Hutt Valley District Health Board

Annual Plan 2017/2018

Incorporating Statement of Performance Expectations

HUTT VALLEY DHB

Annual Plan (Final) dated 5 December 2017
(Issued under Section 39 of the New Zealand Public Health and Disability Act 2000)

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Office of Hon Dr David Clark

MP for Dunedin North
Minister of Health
Associate Minister of Finance

Mr Andrew Blair
Chair
Hutt Valley District Health Board
Private Bag 31 907
Lower Hutt 5040

21 DEC 2017

Dear Mr Blair

Hutt Valley District Health Board 2017/18 Annual Plan

To formalise ongoing accountability and to provide surety, I have approved and signed your DHB's 2017/18 Annual Plan.

I would like to thank you, your board, and the DHB's staff for their efforts in developing your Annual Plan for 2017/18. I also appreciate your DHB's significant efforts to provide valuable health services to the public in a challenging environment, and I am confident that we can work together to improve outcomes for the population.

I understand your DHB has planned a deficit for 2017/18 and a return to breakeven in the out years. I trust that you have contingencies in place to ensure you achieve this planned result for 2017/18.

As you deliver services for your population, keep in mind that I will shortly be providing a Letter of Expectations to DHBs for the 2018/19 financial year that will provide further clarity on my priorities for DHB planning, such as public provision of health services, improving access to primary care, reducing inequalities and improving mental health services.

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

Please ensure that a copy of this letter is attached to any copies of your signed Annual Plan that are made available to the public. Thank you again for your leadership and efforts to deliver high quality and equitable health outcomes for your population.

I look forward to working with you in the future.

Yours sincerely

Hon Dr David Clark
Minister of Health

cc Dr Ashley Bloomfield, Chief Executive, Hutt Valley District Health Board

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SECTION 1: Introduction and overview of strategic priorities

Message from the Chair

On behalf of the members of the Hutt Valley District Health Board I am pleased to present the Annual Plan for the 2017/18 financial year. This plan has been developed in line with the New Zealand Health Strategy, as well as our own local health system planning. It addresses key strategic imperatives for our organisation to improve health equity across all populations in the Hutt Valley District, and has a strong system focus, working together across clinicians, consumers and NGOs. This plan includes an ongoing reduction in our budget deficit and a commitment to a break-even or better position in out-years to ensure that we are in a strong position to make investments in new services in the years ahead.

The Board is focussed on ensuring the delivery of real gains in the health outcomes for Maori and Pacific people through whole of system improvements that mean consistently high quality, high value care is provided closer to home.

In 2017/18 the Board will oversee the development of a Strategy and a Clinical Services Plan to ensure we can realise our vision of: Healthy People - Healthy Families – Healthy Communities. The Clinical Services Plan will identify the range of investment options the DHB should prioritise to ensure we can successfully address both the increasing burden on the health system and the necessary health improvements required for our population in a clinically and financially sustainable manner.

We look forward to the involvement of the people of the Hutt Valley working alongside health professionals on this important project and sharing these plans for our future.

Message from the Chief Executive

Our overarching strategic approach is encapsulated in the Triple Aim plus One framework:

- For our patients – improved quality, safety and experience of care and a better patient journey
- For our populations – improved health and equity for all populations
- For the public – best value for health system resources and living within our means
- A thriving organisation, including our organisational culture, clinical leadership, engagement and workforce development.

The Hutt Valley DHB's Annual Plan for 2017/18 reflects the cooperative approach we have taken to planning and delivery of consistent services and care for the sub-region. We continue to be committed to working collaboratively across the sub-region and this is evidenced in a number of the work-streams outlined in this Annual Plan. Equally, we have strengthened partnership and collaboration in our local district through the work programs of the Integrated Care Clinical Networks and will actively support the continuation of this work in 2017/18 to develop integrated services and improve preventative health.

Our emphasis in this plan is to strengthen our focus on actions to improve health equity for our populations. While in previous years we have developed a separate Maori Health plan, this year we have incorporated specific actions to improve health outcomes for Maori and Pacific peoples into every aspect of our planning and service delivery processes.

Strong clinical leadership and a flexible, capable workforce are essential foundations for us to become a thriving organisation. Our plan includes an ongoing focus on the development of our workforce,

strengthened leadership for innovation and improvement to realise our goal to deliver high value, high quality care and improve the health of all groups in our population.

Signatories

Agreement for the Hutt Valley DHB 2017/18 Annual Plan

between

Hon. Dr David Clark
Minister of Health
Date: 12/2/18

Andrew Blair
Chair, HVDHB
Date:

Dr Ashley Bloomfield
Chief Executive, HVDHB
Date:

Strategic Intentions/Priorities

This Annual Plan articulates Hutt Valley DHB's commitment to meeting Ministerial expectations, and our continued commitment to our Board's vision:

Whānau Ora ki te Awakairangi
Healthy People, Healthy Families, Health Communities.

The Hutt Valley DHB's Annual Plan is aligned with the refreshed New Zealand Health strategy by fully integrating the five strategic themes of the government's strategy into our DHB's strategic goals and priority action plans.

- Search for *value and high performance* to live within our means.
- Foster *people powered* care and services: strive for health equity (tangible reductions in health inequalities and in key risk factors) and improve each patient's experience.
- Fully integrate patient care by developing and using *smart systems*, "*closer to home*" service design and fit for purpose facilities and processes.
- Act as *one team* to build a thriving culture of improvement and innovation underpinned by strong system-minded clinical leadership.

For 2017/18, following guidance from the Ministry of Health, specific actions planned to reduce the disparity of health outcomes for Maori that were previously developed for the annual Maori Health Plan are now included in our Annual Plan and therefore form part of the formal responsibility of the Hutt Valley DHB to provide accountability to government. This will mean a strengthened focus on Maori Health outcomes through these actions, denoted in Section 2 Delivering on Priorities and Targets by EOA (Equity Outcome Action), and through the inclusion of aligned Performance Measures in the DHB non-financial monitoring framework (Section 5).

This plan has been developed in cooperation with our local partners and stakeholders in keeping with the collaborative and cooperative approach for planning, supporting and delivering services in our district, across the sub-region and more widely in the Central region.

In addition to alignment with the New Zealand Health Strategy our Annual Plan is further guided by key national strategies and international conventions. Our commitment to working and acting in accord with their principles, and in support of their implementation is articulated here:

The Treaty of Waitangi	In collaboration with our primary care partners we prioritise actions to measurably improve health equity and improve outcomes for Maori. We work with Maori at DHB governance and operational levels. We establish and support mechanisms to enable Maori to contribute to decision-making about health services and participate in the delivery of health and disability services.
The Healthy Aging Strategy	We prioritise work to support healthy aging and respectful end-of-life care that recognises physical, cultural and spiritual needs.

	We prioritise planning, support and delivery of services to help people live well with long term conditions and to enable high quality acute and restorative care.
UN Convention on the Rights of Persons with Disabilities	We prioritise work to give voice, visibility and legitimacy to disabled people across our wider health services. We prioritise service and skill development to ensure respect for, and protection of, the dignity of people with disabilities.
'Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014-18	We prioritise work to improve health equity for our Pacific population. We prioritise work to design, support and develop services that best meet the needs of our Pacific population, including services delivered locally in primary care.

SECTION 2: Delivering on Priorities and Targets

Government Planning Priorities

Government Planning Priority	Focus Expected for Hutt Valley DHB	Link to NZ Health Strategy	Hutt Valley DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
Prime Minister's Youth Mental Health Project	Commit to continue activity to deliver on the Prime Minister's Youth Mental Health Project.	**Value and high performance**	HVDHB commits to continuing activities to deliver on the PM's Youth Mental Health project through: - Review 16/17 Annual Plan actions to improve follow up in primary care of youth discharged from secondary mental health and addictions services. - Identify where resources can make greatest impact on greatest number of young people, use this information to develop a model of care.	Q4	PP25: Prime Minister's Youth Mental Health Project
Reducing Unintended Teenage Pregnancy BPS (contributory activity)	Continue to build on the substantive activities identified in your 2016/17 annual plan to reduce unintended teenage pregnancy.	**People powered**	1. Continue monitoring current services to inform planned evaluation (action 2) of access to youth sexual health services. 2. Evaluate access to youth sexual health services: education, contraceptive medication (incl LARCs) and safe termination of pregnancy. Develop recommendations for implementation giving particular consideration for equity of access for Maori, Pacific and high needs youth (EOA) including: - Consider options for access to Emergency Contraceptive Pill (ECP) as part of the HVDHB pharmacist services strategy. - Collaborate with PHOs and Youth Health services to support delivery of continuing professional development (CPD) for the primary care workforce to positively engage with Maori, Pacific and at-risk young people around contraceptive choice including long acting reversible contraception (LARC) options. (EOA)	Q1-4 Q3-4 Q3-4 Q3-4	PP38: Delivery of response actions agreed in annual plan (section 1)

Government Planning Priority	Focus Expected for Hutt Valley DHB	Link to NZ Health Strategy	Hutt Valley DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
Supporting Vulnerable Children BPS Target	Note that this target may change and further advice will be provided as decisions are made.	**One team**	1. Hutt Valley DHB commits to continuing activity that contributes to the reduction in assaults on children including (EOA): - Continue to rollout the Violence Intervention Programme training for health professionals and staff. - Implement staff screening requirements. - Continue MDT gateway assessments - Continue the annual training in child protection, and continue staff screening and vetting across general practice. 2. Strengthen the work with health, education, social and justice agencies to address issues with the most vulnerable populations in specific communities. (EOA)	Q1-4 Q2-4	PP27: Supporting Vulnerable Children
NEW PRIORITY **Healthy Mums and babies BPS target**	Please identify two or three actions and associated milestones you will be undertaking that will support delivery of the target: By 2021, 90% of pregnant women are registered with a Lead Maternity Carer in the first trimester, with an interim target of 80% by 2019, with equitable rates for all population groups.	**One team**	1. Work with consumers and maternity providers through the DHB's Maternal and Early Child Health Provider Group and the Maternal Quality & Safety Programme to understand where/when women are confirming pregnancy and barriers to early LMC enrolment. - Focus on Maori and Pacific women as priority population groups predominant in late enrolment, including through outreach antenatal clinics. (EOA) 2. Develop a pathway with the PHO/general practice to use the New Zealand College of Midwives' online tool "Find Your Midwife" to support LMC registration following a pregnancy confirmation at general practice.	Q2-3 Q3-4	PP38: Delivery of response actions agreed in annual plan (section 1)
NEW PRIORITY **Keeping kids healthy BPS target**	Please identify two or three actions and associated milestones you will be undertaking that will support delivery of the target: By 2021, a 25% reduction in hospital admission rates for a selected group of avoidable conditions in children aged 0 - 12 years, with an interim target of 15% by 2019.	**One team**	1. Increase referrals and improve access to housing interventions through the wellhomes healthy housing service, especially for Maori and Pacific families.(EOA) 2. Respiratory project *(cross reference to Primary Care Integration)* work across primary/community/secondary services to support good management of paediatric respiratory conditions outside of hospital. *3. Cross reference to initiatives included under Child Health priority.*	Q1-4 Q1-4 Q1-4	PP38: Delivery of response actions agreed in annual plan (section 1)
Increased Immunisation Health Target	Continue current activity, in accordance with national immunisation strategies and service specifications, to maintain high (target) coverage rates for all immunisation	**Value and high performance**	1. Provide oversight for monitoring immunisation rates and for identifying and implementing service provision to reach high needs, Maori and Pacific children. (EOA).	Q1-4	Immunisation Health Target PP21: Immunisation

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			Activity	Milestones	
	milestones.		2. Facilitate close collaboration between the NIR team, primary care and outreach service to identify children with delayed immunisations and target remedial services for high needs, Maori and Pacific children (EOA). Q1-4 3. Support SBHS and Outreach teams to embed, and maintain as BAU, the pilot project for increasing outreach vaccinator capacity to better reach high needs, Maori and Pacific children (EOA).	Q1-4 Q1-2 BAU by Q4	Services
Shorter Stays in Emergency Departments Health Target 	Provide a prioritised list of the service improvement activities you will implement in 2017/18 to improve acute patient flow within your hospital(s).	**Value and high performance**	1. Review staffing strategies in RMO and SMO workforce (Q1) and capture opportunities in recruitment to better respond to surge demand with flexible working arrangements. 2. Explore Nurse Practitioner and Clinical Nurse Specialist roles to create changes in models of care and improve resilience in service delivery. 3. Support Acute Demand Network work program to reduce demand on ED including (*Cross reference to Primary Care Integration Priority)*: - Implementation of an integrated winter plan 2017 - Launch public communication campaign with ED to ensure short term benefit (redirection of patients) and long term benefit (community education) incl targeted messages for local Maori & Pacific communities. (EOA) 4. Implement changes to models of care in MAPU to increase flow through ED: - embed Rapid Assessment Team model - monitor effectiveness of systems and processes for optimal patient flow; pulling patients proactively from ED, direct GP referrals to MAPU, criteria-led discharge.	Q1-4 Q1-2 Q1 Q1 Q1-3 Q1-4	ED Health Target

