during the quarter towards resolution of gaps in service coverage identified in the District Plan and not approved as long term exceptions, and any other gaps in service coverage identified by the DHB or Ministry through: • analysis of explanatory indicators • media reporting • risk reporting • formal audit outcomes • complaints mechanisms
RIS-02	DHBs will set targets to increase funding for Maori Health and Disability initiatives	Six monthly (Q2, Q4)	**To increase funding for Maori Health and Disability services.** **Associated deliverable** DHBs to provide a six-monthly template to the Ministry (not part of the monthly financial reporting template) including: • Actual expenditure on Maori Health Providers by GL code • Actual expenditure for Specific Maori Services provided within mainstream services targeted to improving Maori health by Purchase Unit (PU) • Total actual expenditure for Iwi / Mäori-led PHOs • Actual expenditure for Mainstream PHO services targeted to improving Maori health • Actual expenditure on DHB Maori Workforce or Provider Mäori Workforce Development initiatives, which are not funded through the Maori Provider Development Scheme • Where information is available, DHBs to report a comparison between expenditure for above measures for 2004/05 (in addition to mandatory reporting against 2005/06 expenditure)
RIS-03	Progress towards the implementation of the Meningococcal B	Quarterly	**Associated deliverables** **Quantitative Indicator** a) Progress towards the target of 90% of 6 week – 5 months receiving 3rd dose of MeNZB vaccine

Measure	Definition	Frequency	Targets, Expectations and Deliverables 2005/06
	Immunisation project		b) Progress towards the target of 90% of 6 month – 5 year olds receiving 3rd dose of MeNZB vaccine c) Progress towards the target of 90% of school-enrolled children receiving 3rd dose of MeNZB vaccine **Qualitative Indicator** A report describing: 1. Implementation progress and time lines (Link to Meningococcal Vaccine Strategy PIP) 2. Risks with priority greater than 12 in accordance with the Project Implementation Plan drafted by the DHB (PIP) reporting template within the (Meningococcal Vaccine Strategy) MVS Crown Funding Agreement (CFA) Variation 3. Budget risks

APPENDIX 6 - STATEMENT OF INTENT

To be completed following acceptance of District Annual Plan

APPENDIX 7 - FORECAST FINANCIAL STATEMENTS

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

	2004/05 $000's	2005/06 $000's	2006/07 $000's	2007/08 $000's
Public Equity				
Equity	28,127	28,127	28,127	28,127
Revaluation Reserve	34,042	34,042	34,042	34,042
Retained Earnings	(640)	(639)	(630)	(624)
Total Equity	**61,529**	**61,530**	**61,539**	**61,545**
Represented by:				
Current Assets				
Bank in Funds	5,203	3,175	2,226	2,500
Receivables	16,386	16,232	14,536	14,905
Other Current Assets	934	934	934	934
Total Current Assets	**22,523**	**20,341**	**17,696**	**18,339**
Current Liabilities				
Bank Overdraft	-	-	-	-
Payables & Provisions	(43,470)	(45,883)	(45,811)	(46,099)
Short Term Borrowings	-	-	-	-
Total Current Liabilities	**(43,470)**	**(45,883)**	**(45,811)**	**(46,099)**
Net Working Capital	**(20,947)**	**(25,542)**	**(28,115)**	**(27,760)**
Non Current Assets				
Property, Plant & Equipment	103,637	108,233	110,815	110,466
Trust Funds	567	567	567	567
Total Non Current Assets	**104,204**	**108,800**	**111,382**	**111,033**
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	**61,529**	**61,530**	**61,539**	**61,545**

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

	2004/05 $000's	2005/06 $000's	2006/07 $000's	2007/08 $000's
Opening Equity	27,419	61,529	61,530	61,539
Repayment Equity	-	-	-	
Recognise Property Revaluation	34,042	-	-	-
Net Surplus/(Deficit) for the Period	68	1	9	6
Net Surplus/(Deficit)	**61,529**	**61,530**	**61,539**	**61,545**