Government Planning Priority	Focus Expected for Hutt Valley DHB	Link to NZ Health Strategy	Hutt Valley DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
Improved Access to Elective Surgery Health Target 	Deliver agreed service volumes in a way that meets timeliness and prioritisation requirements and improves equity of access to services.	**Value and high performance**	1. Strengthen production planning processes to deliver elective surgery targets; includes Theatre and major joint surgery production plans. 2. Embed and maintain as BAU, weekly elective services planning to identify issues, including equity of access perspective, outpatient follow up scheduling. Implement remedial actions and opportunities. 3. Continue collaboration with Maori and Pacific health service teams to tailor follow up contact for Maori & Pacific patients. (EOA) 4. Establish and maintain weekly surgical booking meeting to maximise theatre sessions. 5. Implement Theatre Improvement and Elective Services Pathway Project including: - Develop electronic theatre booking - Develop flexible rostering - Improve acute/elective scheduling - Maximise theatre capacity through use of alternate approaches within the organisation - Improve systems in end-to-end process incl for reduction of DNAs with actions tailored for Maori & Pacific patients (EOA)	Q1 Q1-2 Q1 ongoing Q1-4 Q4	Electives Health Target: 6153 procedures SI4: Standardised Intervention Rates OS3: Inpatient Length of Stay (Electives) Electives and Ambulatory Initiative Bariatric Initiative Additional Orthopaedic and General Surgery Initiative Elective Services Patient Flow Indicators
Faster Cancer Treatment Health Target 	Identify the sustainable service improvement activities you will implement to improve access, timeliness and quality of cancer services.	**One team**	1. Embed local leadership and clinical governance structure across all tumour streams. 2. Implement agreed remedial FCT action plan and monitor progress: - scope and prioritise improvements to interconnect electronic systems for better patient identification/tracking and reporting. - implement and monitor escalation protocol for breach-risk patients, including escalation with CCDHB. - establish and support weekly review meeting to check patient progress, identify early breach-risk patients, escalate actions - monitor FCT performance across Maori, Pacific and other high needs populations, contribute to HVDHB and regional projects addressing barriers to access for cancer diagnosis. (EOA) - assess and adopt success strategies from high performing FCT stream within HVDHB and other DHBs to support sustainable and systematic improvement.	Q1-Q4 Q1 Q1 Q1 ongoing Q1 ongoing Q1 ongoing	Faster Cancer Treatment: Health Target 3 PP30: Faster Cancer Treatment (31 day indicator) PP29: Improving waiting times for diagnostic services - CT & MRI

Government Planning Priority	Focus Expected for Hutt Valley DHB	Link to NZ Health Strategy	Hutt Valley DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
Better Help for Smokers to Quit Health Target 	Support use of IT tools in patient data management.	Smart system	1. Review our approach to support smoking cessation across priority groups, including hapu women (EOA). 2. Develop and implement a revised approach to support improved quit rates across the district, with a particular focus on priority groups (EOA) 3. Support and further strengthen the referral pathways to cessation services.(EOA) 4. Strengthen primary care approach to reaching the health target, including provision of regular performance information to monitor/compare performance (EOA)	Q1-4 Q1-4 Q1-4. Q1-4	Tobacco Health Target PP31: Better Help for Smokers to Quit in Public Hospitals
Raising Healthy Kids Health Target 	Identify what actions you will take to ensure that the clinical referral pathway and processes established in 2016/17 achieves the Raising Healthy Kids target by December 2017.	Closer to home	1. Review current referral processes; explore/investigate electronic options for referrals and/or acknowledgements sent back to Plunket. 2. Support PHOs delivering training for general practice on weight management in children, particularly children referred in the Before School Check. 3. Review referral take-up rates for children/families referred to general practice. Consider options for improving referrals once a clear picture is formed of barriers and issues for Maori and Pacific families. (EOA) 4. Actively monitor uptake of recently established maternal and pre-school active families Green Prescription Programme to ensure targets are met over the first year of the programme. Monitor ethnicity targets across both programs and consider options for improving referrals for Maori and Pacific families once a clear picture is formed (EOA)	Q1 review Q2-4 explore improvement Q1-4 Q2-4 Q3-4	Healthy Kids Health Target SI5: Delivery of Whānau Ora

Government Planning Priority	Focus Expected for Hutt Valley DHB	Link to NZ Health Strategy	Hutt Valley DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
Bowel Screening	Implement requirements for Tranche 1 of the national bowel screening programme, incorporating quality, equity and timeliness expectations and IT integration activity, while ensuring appropriate access across all endoscopy services.	**Value and high performance**	1. HVDHB commits to implementation of the NBSP locally in 2017/18. 2. HVDHB will roll out the NBSP as per agreed interim quality standards, embed agreed pathways and protocols for patient flow from invitation through program steps, and establish baseline quality performance data. (Q1 ongoing) 3. Engage with primary care and community providers to develop a range of strategies (communications & engagement) for ongoing population participation, targeting Maori and Pacific peoples and other key deprivation groups to ensure equitable access. (EOA) (Q2-4) 4. Develop and implement the HVDHB BSP Equity Plan for Maori, and the 2DHB Pacific Peoples BS Health Equity Plan. (Q2-4) 5. Prepare transition plan from 2017/18 to full NBS system, including contribution to BS IT system integration. (Q3-4)	Q1-4 Q1 ongoing Q2-4 Q2-4 Q3-4	PP29: Improving waiting times for diagnostic services – Colonoscopy National Bowel Screening quality, equity and performance indicators
Mental Health	Improve the quality of mental health services, including reducing child and youth waiting times.	**One Team**	1. Improve youth services across the region to ensure equitable outcomes with an immediate focus on addressing youth respite options and ICAFs. (EOA) 2. Improve integration between primary health and primary mental health and NGO services; with an immediate focus on development of the client pathway and improved linkages with services providing a "social investment" approach. 3. Develop a Model of Care for child and youth services to improve crisis response for people experiencing acute mental health problems. 4. Complete the 3DHB Strategic Framework and plan for the design and delivery of integrated Mental Health and Addiction services across the sub-region to 2030, with an emphasis on actions to be taken in the next five years including a strong focus on achieving equitable outcomes for all. (EOA) 5. Respond to the recommendations of the ICAFs review.	Q1-4	PP8: Shorter waits for non-urgent mental health and addiction services for 0-19 year olds PP38: Delivery of response actions agreed in annual plan (section 2)
	Improve population mental health, especially for priority populations including vulnerable children, youth, Māori and Pacifica, by increasing uptake of treatment and support earlier in the course of mental illness, further integrating mental and physical health care, and co-ordinating mental health care with wider social services.	**Value and High performance**			

Government Planning Priority	Focus Expected for Hutt Valley DHB	Link to NZ Health Strategy	Hutt Valley DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
Healthy Ageing	Deliver on priority actions identified in the Healthy Ageing Strategy 2016, where DHBs are in lead and supporting roles, including: - working with ACC, HQSC and the MoH to further develop and measure the progress of your integrated falls and fracture prevention services as reflected in the associated Outcome Framework and Healthy Ageing Strategy. - working with the Ministry and sector to develop future models of care.	**Closer to home**	The HVDHB commits to implementing the National Healthy aging strategy, incl: 1. Use interRAI data to identify carer stress and match allocation and usage of services to better support carers of people over 65 years with high and complex needs. 2. Review district/regional level interRAI data to improve understanding of ethnic make up of clients. Initiate awareness raising discussions. Consider options for addressing any inequities identified in line with regional activities. (EOA) *3.* Implement the falls prevention and management model to improve access to fracture liaison services and in-home strength and balance programmes. 4. Develop a local Palliative Care implementation plan and begin the staged implementation of the Strategy in the Hutt Valley. 5. Refer to Primary care Integration priority for further programmes of work to support care for older persons. 6. Implement the outcomes of the IBT settlement agreement, equal pay negotiations and investment in the home and community sector workforce. (EOA) *(Cross reference to Workforce – Enabler priority area.)* 7. HVDHB commits to supporting the achievement of the RSP HOP objectives with implementation of relevant actions.	Q2-4 Q1-2 review Q3-4 options Q2-4 Q1-4 Q1-4 Q1-4	PP23: Improving Wrap Around Services – Health of Older People

Government Planning Priority	Focus Expected for Hutt Valley DHB	Link to NZ Health Strategy	Hutt Valley DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
Living Well with Diabetes	Continue to implement the actions in *Living Well with Diabetes – a plan for people at high risk of or living with diabetes 2015-2020* in line with the Quality Standards for Diabetes Care.	**Closer to home**	1. Monitor and implement quality improvement in the following Diabetes Quality Standards with a focus on improving access and outcomes for Maori and Pacific (EOA): - Self management support programmes - Podiatry - Insulin starts - Diabetes annual review, CVD risk assessment and care plans 2. Standardise the referral and assessment pathway for community podiatry services and implement demand management to target podiatry for moderate/high risk feet and improve access and outcome for Maori and Pacific people.(EOA) 3. Continue to implement and embed clinical integration across primary and secondary care Diabetes services focussing on supporting practices with a high proportion of older, Maori and Pacific diabetic populations. *(cross reference to primary care integration section.* (EOA)	Q1-4 Q2-3 Q1-4	PP20: Improved management for long term conditions (CVD, acute heart health, diabetes and stroke) - Focus area 2: Diabetes services

Government Planning Priority	Focus Expected for Hutt Valley DHB	Link to NZ Health Strategy	Hutt Valley DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
Childhood Obesity Plan	Outline the initiatives you are delivering, and where these links with the RCO plan (eg, active families): - how these initiatives will specifically address equity - what milestones are expected by when in 2017/18, and how success will be measured against these.	**Closer to home**	HVDHB commits to align activities across the DHB with the national childhood obesity plan. Specific initiatives include, but are not limited to, the following: 1. Develop a DHB Wellness Plan encompassing the national childhood obesity plan and extending the scope to include local opportunities to address wellness in children, whanau and adults. Initiatives of the DHB's Wellness Plan will be targeted to Maori and Pacific children, whanau and adults as populations disproportionately represented in obesity, and other wellness statistics (EOA). 2. Provide on-going support to Plunket and PHOs on the childhood obesity health target B4SC referral to ensure the target is reached by December 2017 (*see additional comments under Raising Healthy Kids priority actions*). 3. Support training to general practice on guidance for weight management in children and young people *(see Raising Healthy Kids priority actions for further information*). 4. Provide updated training to Hutt Valley Lead Maternity Carers on healthy weight gain in pregnancy, and resources available through the childhood obesity plan. 5. Actively monitor uptake of recently established maternal and pre-school active families Green Prescription Programme to ensure targets are met over the first year of the programme. Monitor ethnicity targets across both programs, consider options for improving referrals for Maori and Pacific families once a clear picture is formed. (EOA) (*Cross referenced to Raising Healthy Kids priority action.)*	Q2-4 Q1-2 Q1-4 Q1-4 Q1-4	PP38: Delivery of response actions agreed in annual plan (section 2)
Child Health	Undertake planning and diagnostic work to identify barriers for accessing timely care for young people and their families who are served by Oranga Tamariki. Commit to support national work under way to improve the health outcomes for children, young people and their families serviced by Oranga Tamariki, particularly	**Value and high perfformance**	1. Undertake a data matching project. Key deliverables in 2017/18: - Cohort of children identified and tracked through accessible data sets using NHI anonymised searches (including, but not limited to, hospital data sets and PHO data sets), then cross referenced with community provider information. (EOA)	Q2-3	PP38: Delivery of response actions agreed in annual plan (section 2)

Government Planning Priority	Focus Expected for Hutt Valley DHB	Link to NZ Health Strategy	Hutt Valley DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
	young people in care. -		- Service gaps and opportunities identified. Implementation plans established to address service gaps. (Q4) 2. In addition to the above activities, HVDHB commits to support the work underway to improve the health outcomes for children, young people and their families through carefully considered initiatives guided by the Ministry of Health and Oranga Tamariki (EOA).	Q4 Q1-4	
Disability Support Services	Identify the mechanisms and processes you currently have in place to support people with a disability when they interact with hospital based services (such as inpatient, outpatient and emergency department attendances).	**One team**	1. Continue Workforce Development- Disability Literacy Education initiatives including eLearning, toolkits and staff training in Support Needs. 2. Support general practice to meet their obligations under the Cornerstone Foundation Standard. 3. Develop a Dashboard of Indicators based on unique NHIs with a Disability Alert. 4. Co Design through Consumer Engagement: Increase engagement of locality leads on the Sub-Regional Disability Advisory Group. 5. Improve service access for people with a learning disability; develop resource(s) for staff working with people with learning disabilities in collaboration with quality team.	From Q1 Q1-4 Q1-3 From Q1 Investigate Q2, Design Q3, Implement Q4	PP38: Delivery of response actions agreed in annual plan (section 2)
Pharmacy Action Plan	Commit to implement any decisions made during 2017/18 in relation to pharmacy contracting arrangements.	**One team**	1. HVDHB commits to implementation of decisions flowing from new pharmacy contracting arrangements for community pharmacist services. HVDHB will develop a local pharmacist services strategy which aligns with the Pharmacy Action Plan and the "Integrated Pharmacist Services in the Community" vision by: - undertaking analysis of pharmacist services needs - developing a strategy and priorities for local pharmacist services in the community in conjunction with local stakeholders including community pharmacists, Hutt INC, and the Clinical Advisory Board - Undertake a procurement process for priorities in 2017/18 *(if appropriate following outcomes of pharmacy contracting arrangement negotiations).*	Q1 Q2 Q3	PP38: Delivery of response actions agreed in annual plan (section 2)

Government Planning Priority	Focus Expected for Hutt Valley DHB	Link to NZ Health Strategy	Hutt Valley DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
Primary Care Integration	DHBs must describe activity to demonstrate how they are working with their district alliances to move care closer to home for people through improved integration with the broad health and disability sector	**Closer to home**	1. Continue to support the 3DHB Clinical Health Pathways programme bringing a further 50 pathways live. 2. Continue to support the IMSLA work programme including: - Pilot a shared care planning tool across primary and secondary care. - Increase uptake of Patient Portal (PP) with 12 practices set up and offering PP and 15,000 patients activated to use the PP. 3. Develop and commence staged implementation of Health Care Home with an equity focus: - Complete EOI process; prioritise/select ~5 practices to begin the HCH transformation (targeting funding and roll out to practices with high Maori, Pacific and Quintile 5 enrolled patients (EOA). - Commence change management process for successful tranche 1 practices.[1] 4. Implement stage 1 of the respiratory journey recommendations: - Pilot acute care plans and responsive ambulance/primary care services in the community for a cohort of COPD patients targeting Pacific and Maori patients with the condition (EOA). 5. Develop a community integration model to support improved hospital avoidance with district nursing and allied health services.[2] 6. Implement standardised access to acute SMO advice and specialist support for primary care.	By Q4 Q3 By Q4 Q2 Q2-4 Q2 Q2-4 Q1-4	PP22: Delivery of actions to improve system integration including SLMs
	Please reference your jointly developed and agreed with all appropriate stakeholders System Level Measure Improvement Plan that is attached as an Appendix.	**Value and high performance**	Draft System Level Measure Improvement Plan included as Appendix B.		PP22: Delivery of actions to improve system integration including SLMs

[1] Practices meeting key requirements ready to 'go-live' as a HCH in 2018/19.
[2] For implementation in 2018/19 alongside HCH targeted to support practices with high Maori, Pacific and quintile 5 patient populations

Government Planning Priority	Focus Expected for Hutt Valley DHB	Link to NZ Health Strategy	Hutt Valley DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
Improving Quality	Demonstrate, including planned actions, how you will improve patient experience as measured by the Health Quality & Safety Commission's national patient experience surveys. You can do this by selecting one of the four categories of the adult inpatient survey to focus on and providing actions to improve patient experience in this area. Commit to either establish (including a date for establishment) or maintain a consumer council (or similar) to advise the DHB.	**Value and high performance**	HVDHB will focus on the 'communication' domain. Planned actions for improvement include: 1. Develop an improvement project utilising co-design methodology to improve the top 3 identified aims. The framework for this project (Model for Improvement) will focus on: - What are we trying to accomplish? - How will we know when a change is an improvement? - What changes can we make that will result in improvement? 2. Develop a Consumer Engagement strategy (as previously approved by the HVDHB Board) including establishment of a HVDHB Consumer Council. 3. Establish a co-design initiative to assist HVDHB to define the most effective actions to improve the patient and family/whanau experience regarding communication. 4. Support implementation of improvement initiatives in primary care developed in response to commencement of Patient Experience survey in primary care.	Q1-4 Q1-4 Q1-4 Q1-4	PP38: Delivery of response actions agreed in annual plan (section 2)
Living Within our Means	Commit to manage your finances prudently, and in line with Ministerial expectations, and to ensure all planned financials align with previously agreed results.	**Value and high performance**	1. Proactively manage cost growth by managing personnel numbers and improve use of workforce across the Hutt Valley health system. 2. Identify and implement more effective and efficient ways of delivering services. 3. Continue the program of strengthening financial accountability throughout the organisation, including promotion of Choosing Wisely campaign.	Q1-4	Agreed financial templates

Government Planning Priority	Focus Expected for Hutt Valley DHB	Link to NZ Health Strategy	Hutt Valley DHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
Delivery of Regional Service Plan	Identify any significant DHB actions the DHB is undertaking to deliver on the Regional Service Plan priorities of: - Cardiac Services - Stroke - Major Trauma - Hepatitis C.	**NA.**	HVDHB commits to supporting implementation of the RSP. 1. **Cardiac services**: develop joint DHB ownership of shared echo waiting lists in the region to improve access to vulnerable echocardiography services. 2. **Stroke:** deliver stroke services to ensure eligible patients have access to thrombolysis 24/7 across the region to achieve 8% or more of eligible patients thrombolysed. 3. **Major Trauma**: Contribute to development of regional clinical guidelines and inter-hospital transfer processes to manage major trauma patients within the region, ensuring whanau care is supported. Contribute to implementation of the regional review process for ongoing improvement of major trauma service delivery. 4. **Hepatitis C**: Support the implementation and use of a clinical Healthcare Pathway for identification, assessment and treatment of patients with Hep C.	Q1-4 By Q4 Q1-4 Q1-4	NA.

Financial Performance Summary
(refer to Appendix One for further detail)

PROSPECTIVE STATEMENT OF FINANCIAL PERFORMANCE (COMPREHENSIVE INCOME) FOR THE THREE YEARS ENDED 30 JUNE 2018, 2019 AND 2020

Statement of Comprehensive Income	2015/16	2016/17	2017/18	2018/19	2019/20
	Audited Actual	Forecast	Plan	Plan	Plan
	$000	$000	$000	$000	$000
Revenue					
Ministry of Health Revenue	402,843	412,765	423,132	430,319	437,628
Other Government Revenue (including other DHBs)	90,962	107,120	112,421	114,110	115,768
Other Revenue	5,690	6,602	5,392	5,449	5,506
Total Revenue	**499,495**	**526,487**	**540,945**	**549,878**	**558,901**
Expenditure					
Personnel	165,779	168,009	173,581	177,053	180,771
Outsourced	19,333	15,522	10,617	10,698	10,879
Depreciation and Amortisation	13,158	13,316	13,593	13,593	13,593
Clinical Supplies	23,799	26,184	24,546	24,467	24,883
Infrastructure and Non Clinical	18,246	16,508	18,617	17,596	17,860
Payments to other DHBs	89,149	90,182	91,935	93,314	94,714
Payments to Non-DHB Providers	165,547	192,318	199,926	202,925	205,969
Interest	3,825	2,270	93	93	93
Capital Charge	7,622	5,872	10,138	10,138	10,138
Total Expenditure	**506,458**	**530,180**	**543,048**	**548,878**	**558,901**
Other Comprehensive Income					
Revaluation of Land and Building	-	-	-	-	-
Total Comprehensive Income/(Deficit)	**(6,963)**	**(3,693)**	**(2,103)**	**-**	**-**

PROSPECTIVE FINANCIAL PERFORMANCE BY OUTPUT CLASS FOR THE THREE YEARS ENDED 30 JUNE 2018, 2019 AND 2020

Prospective Summary of Revenues and Expenses by Output Class	2017/18	2018/19	2019/20
	Plan	Plan	Plan
	$000	$000	$000
Early Detection			
Total Revenue	150,842	153,295	155,787
Total Expenditure	153,522	155,373	157,687
Net Surplus / (Deficit)	**(2,679)**	**(2,079)**	**(1,899)**
Rehabilitation & Support			
Total Revenue	64,440	65,493	66,560
Total Expenditure	64,161	65,100	66,088
Net Surplus / (Deficit)	**280**	**393**	**472**
Prevention			
Total Revenue	23,180	23,563	23,952
Total Expenditure	24,096	24,577	24,944
Net Surplus / (Deficit)	**-916**	**-1,014**	**-992**
Intensive Assessment & Treatment			
Total Revenue	302,483	307,527	312,602
Total Expenditure	301,270	304,827	310,183
Net Surplus / (Deficit)	**1,213**	**2,700**	**2,419**
Consolidated Surplus / (Deficit)	**(2,103)**	**0**	**0**

Local and Regional Enablers

Local and Regional Enabler	Focus Expected for XX DHB	Link to NZ Health Strategy	HVDHB Key Response Actions to Deliver Improved Performance		Measures
			Activity	Milestones	
IT	Demonstrate how the DHB is regionally aligned and where it is leveraging digital hospital investments. State when ePA, Nursing Documentation and CPOE will be implemented (not all expected in 2017/18). Complete ePharmacy and Nursing documentation implementations.	**Smart system**	1. Implement the Regional Alignment of ICT services including: - Stage 1 transition onto the Regional Clinical Portal; Data Migration to enable a single consolidated regional health record for patients in the region. - Replace current Pharmacy system (Windose) with the regionally agreed common Pharmacy Information System (ePharmacy) - Complete transition to the Regional Radiology Information System - Progress move to IaaS as part of an agreed sub-regional solution. 2. Implement access to NZePS community dispensed medication for medicines reconciliation 3. Begin analysis and planning for hospital ePrescribing and administration, and electronic nursing documentation and observations. 4. Improve discharge prescription quality and discharge summary medications information. 5. Implement/pilot hospital service electronic laboratory orders. 6. Contribute to the development of the business case for Single Electronic Health Record.	Q1-4 Q1-4 Q1-4 Q1-4 Q1-4 Q1-4	Quarterly reports from regional leads.
Workforce	Identify any particular workforce issues that need to be addressed at a local level around capability and capacity (numbers) and include key actions and milestones:	**One Team**	1. Refresh the DHB values to align with HVDHB Strategic Priorities and leadership behaviours; work with staff to give more meaning to the values in their day to day work and DHB priorities. 2. Grow leadership and clinical capability with continued implementation of HVDHB Clinical Leadership programme (with at least two new cohorts of participants during 2017/18).	Q2 Q2-4 Q4	NA.

	Identify actions to regularise and improve the training of the kaiāwhina workforce in home and community support services as per Action 9a of the Healthy Ageing Strategy.	Onr Team	3. Introduce the SSC talent management and leadership success profile and develop succession planning processes. 4. Review and continue to implement cultural competency programmes. (EOA) 5. Develop the Kaiāwhina (HCA) workforce and introduction of the Calderdale framework within AHST. 6. Enhance existing health and well-being programmes for staff through the introduction of the Work-well programme. 7. Implement the outcomes of the IBT settlement agreement, equal pay negotiations and investment in the home and community sector workforce. (EOA) *(Cross reference to Healthy Aging priority area action.)*	Q1-4 Q2-4 6. Q2	PP23 Improving wrap around services – Health of Older People

SECTION 3: Service Configuration

3.1 Service Coverage

Hutt Valley DHB acknowledge that all DHBs are required to deliver a minimum of services, as defined in *The Service Coverage Schedule*, which is incorporated as part of the Crown Funding Agreement under section 10 of the New Zealand Public Health and Disability Act 2000, and is updated annually.

Responsibility for service coverage is shared between DHBs and the Ministry. DHBs are responsible for taking appropriate action to ensure that service coverage is delivered for their population, including populations that may have high or different needs such as Māori, Pacific and high-needs groups. Hutt Valley DHB may, pursuant to section 25 of the New Zealand Public Health and Disability Act 2000, negotiate and enter into, or amend any current agreement for the provision or procurement of services.

The Hutt Valley DHB is not seeking any formal exemptions to the Service Coverage Schedule in 2017/18.

3.2 Service Change

Active service changes

The table below describes all active service changes that have been approved or proposed for implementation in 2017/18.