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

	2004/05 $000's	2005/06 $000's	2006/07 $000's	2007/08 $000's
Operating Cash Flows				
Cash Receipts	263,400	296,311	307,766	308,017
Interest Received	864	985	564	564
Payments to Providers	(172,360)	(184,490)	(186,648)	(185,816)
Payments to Employees & Suppliers	(84,795)	(96,342)	(104,652)	(106,196)
Capital Charge Paid	(6,742)	(6,740)	(6,740)	(6,740)
Net Operating Cash Flows	**367**	**9,724**	**10,290**	**9,829**
Investing Cash Flows				
Cash Received from Sale of Fixed Assets	-	-	-	-
Cash Paid for Purchase of Fixed Assets	(4,577)	(11,752)	(11,239)	(9,555)
Net Investing Cash Flows	**(4,577)**	**(11,752)**	**(11,239)**	**(9,555)**
Financing Cash Flows				
Additional Loans Drawn	-			
Loans Repaid	-	-	-	-
Net Financing Cash Flows	**-**	**-**	**-**	**-**
Net Cash Flows	**(4,210)**	**(2,028)**	**(949)**	**274**
Opening Cash Balance	9,413	5,203	3,175	2,226
Closing Cash Balance	**5,203**	**3,175**	**2,226**	**2,500**
Represented by:				
Bank in Funds	5,203	3,175	2,226	2,500
Bank Overdraft	-	-	-	-
Total Cash on Hand	**5,203**	**3,175**	**2,226**	**2,500**

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

	2004/05 $000's	2005/06 $000's	2006/07 $000's	2007/08 $000's
Revenue				
Revenue	239,365	269,559	278,796	287,188
Total Revenue	**239,365**	**269,559**	**278,796**	**287,188**
Expenditure				
Provider Expenditure	(237,872)	(268,373)	(277,360)	(285,752)
Total Expenditure	**(237,872)**	**(268,373)**	**(277,360)**	**(285,752)**
Net Surplus/(Deficit)	**1,493**	**1,186**	**1,436**	**1,436**

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

	2004/05 $000's	2005/06 $000's	2006/07 $000's	2007/08 $000's
Revenue				
Revenue	2,110	2,249	1,998	1,998
Interest Revenue	724	681	682	742
Total Revenue	**2,834**	**2,930**	**2,680**	**2,740**
Expenditure				
Operating Expenditure	(2,099)	(2,433)	(2,248)	(2,307)
Depreciation	(2)	-	-	-
Internal Allocations	(343)	(446)	(431)	(431)
Total Expenditure	**(2,444)**	**(2,879)**	**(2,679)**	**(2,738)**
Net Surplus/(Deficit)	**390**	**51**	**1**	**2**

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

	2004/05 $000's	2005/06 $000's	2006/07 $000's	2007/08 $000's
Revenue				
Revenue	128,597	140,936	144,833	148,428
Interest Revenue	260	252	252	252
Total Revenue	**128,857**	**141,188**	**145,085**	**148,680**
Expenditure				
Operating Expenditure	(116,017)	(127,751)	(130,342)	(132,694)
Depreciation	(7,016)	(7,156)	(8,657)	(9,904)
Interest	(1,242)	(1,223)	(1,205)	(1,205)
Capital Charge	(6,740)	(6,740)	(6,740)	(6,740)
Internal Allocations	343	446	431	431
Total Expenditure	**(130,672)**	**(142,424)**	**(146,513)**	**(150,112)**
Net Surplus/(Deficit)	**(1,815)**	**(1,236)**	**(1,428)**	**(1,432)**
Gain/(Loss) on Sale of Assets	-	-	-	-
Net Surplus/(Deficit)	**(1,815)**	**(1,236)**	**(1,428)**	**(1,432)**

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

	2004/05 $000's	2005/06 $000's	2006/07 $000's	2007/08 $000's
Revenue				
Revenue	271,015	296,151	304,198	312,590
Interest Revenue	984	933	934	994
Total Revenue	**271,999**	**297,084**	**305,132**	**313,584**
Expenditure				
Provider Expenditure	(138,815)	(151,780)	(155,931)	(160,728)
Operating Expenditure	(118,116)	(130,184)	(132,590)	(135,001)
Depreciation	(7,018)	(7,156)	(8,657)	(9,904)
Interest	(1,242)	(1,223)	(1,205)	(1,205)
Capital Charge	(6,740)	(6,740)	(6,740)	(6,740)
Total Expenditure	**(271,931)**	**(297,083)**	**(305,123)**	**(313,578)**
Net Surplus/(Deficit)	**68**	**1**	**9**	**6**
Gain/(Loss) on Sale of Assets	-	-	-	-
Net Surplus/(Deficit)	**68**	**1**	**9**	**6**