Change	Description of Change	Benefits of Change	Change for local, regional or national reasons
HoP/Dementia care	Review options for improved day care/respite and support for people with dementia.	– More responsive services – Improved patient access/reduced inequalities of access – Improved integration	Local
Orthotic Service	Investigation of the potential to bring the management for long term orthotic provision for Hutt Valley residents back to HVDHB.	– To improve continuity of care – To improve service efficiency.	Local
Oral Maxillofacial	Develop a single acute service model for Lower North Island as part of the Central Region Service.	– Improve service sustainability	Regional
Radiology	Evaluate clinical and financial viability of publicly-funded radiology services across the three DHBs, including services provided by both the DHBs and private providers. Develop proposed future options to improve radiology services across the system (community and hospital	– More responsive services – Improved patient access – More efficient services	3DHB Sub-regional

Change	Description of Change	Benefits of Change	Change for local, regional or national reasons
	services).		
Community Pharmacy	Implement the national pharmacy contracting arrangements and develop local services once agreed.	– More responsive local services – Improved integration – More patient centered services – Reduce inequalities of access	National and Local
Mental Health ICAFs	Complete a review and implement an agreed and prioritised change programme within ICAFS	– Improve waiting times – Improve integration of service with primary care partners – Improved outcomes for patients – Improved patient experience	3DHB Sub-regional
Mental Health Community Based Acute and Crisis Respite (Adult Acute Alternatives to Hospitalisation)	Implement agreed prioritised recommendations to reduce variation between the community-based acute crisis services in the service user groups targeted.	– More responsive services – Improved patient and whānau access – More efficient services – Improved patient outcomes	3DHB Sub-regional
Mental Health Community Youth Respite	Develop proposal around crisis respite and therapeutic recovery model to support children and young people and their families/whānau to live successfully as participating members of the community.	– More responsive services – Improved patient and whānau access – More efficient services – Improved patient outcomes	3DHB Sub-regional

Anticipated service reviews

The table below describes all service reviews that are anticipated in 2017/18.

Change	Description of Change	Benefits of Change	Change for local, regional or national reasons
Palliative Care	Reconfiguration of services to implement single point of entry	– More responsive services – Earlier more responsive support for palliative care patients	Local
Maori Health Services	Identify options for improving the integration of care between Maori Health services and primary care	– More targeted and responsive services – Improved integration – Reduction in ASH – Better patient centered care – Reduction in health inequalities	Local
Occupational Therapy	Review model of practice in community.	– To enable sustainable <48-hour response to priority 1 referrals.	Local
Sleep Service	Review of the Sleep Service currently provided by CCDHB giving consideration to providing this	– To deliver service closer to home	Local

Change	Description of Change	Benefits of Change	Change for local, regional or national reasons
	locally by HVDHB		
Cancer Services	Develop options to strengthen ambulatory cancer care.	– More responsive services – Services Closer to home – Improved patient care	3DHB sub-regional
Mental Health Opioid Substitution Treatment Model of Care	Implement agreed prioritised improvement recommendations in Primary Care settings	– Improve waiting times, – Improve integration of service with primary care partners, – Improved outcomes for patients, – Improved patient experience	3DHB Sub-regional
Mental Health Central Region Adult Alcohol and Other Drug Residential Service (January 2018)	Investigate options for implementation of new proposed service model of care endorsed by the Mental Health and Addictions Network (MHAN).	– Improve waiting times, – Improve integration of service with primary care partners, – Improved outcomes for patients, – Improved patient experience	Regional

SECTION 4: Stewardship

This section provides an outline of the arrangements and systems that Hutt Valley DHB has in place to manage its core functions and to deliver planned services. Greater detail is included in Hutt Valley DHB's three-yearly Statement of Intent, which was last produced for the 2016/17 year and is available on our website at http://www.huttvalleydhb.org.nz/about-us/reports-and-publications/annual-plan/

4.1 Managing our Business

Organisational performance management

The Hutt Valley DHB's performance is assessed on both financial and non-financial measures, which are measured and reported at all levels of the organisation. These are reported daily, weekly, fortnightly or monthly as appropriate.

Funding and financial management

The Hutt Valley DHB's key financial indicators include; performance against the DHB operating budget, FTE management within FTE budget and cash position continuing to improve without requiring to use the overdraft facility. These are assessed and reported through Hutt Valley DHB's performance management process to the Executive Leadership team (ELT), the Finance Risk and Audit Committee (FRAC) and the Board on a monthly basis. The DHB Cash position is also monitored on a daily basis by the DHB finance team. Further information about Hutt Valley DHB's planned financial position for 2017/18 and out years is contained in the Financial Performance Summary section of this document on page 25, and in Appendix A: Statement of Performance Expectations: Output Class Financials and Financial Performance on pages 54-61.

Investment and asset management

As part of the new Treasury system for monitoring investments across government the Hutt Valley DHB has developed a Long Term Investment Plan (LTIP) to support effective management of Crown investments. The Hutt Valley DHB's LTIP reflects our position in the early stage of the investment planning cycle. In 2017/18 the Hutt Valley DHB will progress work on its' integrated strategic investment planning programme with:

- Completion of an overarching Strategic Plan looking out to 2030 for the Hutt Valley health system. This plan will define the key strategic directions that will guide service delivery and investment over this period.
- Completion of a Clinical Services Plan (CSP) for the Hutt Valley to 2030. The CSP will provide a reliable insight into our long-term health system planning and thinking, a description of the investment journey, an evaluation of the options and trade-offs, a preferred set of short listed options for investment and the expected impact of investment intentions on forecast financials.
- Initiation of a master site plan (MSP) for the Hutt Valley hospital campus consequent on the clinical services plan. This will define the size and type of the likely footprint required on the hospital campus and will in turn inform the Asset Management Plan for HVDHB.

As these key planning milestones are achieved the LTIP will be updated to reflect increasing maturity of investment planning for the Hutt Valley DHB. In addition the LTIP will reflect developments in regional planning programmes including:

- The (Central) Regional Services Plan
- Completion and implementation of the 3DHB Mental Health Framework
- Completion of the 3DHB ICT strategy

Shared service arrangements and ownership interests

Hutt Valley DHB has a part ownership interest in Allied Laundry and NZ Health Partnerships (NZHP). The DHB does not intend to acquire shares or interests in other companies, trusts or partnerships at this time.

Risk management

Hutt Valley DHB has a formal risk management and reporting system, which currently entails 'SharePoint' as a management system and monthly reporting to the Hutt Valley DHB Finance, Risk and Audit Committee via the Executive Leadership Team. In July 2017, the risk management system will be transferring to the risk module in SQUARE (Safety, Quality and Reportable Events, a 3DHB event reporting system; an RL6 product). The Hutt Valley DHB is committed to managing risk in accordance with the process set out in the Australian/New Zealand Joint Standard on Risk Management (AS/NZS ISO 31000:2009).

Quality assurance and improvement

Hutt Valley DHB's approach to quality assurance and improvement is in line with the New Zealand Triple Aim: improved quality, safety and experience of care, improved health and equity for all populations, and, best value for public health system resources. Contracted services are aligned with national quality standards and auditing of contracted providers includes quality audits. Hutt Valley has a strong and positive culture of continuously improving the quality and safety of the services we provide. Our quality goals are underpinned by a culture of working together at all levels across the Hutt Valley Health System and with our neighbouring DHB's to achieve patient centred care, openness and transparency, learning from error or harm and ensuring that the contribution of staff from all levels of the DHB for quality improvement and innovation are truly valued. Our clinical and corporate governance framework ensures that systems are in place to ensure the Board, clinicians and managers share responsibility and are held accountable for patient care and minimising risks whilst continuously monitoring and improving the quality of clinical care.

The framework for reporting on quality assurance activity occurs at every level across the hospital, with our primary care partners and across the sub-region.

4.2 Building Capability

Capital and infrastructure development

Key strategic capital investments continue to be IT related including the programme of work on the Regional Informatics Programme (RIP). Investment will be required on the DHB infrastructure however this will be informed by a clinical services plan and a site master plan. The clinical services plan is due to be completed by 30 June 2018 and the site master plan in late 2018.

Information technology and communications systems

Hutt Valley DHB's information technology and communication systems goals align with the national and regional strategic direction for IT. Further detail about Hutt Valley DHB's current IT initiatives is contained in the 2017/18 Central Regional Service Plan, and in the section on local and regional enablers within this document, on page 21.

Workforce

Below is a short summary of Hutt Valley DHB's organisational culture, leadership and workforce development initiatives. Further detail about the Central regional approach to workforce is contained in the 2017/18 Central Regional Service Plan.

Planned initiatives for 2017/18 include a review of the DHB's values and leadership development programme to align these to DHB regional and national frameworks. The introduction of the State Services Commission (SSC) talent management framework will enable emerging leadership talent to be identified and developed and succession pipeline established. Rigorous credentialing processes, building accountability and strengthening multi-disciplinary team based structure/s across the DHB will be central to raising capability and capacity. Work is underway to investigate the options for developing the DHB's Kaiāwhina workforce (Health Care Assistants) and supporting this workforce to achieve recognised national certificates in healthcare, thereby establishing a career pathway for this section of the workforce. Implementation of the Calderdale Framework by Allied Health, Scientific & Technical will provide the DHB with a clear and systematic method of reviewing skill mix and roles to ensure quality and safety for patients that can be transferred to other departments. Further work will also be directed toward developing cultural competency across the DHB, enhancing employee engagement and supporting the general health and wellbeing of all staff.

Co-operative developments

Hutt Valley DHB works and collaborates with a number of external organisations and entities on delivery of programmes and initiatives contributing to the Hutt Valley health system. These organisations and entities have a role in delivering the priority action areas noted in the Hutt Valley DHBs Annual Plan.

Entity / type	Name (composition)	Relationship and role in HV Health System
Alliance Leadership Team	Hutt INC – governance group comprises clinical and management (business) leaders from DHB, local PHOs and NGOs.	Plans and leads the integration work of three local networks each composed of medical, nursing and allied health professionals from primary and secondary care in the Hutt Valley: Child Health Network Acute Demand Network Long Term Conditions Network
Clinical Council	Hutt Valley Clinical Council Clinical leaders from medical, nursing and allied health professionals across primary, community and hospital services.	The peak clinical governance body of the HV health system provides advice on clinical matters and resource allocation to the Executive Leadership team and the Board.
Regional DHBs Central TAS	Central TAS Entity supporting co-ordinated work programmes across the central region DHBs.	Co-ordinates and supports the work programmes of the regional networks made up of central region health sector personnel. Work plans focus on agreed regional priorities for clinical, workforce and IT programmes and projects.
Neighbour DHBs	Wairarapa DHB	Regional Public Health, Mental Health (MHAID),

	Capital & Coast DHB	Disability Support, Radiology and IT services are planned, funded and delivered on a 3DHB basis.
PHOs	Te Awakairangi Health Network Comprises General Practices in the Hutt Valley	HVDHB holds contracts with PHOs for primary care and delivery of specific health initiatives in 22 GP practices.
	Cosine Primary Care Network Comprises General Practices in the Hutt Valley	
NGO Maori Health providers	Kokiri Marae Te Runanganui	Hold contracts with the HVDHB directly, with MoH directly, or through PHOs for delivery of services to people, their families and whanau across the Hutt Valley
NGOs	Aged Residential Care providers (16) and Dementia Units (6) Home Based care providers (1) Community Health providers (including youth, Palliative Care, Pacific health) Mental Health providers (15) Nurse Maude Alzheimer's Wellington Wesley Community Action	Hold contracts with the HVDHB directly, with MoH directly, or through PHOs for delivery of services to people, their families and whanau across the Hutt Valley.
Private Sector providers	Hospital and community laboratory services (WSCL) Tertiary Fertility Services (Fertility Associates) Dentists (8) Pharmacies (29)	Hold contracts with the HVDHB directly, with MoH directly, or through PHOs for delivery of services to people, their families and whanau across the Hutt Valley.
Private Sector providers	Private surgical hospitals	Provide surgical services under contract with HVDHB from time to time as required to augment capacity.

SECTION 5: Performance Measures

2017/18 Performance Measures

The DHB non-financial monitoring framework aims to provide a rounded view of performance in key areas using a range of performance markers. The measures are intended to cover a specific set of markers of DHB performance in key areas, rather than all health services or DHB activity. Four dimensions are identified reflecting DHB functions as owners, funders and providers of health and disability services. The four identified dimensions of DHB performance cover:

- achieving Government's priority goals/objectives and targets or 'Policy priorities'
- meeting service coverage requirements and supporting sector inter-connectedness or 'System Integration'
- providing quality services efficiently or 'Ownership'
- purchasing the right mix and level of services within acceptable financial performance or 'Outputs'.

Each performance measure has a nomenclature to assist with classification as follows:

Code Dimension

PP Policy Priorities OP Outputs
SI System Integration OS Ownership
DV Developmental – Establishment of baseline (no target/performance expectation is set)
Inclusion of 'SLM' in the measure title indicates a measure that is part of the 'System Level Measures' identified for 2017/18.

The following tables set out the range of DHB performance measures for 2017/18.