APPENDIX 8 REVENUE RECONCILIATION

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**	**2005/06 Budget**	**2006/07 Budget**	**2007/08 Budget**
Personal Health					
PHO Top Up Funding			8,517	8,727	8,993
Personal Health devolved			159,524	165,635	170,684
IDF Revenue/Inflow			30,409	31,384	32,325
Total Personal Health	40	1000	198,450	205,746	212,002
Mental Health					
Mental Health devolved			28,889	29,662	30,542
IDF Revenue/Inflow			4,406	4,547	4,674
Total Mental Health	80	1000	33,295	34,209	35,216
Disability Support Services					
Disability Support Services devolved			34,146	35,114	36,179
IDF Revenue/Inflow			120	124	128
Total Disability Support Services	60	1000	34,266	35,238	36,307
Public Health					
NGO Contracts					
Total Public Health	70	1000	-	-	-
Maori Health					
NGO Contracts			1,936	1,991	2,051
Total Maori Health	30	1000	1,936	1,991	2,051
DHB Funds - Other					
MoH Vote Health - for Governance Arm	90	1002	1,612	1,612	1,612
TOTAL FUNDER REVENUE	90	1000	**269,559**	**278,796**	**287,188**
FUNDING ENVELOPE ADVISED BY MOH			**269,237**	**278,476**	**286,866**
VARIANCE			**322**	**320**	**322**
FULL BREAKDOWN OF VARIANCE: *(Add lines as necessary)*					
Pacific Provider Development Fund			**166**	**165**	**166**
Capital and Coast Rheumatic Fever Nurse			**50**	**50**	**50**
Mobile Nursing			**106**	**105**	**106**
EXPLAINED			**322**	**320**	**322**

DHB PROVIDER	Service Area Code	Account Code	2005/06 Budget	2006/07 Budget	2007/08 Budget
Direct MOH Contracts (not included in DHB Funds)					
Clinical Training Agency	10	1090	2,156	2,156	2,156
Vote Health	10	1002			
			-	-	-
Personal Health	10	1102			
Breast Screening			3,654	3,654	3,654
Cervical Screening			1,044	1,044	1,044
Ortho Initiative training			18	18	18
Vaccine recovery			1	1	1
Joint Initiatives			661	661	661
Maternity Fees			145	145	145
Community Laboratory			60	60	60
Communtiy Radiology			114	114	114
Community Pharmacy			158	158	158
			5,855	5,855	5,855
Mental Health	10	1202			
			-	-	-
Public Health	10	1302			
Well Child			81	81	81
Shellfish Biotoxin			24	24	24
INH Services			55	55	55
National Oral Health			116	116	116
Public Health Core contract			5,756	5,756	5,756
Regional infrastructure			215	215	215
Regional Communicable diseases			81	81	81
Smokefree Hospitals			46	46	46
Regional Physical environments			77	77	77
Health Promoting Schools			155	155	155
			6,606	6,606	6,606
Disability Support Services	10	1402			
DSS under 65			1,314	1,314	1,314
			1,314	1,314	1,314
Maori Health	10	1502			
			-	-	-
Allocations from DHB Funds					
Internal Revenue (DHB Funds to DHB Provider)	10	1902	114,981	119,817	123,412
TOTAL PROVIDER REVENUE SOURCED DIRECTLY FROM MOH	10	1900	**130,912**	**135,748**	**139,343**

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.

APPENDIX 10: HUTT VALLEY DHB FUNDING FOR NEW MENTAL HEALTH SERVICE INITIATIVES IN 2005/06

New non-Maori Local and Regional Initiatives 2005/06[3]

Identified new local initiatives	Approximate Cost (Excl GST)	Level of inputs/ purchase units	Provider arrangements
PHO primary mental health services (>3% refer also to primary care initiatives)	$372,800 non Blueprint funding	Yet to be finalised: probable mix of FTE; workforce development	Two Access PHOs (NGO sector)
Maintain DHB workforce scholarships	Yet to be finalised – subject to available surpluses and prioritisation	MHWD01 – workforce development	Workforce scholarships accessible by all mental health service providers
Development of family/ whanau advisor position in provider arm MHS	$24,000 (from 0405 MH surplus)	0.4 FTE	Provider arm
Identified regional initiatives			
Purchase new alcohol and other drug (AOD) day treatment services (provided locally, accessed regionally)	$115,000 – funding currently held by HVDHB carried forward from previous years	Approximately 1.5 FTE health professionals	Subject to procurement process
Purchase training for providers of AOD day treatment programmes	Yet to be finalised – subject to regional surpluses and provider proposals	MHWD01 workforce development	Probably private training establishment
6. Purchase new Community Support Work and Supported Accommodation alcohol and other drug services (provided locally accessed regionally)	$49,000 in 2005/06 – note these services will be funded from 0506 and 0607 funds	Yet to be finalised	Subject to procurement process
Te Whanau Manaaki o Manawatu Trust	$70,000	MHCS21.8 Advocacy Peer support Consumer (A&D) regional	Te Whanau Manaaki O Manawatu Trust (NGO)

[3] These services are not exclusive of Maori.

New Maori Local and Regional Initiatives 2005/06

Identified regional initiatives	Approximate Cost (Excl GST)	Level of inputs/ purchase units	Provider arrangements
Fund Te Upoko O nga Oranga O Te Rae regional support programme	$240,000	MHWD01	Te Upoko o Nga Oranga o Te Rae (NGO)