5.1 Performance dimension: Policy priorities

Achieving the Government's goals/objectives and targets or policy priorities.

Performance Measure	Performance Expectation	Target Groups		Hutt Valley Target	National Target	Reporting Frequency	Reference to Key Health Priority in AP
HS - Support delivery of NZ Health Strategy	One brief example (single dot point) per strategy theme each quarter, to highlight an action, initiative or activity delivered in the quarter. These highlights will be included on the DHB quarterly dashboards for sharing with the Minister (no performance assessment will be made).					Quarterly	NEW
PP6: Improving the health status of people with severe mental illness through improved access Consultation activity can be reported in this category	% population accessing specialist mental health services.	Age 0-19	Maori	4.9%		Six-monthly	Youth Mental Health priority Mental Health priority
			Total	4.25%			
		Age 20-64	Maori	8.89%			
			Total	4.82%			
		Age 65+	Maori	2.03%			
			Total	2.03%			

Performance Measure	Performance Expectation	Target Groups		Hutt Valley Target	National Target	Reporting Frequency	Reference to Key Health Priority in AP
PP7: Improving mental health services using wellness & transition (discharge) planning MODIFIED to incl all ages groups and file audits	% clients with transition plan	All ages		≥95%	≥95%	Quarterly	Youth Mental Health priority
		Long term clients					
	% clients with transition plan of acceptable quality	All ages		≥95%	≥95%	Quarterly	Mental Health priority
		Long term clients					
PP8: Shorter waits for non-urgent mental health and addiction services for 0-19 year olds	% of people ≤19 years old seen by Mental Health Provider Arm		Within 3 weeks	≥80%	≥80%	Quarterly	Youth Mental Health priority Mental Health priority
	% of people ≤19 years old seen by Mental Health Provider Arm		Within 8 weeks	≥95%	≥95%		
	% of people ≤19 years old seen by Addictions Services (Provider Arm and NGO)		Within 3 weeks	≥80%	≥80%		
	% of people ≤19 years old seen by Addictions Services (Provider Arm and NGO)		Within 8 weeks	≥95%	≥95%		
PP10: Oral health: Mean Decayed/Missing/Filled Teeth score at year 8	Mean DMFT for children examined in the Year 8 group	Age 12/13	Māori	<0.70		Annual	Child Health priority
			Pacific	<0.70			
			Other	<0.70			
			Total	<0.70			
PP11: Children caries-free at 5 years of age	% caries-free in children examined at 5 years old	Age 5	Māori	68%		Annual	Child Health priority
			Pacific	68%			
			Other	68%			
			Total	68%			
PP12: Utilisation of DHB-funded dental services by adolescents from School Year 9 up to and including 17 years	% access to DHB-funded adolescent dental services	Year 9 up to age 17 years		>85%		Annual	Child Health priority
PP13: Improving the number of children enrolled in DHB funded dental services	% of pre-school children enrolled in DHB-funded dental services	Pre-school age	Māori	≥95%		Annual	Child Health priority
			Pacific				
			Other				
			Total				
	Percentage of enrolled pre-school and primary school children overdue for their scheduled examinations	Pre-school age	Māori	≤10%			
			Pacific				
			Other				
			Total				
		Primary school age	Māori	≤10%			
			Pacific				
			Other				
			Total				
PP20:	Focus Area 1: Long Term Conditions: Narrative report			Report on delivery of actions and milestones		Quarterly	Living well with Diabetes

Performance Measure	Performance Expectation	Target Groups	Hutt Valley Target	National Target	Reporting Frequency	Reference to Key Health Priority in AP
Improved mgmt. for long term conditions	Focus Area 2 Diabetes services: Narrative report	Report on implementation of Living Well with Diabetes plan.			Quarterly	priority
		Improve, or where high maintain proportion of patients with good or acceptable glycaemic control.				
	Focus area 3: Cardiovascular Health (CVD) services	Narrative report			Quarterly	
	Focus area 3 Indicator 1: % eligible population who have had their cardiovascular risk assessed in the last five years	Māori males 35-44 years	90%	90%	Quarterly	Childhood Obesity priority
		Māori				
		Pacific				
		Other				
		Total				
	Focus area 4: Acute Heart services: delivery of actions in AP and progress in quality improvement initiatives.	Narrative report			Quarterly	Primary Care Integration priority
	Focus Area 4a: % of high-risk patients receiving an angiogram within 3 days of admission		70%	70%	Quarterly	
	Focus Area 4b1: % of ACS patients undergoing coronary angiography having registry data completion within 30 day of discharge.		>95%	≥95%	Quarterly	
	Focus Area 4b2: % of cardiac surgery patients having registry data completion within 30 days of discharge.		≥95%	≥95%	Quarterly	
	Focus Area 5: Stroke Services: Delivery of actions and milestones in AP.	Narrative report			Quarterly	
	Focus Area 5a: % of potentially eligible stroke patients thrombolysed 24/7.		≥8%	≥8%	Quarterly	
	Focus Area 5b: % of stroke patients admitted to a stroke unit/service with a demonstrated stroke pathway.		80%	80%	Quarterly	
	Focus Area 5c: % of patients admitted with acute stroke transferred to inpatient rehabilitation services within 7 days of acute admission.		80%	80%	Quarterly	
PP21: Immunis-ation coverage	Focus Area 1a: % of children fully immunised at age 24 months	At 2 years	Māori	≥95%	≥95%	Quarterly	Supporting vulnerable children priority
			Pacific				
			Total				
	Focus Area 1b: % of children fully immunised at age 5	At 5 years	Māori	≥95%	≥95%	Quarterly	Increased Immunisation priority
			Pacific				
			Total				
	Focus Area 2: % of eligible girls fully immunised against HPV	Eligible girls	Māori	≥75%	≥75%	Annual	Healthy Aging
			Pacific				
			Total				

Performance Measure	Performance Expectation	Target Groups		Hutt Valley Target	National Target	Reporting Frequency	Reference to Key Health Priority in AP
	Focus area 3: % of popln aged 65 years and over immunised against influenza annually.	≥65 years	Māori Pacific Total	≥75%	≥75%	Annual	priority
PP22 Improving system integration (SLM)	Report on delivery of actions and milestones to improve integration as identified in DHB annual plans.					Quarterly	Primary Care Integration Improving Quality
PP23: Implementing the Healthy Ageing (HA) Strategy	Report on actions and milestones to deliver on commitment to implement the HA strategy across 5 action areas: 1a: Future Models of Care 1b: Integrated Falls & Fracture Prevention and Rehabilitation services 1c: Actions to improve Equity 1d: Workforce regularisation 1e: Locally prioritised actions					Quarterly	Healthy Aging priority
	InterRAI assessment Part a	% of older people who have received long-term home and community support services in the last three months who have had an interRAI Home Care or a Contact assessment and completed care plan		95%	95%	Quarterly	
PP25: Prime Minister's youth mental health project	Initiative 1: School based Health services	Progress report on actions to implement initiatives for Prime Minister's Youth Mental Health project				6-monthly	Mental Health priority
	Initiative 3: Youth Primary Mental Health					Quarterly	
	Initiative 5: Responsiveness of primary care to youth					Quarterly	
PP26 the Mental Health & Addiction service development plan	Focus Area 1: Primary Mental Health	Narrative report and quantitative report on services delivered				Quarterly	Mental Health priority
	Focus area 2: Suicide prevention and post vention	Report on actions from plan					
	Focus area 3: Improving crisis response	Report on actions making a difference					
	Focus area 4: Improving outcomes for children	Exceptions report on actions not on track as per plan.					
	Focus area 5 Improving employment and physical health needs of people with low prevalence conditions	Exceptions report on actions not on track as per plan.					

Performance Measure	Performance Expectation	Target Groups	Hutt Valley Target	National Target	Reporting Frequency	Reference to Key Health Priority in AP
PP27 Supporting Vulnerable children	Progress report on delivery of actions and milestones agreed in Annual Plan.				Quarterly	Supporting Vulnerable children priority
PP28 : Reducing Rheumatic Fever	Reducing incidence of First Episode RF. (Hospitalisation rate per 100,000 popln.)	Māori Pacific total	<1.6	<1.6	Quarterly	Rheumatic Fever priority
		Exception report for DHBs with high incidence RF.				
PP29 Improving waiting times for diagnostic services	Elective Coronary Angiography: % of accepted referrals receiving angiography within 90 days		95%	95%	Monthly	Improved access to elective surgery priority Faster Cancer treatment priority Bowel Screening priority
	Computed Tomography : % of accepted referrals receiving scan within 42 days		95%	95%		
	Magnetic Resonance Imaging: % of accepted referrals receiving scan within 42 days		90%	90%		
	Urgent Diagnostic Colonoscopy: % of accepted referrals receiving procedure within 14 days		90%	90%		
	Urgent Diagnostic Colonoscopy: % of accepted referrals receiving procedure within 30 days		100%	100%		
	Non-Urgent Diagnostic Colonoscopy: % of accepted referrals receiving procedure within 42 days		70%	70%		
	Non-Urgent Diagnostic Colonoscopy: % of accepted referrals receiving procedure within 90 days		100%	100%		
	Surveillance Colonoscopy: % of people receiving procedure within 84 days		70%	70%		
	Surveillance Colonoscopy: % of people receiving procedure within 120 days		100%	100%		
PP30 Faster Cancer treatment	31-day indicator: % patients receiving their first cancer treatment (or other management) within 31 days from date of decision to treat.		≥85%	≥85%	Quarterly	Faster cancer treatment
PP31 Better help for smokers to quit in public hospitals	% adults admitted to public hospital as inpatients who identify as current smoker receiving brief advice and support to quit smoking		≥95%	≥95%	Quarterly	Better help for smokers to quit priority
PP32: Improving the quality of ethnicity data collection in the PHO and NHI registers.	Progress report on implementation and maintenance of Ethnicity Data Audit Toolkit (EDAT).				6-monthly	Primary Care Integration Improving quality

Performance Measure	Performance Expectation	Target Groups	Hutt Valley Target	National Target	Reporting Frequency	Reference to Key Health Priority in AP
PP33: Improving Maori enrolment in PHOs to meet national average (90%)	Maori enrolment in PHO		≥90%	≥90%	6-monthly	Primary Care Integration
PP36: Reduce rate of Maori under the Mental Health Act section 29: community treatment orders.	Reduce the rate of Maori under the Mental Health Act (s29) by at least 10% by (reporting) year end.		10% reduction	10% reduction	Quarterly	Mental Health priority
PP37: Improve breastfeeding rates.	% babies exclusively or fully breastfed at 3-months	Māori	60%	60%	6-monthly	Child Health priority Childhood obesity priority
		Pacific	60%			
		total	60%			
PP38:Delivery of response actions and milestones agreed in AP	Narrative report: confirmation actions and milestones in AP supporting the health-led BPs targets: - Healthy Mums and Babies - Keeping Kids Healthy achieved.				Quarterly	All priorities
	Actions and milestones supporting all priorities incl BPS targets.				6-monthly	

5.2 Performance dimension: System Integration

Meeting service coverage requirements and supporting sector inter-connectedness.

Performance Measure	Performance Expectation	Target Groups		Hutt Valley Target	National Target	Reporting Frequency	Reference to Key Health Priority in AP
SI1: Ambulatory Sensitive Hospitalisations (ASH)	Reduction in ethnic disparity for ASH rates per 100,000 population	Age 0-4	See System Level Measure Improvement Plan included as Appendix B		ASH targets set with aim to eliminate equity gap over 2-5 yr period	Quarterly	Child Health
		Age 45-64	Total population: ≤3948		ASH targets set with aim to eliminate equity gap over 2-5 yr period	Quarterly	Primary Care Integration
SI2: Delivery of Regional Service Plans (RSP)	Part 1	Regional progress report on RSP priorities agreed by all DHBs in Central region including actions to support Healthy Ageing strategy (interRAI and Dementia)				Quarterly	All regional priorities
	Part 2 HCV	Regional report :# people diagnosed with hepatitis C, by age.				6-monthly	
		Regional report: # HCV patients who have had a Fibroscan in the last year, new & follow up by age and ethnicity.					

Performance Measure	Performance Expectation	Target Groups	Hutt Valley Target	National Target	Reporting Frequency	Reference to Key Health Priority in AP
		Regional report: # people receiving PHARMAC funded antiviral treatment per annum, by age and ethnicity.				
	Part 3 SUDI	Regional report: SUDI prevention programme, commencing with development regional SUDI prevention plan Q1.			Quarterly	
SI3: Ensuring Delivery of Service Coverage	Narrative report covering resolution of exceptions to service coverage identified in the Annual Plan, and not approved as long term exceptions, and any other gaps in service coverage identified.				6-monthly	All priorities
SI4: elective Services Standardised Intervention Rates (SIRs) Updates tbc	Major joints SIR per 10,000		21	21	Annual	Improved access to elective surgery priority
	Cataracts SIR per 10,000		27	27	Annual	
	Cardiac surgery SIR per 10,000		6.5	6.5	Quarterly	
	Percutaneous revascularisation SIR per 10,000		12.5	12.5	Quarterly	
	Coronary Angiography SIR per 10,000		34.7	34.7	Quarterly	
SI5: Delivery of Whānau Ora	Mental Health	Progress report			6-monthly	Better help for smokers to quit Mental Health Child Health
	Asthma	Progress report				
	Oral health	Progress report				
	Obesity	Progress report				
	Tobacco	Progress report				
SI7: Total Acute Hospital Bed Days per capita	As specified in jointly agreed (by Hutt Alliance) SLM Improvement Plan. See SLM IP in Appendix B				Quarterly	
SI8: SLM Patient Experience of Care	As specified in jointly agreed (by Hutt Alliance) SLM Improvement Plan. See SLM IP in Appendix B				Quarterly	Primary Care Integration Improving Quality
SI9: Amenable Mortality Rate	As specified in jointly agreed (by Hutt Alliance) SLM Improvement Plan. See SLM IP in Appendix B				Quarterly	

Performance Measure	Performance Expectation	Target Groups	Hutt Valley Target	National Target	Reporting Frequency	Reference to Key Health Priority in AP
SI10: Improving Cervical Screening coverage.	% coverage for all ethnic groups	Māori	>80%	>80%	6-monthly	Primary Care Integration
		Pacific				
		Asian				
		Other				
		Total				
SI11: Improving Breast Screening coverage.	% coverage for all ethnic groups	Māori	>70%	>70%	6-monthly	Primary Care Integration
		Pacific				
		Other				
		Total				

5.3 Performance Dimension: Ownership

Providing quality services efficiently

Performance Measure	Performance Expectation	Target Groups	Hutt Valley Target	National Target	Reporting Frequency	Reference to Key Health Priority in AP
OS3: Inpatient Average Length of Stay (ALOS), standardised Awaiting update	Part 1: Elective Surgical Inpatient standardised ALOS (ratio of actual to predicted, multiplied by the nationwide inpatient ALOS)		1.47	1.47	Quarterly	Disability Support Services priority
	Part 2: Acute Inpatient standardised ALOS (ratio of actual to predicted, multiplied by the nationwide inpatient ALOS)		2.30	2.3		Improving Quality priority
OS8: Reducing Acute Readmissions to Hospital Definition under review	Acute readmission rates to hospital within 28 days. Model tbc.	Total	Tba	tba	Quarterly	Improving quality
		Age 75+	tba	tba		Primary Care Integration
OS10: Improving the quality of identity data within the National Health Index (NHI) and data submitted to National Collections	Focus area 1 NHI identity data quality	% of new NHI registrations in error (causing duplication)	>1 and ≤3%	>1 and ≤3%	Quarterly	Improving Quality
		% of non-specific ethnicity in new NHI registrations	>0.5 and ≤2%	>0.5 and ≤2%		
		% of updates to ethnicity in existing NHI records with a non-specific value	>0.5 and ≤2%	>0.5 and ≤2%		
		% of validated addresses	>76% and ≤85%	>76% and ≤85%		
		% invalid NHI updates	tba	tba		
	Focus area 2 National Collections data quality	% of NBRS records with accurate links to NNPAC and NMDS	≥97% and ≤99.5%	≥97% and ≤99.5%		Living within our means
		% of National Collection records (PRIMHD, NMDS, NNPAC, NBRS) successfully loaded	≥98% and ≤99.5%	≥98% and ≤99.5%		
		% of edited diagnosis code descriptors submitted to the NMDS	≥75%	≥75%		
		% of NNPAC events loaded more than 21 days post month of discharge	≥95% and <98%	≥95% and <98%		

Performance Measure	Performance Expectation	Target Groups	Hutt Valley Target	National Target	Reporting Frequency	Reference to Key Health Priority in AP
	Focus area 3 Quality of Mental; Health data (PRIMHD)	Routine audit				

5.4 Performance dimension: Outputs

Purchasing the right mix and level of services within acceptable financial performance.

Performance Measure	Performance Expectation	Target Groups	Hutt Valley Target	National Target	Reporting Frequency	Reference to Key Health Priority in AP
OP1 Mental Health output delivery against plan.	Variance of planned volumes for services measured by FTE		+/- 5%	+/- 5%	Quarterly	
	Variance of a clinically safe occupancy rate of 85% for inpatient services measured by available bed day.		+/- 5%	+/- 5%		
	Actual expenditure on delivery of programmes or places within variance of ytd plan.		+/- 5%	+/- 5%		

5.5 Developmental Measures

Performance Measure	Performance Expectation	Target Groups	Hutt Valley Target	National Target	Reporting Frequency	Reference to Key Health Priority in AP
DV4 Implementing a national approach to collection measurement and use of patient experience information	No performance expectation /target set.		As per SLM		Quarterly	
DV6: Youth access to and utilisation of youth appropriate health services	No performance expectation /target set.		As per SLM		Quarterly	
DV7: Number of babies who live in a smoke-free household at six weeks post-natal	No performance expectation /target set.		As per SLM		Quarterly	

APPENDIX A: 2017/18 Statement of Performance Expectations including Financial Performance

This Statement of Performance Expectations (SPE) is a requirement of the Crown Entities Act 2013 and serves three purposes:

1. To allow the responsible Minister to participate in setting the annual performance expectations of the Hutt Valley DHB
2. To provide parliament with information on these expectations, and
3. To provide a base against which actual performance can be assessed. The actual results of service performance against what was forecast here will be published in our 2017/18 Annual Report.

Output class measures

Four Output Classes are used by (all) DHBs to reflect the nature of services provided. The aim of selecting output measures within each class for inclusion in the SPE is to ensure that the SPE meaningfully supports the key strategic priorities of the Hutt Valley DHB's planned activities as outlined in the earlier Sections of this Annual Plan, and to provide a representation of the vast scope of business as usual services we provide in support of our strategic goals.

In identifying appropriate output measures[3] within each output class we have included, in addition to volume measures, a mix of measures that help us evaluate different aspects of our performance. These measures indicate performance against service coverage (encompassing health equity) quality, volume (quantity) and timeliness. The intervention logic is depicted in Figure 1.

Some performance measures are demand-based and are included to provide a picture of the services funded and/or provided by the Hutt Valley DHB. For such measures, there are no assumptions about whether an increase or decrease is desirable. As such the "target" represents an estimation of the service delivery for 2017/18 based on historical and population trends.

The following tables provide baselines, forecasts and targets for each output area.

Reference key			
HT	(National) Health Target*	C	Coverage
SLM	System Level Measure*	V	Volume (quantity) measure
PP	Policy priority measure*	Q	Quality measure
SI	System Integration measure*	T	Timeliness measure
OP	Output measure*		
OS	Ownership measure*		*These measures are part of the National non-financial performance monitoring framework.
DV	Development measure*		
HVPI	Hutt Valley DHB performance indicator		

[3] Some performance measures show health indicators by locality, ie the people who live in the Hutt Valley DHB's catchment, while other measures show performance of the services provided by Hutt Valley DHB regardless of the service user's home district.

Some measures show combined data for all 3 DHBs; Wairarapa, Hutt Valley and Capital & Coast, most often where services are provided on a sub-regional basis and data is not disaggregated by DHB. These measures are indicated in the tables as (3DHB).

Figure 1 – Intervention logic map for Hutt Valley DHB SPE Output classes.

National	**NZ Health System intended outcomes:** **New Zealanders live longer, healthier and more independent lives.**						
Central region Triple Aim	In the Central region we aim to achieve: Improved health & equity for all populations Improved quality, safety & experience of care Best value for public health system resources						
DHB vision	Healthy people		Healthy Families		Healthy communities		
System level health outcome measures	**For the Hutt Valley success will mean:** Reduction in Ambulatory sensitive hospital (ASH) admissions 0-4 yr olds and age 45-64 Reduction in amenable mortality rates Reduction in Acute Hospital bed days per capita Improved scores across domains of the patient experience survey Improved health equity = reduced ethnic disparity in system level measures						
IMPACTS How we measure our progress.	- Reduced and more equitable number of babies who live in smoke-free household - More babies breastfed - More adults and pregnant women offered help to quit smoking. - High proportion 8-month old immunized equitably across ethnicities. - Improved and more equitable oral health for children. - More women screened for breast and cervical cancers equitably across ethnicities.		- More adults referred to Green Prescription program. - Increased and more equitable number of patients enrolled in PHOs. - More people assessed for CVD risk equitably across ethnicities. - Improved access to mental health and addiction services. - Reduced Rheumatic Fever (first) hospitalization rates - More patients attend planned appointments equitably across ethnicities.		- Shorter stays in our Emergency Department. - Shorter and equitable waiting time for cancer diagnosis and treatment - Timely access to planned elective services - Proportion of older people receiving long term support that are comprehensively clinically assessed (inter RAI) - Number of people registered with Disability alert	
DHB intended outcomes	Environmental and disease hazards minimized Lifestyle factors affecting health well managed Children have a healthy start in life Long term conditions well managed Improved health, wellbeing & independence of our older people				Responsive services for people with disabilities People receive high quality hospital and specialist health services when needed People receive high quality mental health services when needed Reduced health disparities		
Outputs Services provided	**Prevention** Health protection & regulatory services Health promotion & education Popln health screening Immunisation Smoking cessation		**Early Detection & Management** Primary health care Oral health Community care Pharmacy services Diagnostics		**Intensive Assessment & Treatment** Mental Health & Addictions services Elective and acute medical and surgical services Cancer services Maternity	**Rehabilitation & support** Disability services Health of older people Age-related residential care Needs assessment Home based care Palliative care	
Inputs	People & knowledge	Collaborative partnerships	Quality systems & processes	Technology	Facilities	Funding	Risk management

Output class 1: Prevention Services

Prevention services

- Preventative services are publicly funded services that protect and promote health in the whole population or identifiable sub-populations comprising services designed to enhance the health status of the population as distinct from treatment services which repair/support health and disability dysfunction.
- Preventative services address individual behaviours by targeting population wide physical and social environments to influence health and wellbeing.
- Preventative services include health promotion to ensure that illness is prevented and unequal outcomes are reduced; statutorily mandated health protection services to protect the public from toxic environmental risk and communicable diseases; and, population health protection services such as immunisation and screening services.
- On a continuum of care these services are public wide preventative services.

Outputs measured by	Note		Target/Est. 2017/18	Baseline	Baseline data date
Health protection and statutory regulation					
The number of disease notifications investigated	V	HVPI	Total 395	395	2015/16
			Maori 44	44	
			Pacific 21	21	
The number of environmental health investigations	V	HVPI	322	322	2015/16
The number of premises visited for alcohol controlled purchase operations	V	HVPI	37	37	2015/16
The number of tobacco retailers visited during controlled purchase operations	V	HVPI	56	56	2015/16
Health promotion and education					
Number of adult referrals to the Green Prescription program (HVDHB)	V	HVPI	900	new service & target in place from Jan 2017	
Number of new referrals to Public Health nurses in primary/intermediate schools.	V	HVPI	Total 978	978	Jan-Dec 2015
			Maori 468	468	
			Pacific 211	211	
Smoking cessation					
Percentage of PHO enrolled patients who smoke and have been offered help to quit smoking by a health care practitioner in last 15 months.	Q	HT5	≥90%	88%	2016/17 Q2
Percentage of hospitalized smokers receiving advice and help to quit.	Q	PP31	≥95%	93%	2016/17 Q2
Percentage of pregnant women who identify as smokers upon registration with a DHB-employed midwife or LMC being offered brief advice and support to quit smoking.	Q	HT5	≥90%	50%	2016/17 Q2
Immunisation					
Percentage of 2-year olds fully immunized	C	PP21	≥95%	Total: 95%	Jan-Dec 2015
				Maori:91%	
				Pacific: 95%	
Percentage of 8-month olds fully vaccinated	C	HT4	≥95%	Total: 95%	Jan-Dec 2015
				Maori: 94%	
				Pacific: 98%	
Percentage of year 7 children provided Boostrix vaccination in schools in HVDHB district.	C	HVPI	≥70%	Total: 81%	Jan-Dec 2015
				Maori: 87%	
				Pacific: 87%	

Percentage of year 8 girls vaccinated against HPV (final dose) in HVDHB district schools.	C	PP21	≥75%	Total: 72% Maori: 79% Pacific: 89%	Jan-Dec 2015

Outputs measured by	Note		Target/Est 2017/18	Baseline	Baseline data date
Breastfeeding					
Percentage of infants fully or exclusively breastfed at 3-months	Q	PP37	≥60%	Total: 57% Maori: 39% Pacific: 46%	Jan-Jun 2016
Population based screening services					
Percentage of eligible children receiving a B4 School Check	C	HVPI	≥90%	Total: 90% Quntile5: 90%	2015/16
Percentage of eligible women (25-69 years) having cervical screening in last 3 years.	C	SI10	>80%	Total: 77% Maori: 68% Pacific: 73%	2016/17 Q2 as at Sept 16
Percentage of eligible women (45-69 years) having breast screening in the last 2 years.	C	SI11	>70%	Total: 74% Maori: 66% Pacific: 66%	2016/17 Q2 as at Sept 16

Output class 2: Early detection and management

Early detection and management

- Early detection and management services are delivered by a range of health and allied health professionals in various private, not-for-profit and government service settings. Include general practice, community and Māori health services, Pharmacist services, Community Pharmaceuticals (the Schedule) and child and adolescent oral health and dental services.
- These services are by their nature more generalist, usually accessible from multiple health providers and from a number of different locations within the DHB.
- On a continuum of care these services are preventative and treatment services focused on individuals and smaller groups of individuals.

Outputs measured by	Note		Target/Est 2017/18	Baseline	Baseline data date
Primary Care services / Long term conditions management					
Percentage of DHB-domiciled population enrolled in a PHO	C	PP33	≥98%	Total: 98% Maori: 90% Pacific: 99%	Jan 2017 register
Percentage of practices with a current Diabetes Practice Population plan (or LTC plan that includes diabetes)	C	HVPI	≥90%	70%	TeAHN only as at March 17
Percentage of eligible population assessed for CVD risk in last 5 years	C	PP20	≥90%	Total: 89% High needs:86%	2016/17 Q3 as at March 17
The number of new and localised HealthPathways in the sub-region.	V	HVPI	375	250	2016/17 Forecast
The number of users accessing the HealthPathways website in the last month of the financial year.	V	HVPI	2000	1703	2016/17 Forecast
Oral health					
Percentage of children under 5 years enrolled in DHB-funded dental services.	C	PP13	≥95%	Total: 97% Maori: 81% Pacific: 83%	2016 calendar year
Percentage of adolescents accessing DHB-funded dental services	C	PP12	≥85%	73%	2015 calendar year
Pharmacy services					
Number of initial prescription items dispensed	V	HVPI	1,637,708	1,637,708	Annual est based on data as at Feb 2017 (6 months)
Percentage of DHB domiciled populations dispensed at least one prescription item.	V	HVPI	≥ 80%	81%	2015/16
Number of people participating in a Community Pharmacy anticoagulant management service in a pharmacy.	V	HVPI	220	213	Jan 2017 register

Output class 3: Intensive assessment and treatment

Intensive Assessment and Treatment services

- Intensive assessment and treatment services are delivered by a range of secondary, tertiary and quaternary providers using public funds. These services are usually integrated into facilities that enable co-location of clinical expertise and specialized equipment such as a 'hospital'. These services are generally complex and provided by health care professionals that work closely together.
- They include:
  - Ambulatory services (including outpatient, district nursing and day services) across the range of secondary preventive, diagnostic, therapeutic, and rehabilitative services
  - Inpatient services (acute and elective streams) including diagnostic, therapeutic and rehabilitative services
  - Emergency Department services including triage, diagnostic, therapeutic and disposition services
- On a continuum of care these services are at the complex end of treatment services and focussed on individuals.

Outputs measured by	Note		Target/Est. 2017/18	Baseline	Baseline data date
Mental Health and Addiction services					
Number of people accessing secondary Mental Health Services.	V	PP6	Total: 6050 Maori: 1690 Pacific: 380	Total: 6297 Maori: 1698 Pacific: 385	2015/16
Percentage of patients 0-19 yrs referred to non-urgent child & adolescent mental health services & seen within 8 weeks.	T	PP8	95%	41%	2015/16
Percentage of patients 0-19 years referred to non-urgent child & adolescent Addiction services & seen within 8 weeks.	T	PP8	95%	76%	2015/16
Percentage of people admitted to an acute mental health inpatient service that were seen by the mental health community team in the 7 days prior to admission.	Q	HVPI	75%	36%	2015/16
Percentage of people discharged from an acute mental health inpatient service that were seen by the mental health community team in the 7 days following discharge.	Q	HVPI	90%	38%	2015/16
Elective and Acute (Emergency Dept.) inpatient/outpatient					
Number of surgical elective discharges	V	HT2	100%	106%	annual est. based on 2016/17 YTD Q3
Percentage of patients admitted, discharged or transferred from ED within 6 hours.	T	HT1	95%	94%	YTD May 2017
Standardised inpatient average length of stay ALOS (Acute)	T	OS3	2.4	2.27	YE Dec16
Standardised inpatient average length of stay ALOS (Elective))	T	OS3	1.6	1.58	YE Dec 16
Rate of inpatient falls causing harm per 1,000 bed days	Q	HVPI	≤2.0	2.0	SSP 15/16[4]
Rate of hospital acquired pressure injuries per 1,000 bed days	Q	HVPI	≤0.5	0.3	SSP 15/16

[4] Baseline data sourced from the DHB Annual Report SSP Statement of Service Performance

Rate of identified medication errors causing harm per 1,000 bed days	Q	HVPI	<3.1	3.1	SSP 15/16
Weighted average score in Patient Experience Survey	Q	SI8		~8.5	Nov-16
Percentage DNA appointments for First Specialist Appointment	Q	HVPI	≤7%	6.55%	Jul16-May17
Percentage DNA appointment for follow-up appointments	Q	HVPI	≤8%	7.54%	Jul16-May17
Cancer services					
Percentage of patients receiving their first cancer treatment (or other management) within 31 days from date of decision-to-treat	T	PP30	≥85%	86%	16/17 Q3
Percentage of patients with a high suspicion of cancer and a need to be seen within 2 weeks that received their 1st cancer treatment (or other management) within 62 days of being referred.	T	HT3	≥90%	68%	16/17 Q2

Output class 4: Rehabilitation and Support

Rehabilitation and Support services

- Rehabilitation and support services are delivered following a 'needs assessment' process and co-ordination input by NASC Services for a range of services including palliative care, home-based support and residential care services.
- On a continuum of care these services will provide support for individuals

Outputs measured by	Note		Target/Estimate 2017/18	Baseline	Baseline data date
Disability care services					
Number of sub-regional and HVDHB Disability forums	V	HVPI	≥1	HVDHB: 1 Sub Reg: 3	SSP 15/16
Number of sub-regional Disability newsletters published	V	HVPI	≥3	8	SSP 15/16
Total number of hospital staff that have completed the Disability responsiveness eLearning module.	Q	HVPI	≥840	77	2015/16
Total number of Disability alert registrations	Q	HVPI	≥4,000	2,042	2015/16
Health of Older People (HOP) services					
Percentage of people 65+ years who have received long term home support services in the last 3 months who have had comprehensive clinical [InterRAI] assessment and a completed care plan.	C	PP23	100%	100%	Jul-Dec16
Percentage of people 65+years receiving DHB funded HOP support that are being supported to live at home.	C	HVPI	≥ 65%	67%	snapshot first fortnight of Jan17
Percentage of the population aged 75+ years who are in Aged Residential Care (including private payers).	C	HVPI	11%	11%	Jun 2016 snapshot
Percentage of residential care providers meeting 3-year (or more) certification standards.	Q	HVPI	100%	100%	2015/16

Output Class Financials

Financial Performance by Output Class – Prevention Services

Prevention Forecast Statement of Financial Performance For the Year Ended 30 June $000s	2015\16 Audited	2016\17 Forecast	2017\18 Plan	2018\19 Plan	2019\20 Plan	2020\21 Plan
Income						
Operating Income	21,883	23,462	23,152	23,535	23,924	24,319
Interest Income	35	27	28	28	28	28
Total Income	**21,918**	**23,489**	**23,180**	**23,563**	**23,952**	**24,347**
Expenditure						
Personnel Costs	12,812	12,683	12,406	12,654	12,920	13,191
Depreciation	298	281	206	206	206	206
Outsourced Services	1,380	1,650	1,174	1,176	1,194	1,217
Clinical Supplies	586	483	418	418	425	432
Infrastructure and Non Clinical Expenses	658	408	498	479	486	494
Other District Health Boards	56	1,767	1,881	1,909	1,938	1,967
Non Health Board Providers	1,242	1,462	1,505	1,534	1,557	1,580
Capital Charge	341	253	467	467	467	467
Interest Expense	62	39	-	-	-	-
Other	1,076	1,078	1,016	1,016	1,033	1,049
Internal Allocations	3,643	3,631	4,525	4,718	4,718	4,718
Total Expenditure	**22,155**	**23,734**	**24,096**	**24,577**	**24,944**	**25,321**
Net Surplus / (Deficit)	**(237)**	**(245)**	**(916)**	**(1,014)**	**(992)**	**(974)**

Financial Performance by Output Class – Early detection and management

Early Detection & Management Forecast Statement of Financial Performance For the Year Ended 30 June $000s	2015\16 Audited	2016\17 Forecast	2017\18 Plan	2018\19 Plan	2019\20 Plan	2020\21 Plan
Income						
Operating Income	152,281	149,889	150,824	153,277	155,769	158,302
Interest Income	23	18	18	18	18	19
Total Income	**152,304**	**149,907**	**150,842**	**153,295**	**155,787**	**158,321**
Expenditure						
Personnel Costs	4,748	9,663	11,181	11,404	11,644	11,888
Depreciation	760	775	788	788	788	788
Outsourced Services	1,091	1,730	693	706	719	732
Clinical Supplies	481	492	516	516	524	532
Infrastructure and Non Clinical Expenses	610	700	770	764	776	788
Other District Health Boards	15,424	18,240	17,545	17,808	18,075	18,346
Non Health Board Providers	115,108	114,631	116,493	117,634	119,398	121,189
Capital Charge	1,050	992	1,029	1,029	1,029	1,029
Interest Expense	41	26	-	-	-	-
Other	122	523	532	532	541	549
Internal Allocations	1,767	3,049	3,975	4,192	4,192	4,192
Total Expenditure	**141,201**	**150,822**	**153,522**	**155,373**	**157,687**	**160,035**
Net Surplus / (Deficit)	**11,102**	**(916)**	**(2,679)**	**(2,079)**	**(1,899)**	**(1,714)**

Financial Performance by Output Class – Intensive assessment and treatment

Intensive Assessment & Treatment Forecast Statement of Financial Performance For the Year Ended 30 June $000s	2015\16 Audited	2016\17 Forecast	2017\18 Plan	2018\19 Plan	2019\20 Plan	2020\21 Plan
Income						
Operating Income	268,786	288,829	301,980	307,018	312,088	317,239
Interest Income	638	500	503	509	514	519
Total Income	**269,425**	**289,328**	**302,483**	**307,527**	**312,602**	**317,758**
Expenditure						
Personnel Costs	144,608	141,634	145,944	148,863	151,989	155,181
Depreciation	12,082	12,239	12,581	12,581	12,581	12,581
Outsourced Services	16,435	11,739	8,594	8,659	8,807	8,982
Clinical Supplies	21,497	21,942	20,944	20,851	21,206	21,529
Infrastructure and Non Clinical Expenses	13,111	11,403	13,052	12,031	12,208	12,387
Other District Health Boards	70,182	65,643	67,519	68,532	69,560	70,603
Non Health Board Providers	3,980	26,537	29,330	30,363	30,819	31,281
Capital Charge	6,220	4,617	8,626	8,626	8,626	8,626
Interest Expense	3,720	2,204	93	93	93	93
Other	2,559	4,130	4,136	4,177	4,244	4,310
Internal Allocations	(6,079)	(8,637)	(9,549)	(9,948)	(9,948)	(9,948)
Total Expenditure	**288,313**	**293,450**	**301,270**	**304,827**	**310,183**	**315,625**
Net Surplus / (Deficit)	**(18,889)**	**(4,122)**	**1,213**	**2,700**	**2,419**	**2,133**

Financial Performance by Output Class – Rehabilitation and support

Rehabilitation & Support Forecast Statement of Financial Performance For the Year Ended 30 June $000s	2015\16 Audited	2016\17 Forecast	2017\18 Plan	2018\19 Plan	2019\20 Plan	2020\21 Plan
Income						
Operating Income	55,848	63,762	64,439	65,492	66,559	67,644
Interest Income	1	1	1	1	1	1
Total Income	**55,849**	**63,763**	**64,440**	**65,493**	**66,560**	**67,645**
Expenditure						
Personnel Costs	3,611	4,029	4,051	4,132	4,219	4,307
Depreciation	19	20	18	18	18	18
Outsourced Services	427	404	155	158	160	163
Clinical Supplies	1,235	1,351	1,144	1,144	1,163	1,181
Infrastructure and Non Clinical Expenses	65	79	88	85	87	88
Other District Health Boards	3,487	4,533	4,991	5,065	5,141	5,219
Non Health Board Providers	45,216	49,688	52,598	53,394	54,195	55,008
Capital Charge	12	9	16	16	16	16
Interest Expense	2	1	-	-	-	-
Other	43	102	50	50	51	52
Internal Allocations	669	1,966	1,049	1,038	1,038	1,038
Total Expenditure	**54,785**	**62,184**	**64,161**	**65,100**	**66,088**	**67,089**
Net Surplus / (Deficit)	**1,063**	**1,579**	**280**	**393**	**472**	**555**

Financial Performance – Forecast Financial Statements

The following financial statements comply with section 149G of the Crown Entities Act and have been prepared in accordance with generally accepted accounting practices, and for each reportable class of output identify the expected revenue and proposed expenses.

Financial Performance

DHB Provider
Forecast Statement of Comprehensive Income
For the Year Ended 30 June

$000s	2015/16 Audited	2016/17 Forecast	2017/18 Plan	2018/19 Plan	2019/20 Plan	2020/21 Plan
Income						
Operating Income	229,991	238,132	244,514	248,199	251,881	255,617
Interest	697	546	550	556	561	567
Total Income	**230,688**	**238,678**	**245,064**	**248,754**	**252,443**	**256,184**
Expenditure						
Personnel Costs	165,706	167,469	172,149	175,592	179,279	183,044
Depreciation	13,155	13,315	13,593	13,593	13,593	13,593
Outsourced Services	17,292	13,607	9,934	10,003	10,173	10,376
Clinical Supplies	25,270	26,183	24,546	24,467	24,883	25,263
Infrastructure & Non-Clinical Expenses	27,856	24,189	28,433	27,427	27,685	27,947
Internal Allocations	(459)	(613)	(311)	(311)	(311)	(311)
Total Expenditure	**248,820**	**244,150**	**248,343**	**250,771**	**255,302**	**259,912**
Net Surplus/(Deficit)	**(18,132)**	**(5,472)**	**(3,280)**	**(2,017)**	**(2,859)**	**(3,728)**
Other Comprehensive Income						
Revaluation of Land and Buildings	-	-	-	-	-	0
Total Comprehensive Income	**(18,132)**	**(5,472)**	**(3,280)**	**(2,017)**	**(2,859)**	**(3,728)**

Governance and Administration
Forecast Statement of Comprehensive Income
For the Year Ended 30 June

$000s	2015/16 Audited	2016/17 Forecast	2017/18 Plan	2018/19 Plan	2019/20 Plan	2020/21 Plan
Income						
Operating Income	3,276	3,270	2,963	3,014	3,065	3,116
Interest	-	-	-	-	-	-
Total Income	**3,276**	**3,270**	**2,963**	**3,014**	**3,065**	**3,116**
Expenditure						
Personnel Costs	69	540	1,433	1,462	1,492	1,524
Depreciation	-	1	1	1	1	1
Outsourced Services	2,047	1,915	683	695	706	718
Clinical Supplies	1	1	0	0	0	0
Infrastructure & Non-Clinical Expenses	371	460	415	400	406	412
Internal Allocations	459	613	311	311	311	311
Total Expenditure	**2,947**	**3,530**	**2,843**	**2,867**	**2,916**	**2,966**
Net Surplus/(Deficit)	**329**	**(260)**	**120**	**146**	**148**	**151**

DHB Funder Forecast Statement of Comprehensive Income For the Year Ended 30 June						
$000s	2015/16 Audited	2016/17 Forecast	2017/18 Plan	2018/19 Plan	2019/20 Plan	2020/21 Plan
Income						
Operating Income	456,275	488,502	505,137	513,520	522,040	530,703
Total Income	**456,275**	**488,502**	**505,137**	**513,520**	**522,040**	**530,703**
Expenditure						
Hutt Provider Arm and Governance	196,280	203,964	212,220	215,409	218,646	221,932
Other District Health Boards	89,142	90,182	91,935	93,314	94,714	96,134
Non Health Board Providers	160,013	192,318	199,926	202,925	205,969	209,059
Total Expenditure	**445,435**	**486,464**	**504,081**	**511,649**	**519,329**	**527,125**
Net Surplus/(Deficit)	**10,840**	**2,038**	**1,056**	**1,871**	**2,711**	**3,577**
Expenditure Breakdown						
Personal Health	351,444	379,337	390,053	396,237	402,181	408,214
Mental Health	39,145	39,915	43,402	43,973	44,632	45,302
DSS	54,197	60,294	63,938	64,897	65,871	66,859
Public Health	1,778	2,610	2,314	2,326	2,361	2,397
Maori Health	1,251	1,157	1,441	1,231	1,249	1,268
Hutt Governance	3,156	3,151	2,934	2,984	3,035	3,086
Total Expenditure	**450,971**	**486,464**	**504,081**	**511,649**	**519,329**	**527,125**

Hutt Valley District Health Board Forecast Statement of Comprehensive Income For the Year Ended 30 June						
$000s	2015/16 Audited	2016/17 Forecast	2017/18 Plan	2018/19 Plan	2019/20 Plan	2020/21 Plan
Income						
Operating Income	493,262	525,941	540,395	549,323	558,340	567,504
Interest	697	546	550	556	561	567
Total Income	**493,959**	**526,487**	**540,945**	**549,878**	**558,901**	**568,071**
Expenditure						
Personnel Costs	165,775	168,009	173,581	177,053	180,771	184,567
Depreciation	13,155	13,316	13,593	13,593	13,593	13,593
Outsourced Services	19,339	15,522	10,617	10,698	10,879	11,095
Clinical Supplies	25,271	26,184	24,546	24,467	24,883	25,263
Infrastructure & Non-Clinical Expenses	28,227	24,649	28,848	27,827	28,091	28,359
Other District Health Boards	89,142	90,182	91,935	93,314	94,714	96,134
Non Health Board Providers	160,013	192,318	199,926	202,925	205,969	209,059
Total Expenditure	**500,922**	**530,180**	**543,048**	**549,878**	**558,901**	**568,071**
Net Surplus/(Deficit)	**(6,963)**	**(3,693)**	**(2,103)**	**0**	**0**	**0**
Other Comprehensive Income						
Revaluation of Land and Buildings	-	-	-	-	-	0
Total Comprehensive Income	**(6,963)**	**(3,693)**	**(2,103)**	**0**	**0**	**0**

Movements in Equity

Hutt Valley District Health Board Forecast Statement of Changes in Equity For the Year Ended 30 June						
$000s	2015/16 Audited	2016/17 Forecast	2017/18 Plan	2018/19 Plan	2019/20 Plan	2020/21 Plan
Equity as at 1 July	**97,401**	**91,455**	**166,554**	**164,244**	**164,037**	**163,830**
Revaluation Reserve	-	-	-	-	-	-
Capital Contributions from the Crown	1,224	79,000	-	-	-	-
Repayment of Equity to the Crown	(207)	(207)	(207)	(207)	(207)	(207)
Total Comprehensive Income for the Year	(6,963)	(3,693)	(2,104)	-	-	-
Equity as at 30 June	**91,455**	**166,554**	**164,244**	**164,037**	**163,830**	**163,623**

Financial Position

Hutt Valley District Health Board Forecast Statement of Financial Position For the Year Ended 30 June						
$000s	2015/16 Audited	2016/17 Forecast	2017/18 Plan	2018/19 Plan	2019/20 Plan	2020/21 Plan
Assets						
Current Assets						
Cash and Cash Equivalents	10,544	12,521	11,188	11,099	12,455	14,331
Debtors and Other Receivables	15,527	18,624	18,609	18,609	18,609	18,609
Inventories	1,481	1,489	1,489	1,489	1,489	1,489
Total Current Assets	**27,552**	**32,633**	**31,286**	**31,196**	**32,552**	**34,428**
Non Current Assets						
Property, Plant and Equipment	202,530	196,303	192,447	190,000	187,154	184,913
Intangible Assets	8,665	9,779	11,877	13,907	15,190	15,348
Investment in Joint Ventures	2,308	2,458	2,758	3,058	3,058	3,058
Trust and Bequest Funds	1,419	1,373	1,373	1,373	1,373	1,373
Total Non Current Assets	**214,922**	**209,914**	**208,455**	**208,338**	**206,774**	**204,691**
Total Assets	**242,474**	**242,547**	**239,741**	**239,534**	**239,326**	**239,119**
Liabilities						
Current Liabilities						
Creditors and Other Payables	34,694	31,482	31,482	31,482	31,482	31,482
Employee Entitlements and Provisions	28,066	28,921	28,921	28,921	28,921	28,921
Borrowings	9,622	496	400	400	400	400
Total Current Liabilities	**72,382**	**60,898**	**60,802**	**60,802**	**60,802**	**60,802**
Non Current Liabilities						
Employee Entitlements and Provisions	6,816	7,634	7,634	7,634	7,634	7,634
Borrowings	70,415	479	79	79	79	79
Trust and Bequest Funds	1,406	6,981	6,981	6,981	6,981	6,981
Total Non Current Liabilities	**78,637**	**15,095**	**14,695**	**14,695**	**14,695**	**14,695**
Total Liabilities	**151,019**	**75,993**	**75,497**	**75,497**	**75,497**	**75,497**
Equity						
Crown Equity	45,744	124,537	124,330	124,123	123,916	123,709
Revaluation Reserves	91,341	91,341	91,341	91,341	91,341	91,341
Retained Earnings	(45,630)	(49,323)	(51,426)	(51,426)	(51,427)	(51,427)
Total Equity	**91,455**	**166,554**	**164,244**	**164,037**	**163,830**	**163,623**
Total Equity and Liabilities	**242,474**	**242,547**	**239,741**	**239,534**	**239,326**	**239,119**

Cash Flow

Hutt Valley District Health Board
Forecast Statement of Cash Flow
For the Year Ended 30 June

$000s	2015/16 Audited	2016/17 Forecast	2017/18 Plan	2018/19 Plan	2019/20 Plan	2020/21 Plan
Cash Flows from Operating Activities						
Cash Receipts	512,792	522,881	542,010	549,323	558,340	567,504
Payments to Providers	(253,229)	(282,500)	(291,861)	(296,239)	(300,683)	(305,193)
Payments to Suppliers and Employees	(241,326)	(227,356)	(228,961)	(229,807)	(234,387)	(239,046)
Goods and Services Tax (Net)	523	(441)	-	-	-	-
Capital Charge Paid	(7,622)	(5,872)	(10,138)	(10,138)	(10,138)	(10,138)
Net Cash Flows from Operating Activity	**11,138**	**6,712**	**11,049**	**13,138**	**13,132**	**13,127**
Cash Flows from Investing Activities						
Interest Received	697	546	550	556	561	567
Proceeds from Sale of Property, Plant and Equipment	-	(9)	(1)	(7)	(7)	(7)
Purchase of Sale of Property, Plant and Equipment	(14,137)	(8,204)	(11,835)	(13,176)	(12,030)	(11,510)
Investments	3,181	5,472	(300)	(300)	-	-
Net Cash Flows from Investing Activity	**(10,259)**	**(2,196)**	**(11,586)**	**(12,927)**	**(11,476)**	**(10,951)**
Cash Flows from Financing Activities						
Equity Contribution	1,000	(1)	(207)	(207)	(207)	(207)
Loans Raised	(952)	(62)	(496)	-	-	(0)
Interest Paid	(3,576)	(2,270)	(93)	(93)	(93)	(93)
Payment of Finance Leases	-	-	-	-	-	-
Repayment of Equity	(207)	(207)	-	-	(0)	-
Net Cash Flows from Financing Activity	**(3,735)**	**(2,539)**	**(796)**	**(299)**	**(300)**	**(300)**
Net Increase / (Decrease) in Cash Held	(2,856)	1,977	(1,333)	(89)	1,356	1,876
Cash and Cash Equivalents at Beginning of Year	13,400	10,544	12,521	11,188	11,099	12,455
Cash and Cash Equivalents at End of Year	**10,544**	**12,521**	**11,188**	**11,099**	**12,455**	**14,331**

Capital Expenditure

Hutt Valley District Health Board Capital Expenditure For the Year Ended 30 June $000s	2015/16 Audited	2016/17 Forecast	2017/18 Plan	2018/19 Plan	2019/20 Plan	2020/21 Plan
Baseline Expenditure						
Property and Plant	1,765	1,370	2,495	2,525	2,355	3,010
Clinical Equipment	2,300	1,674	2,000	2,000	2,000	2,000
Computer Equipment	73	1,127	1,100	1,000	1,000	950
Other Equipment	(13)	273	100	100	100	100
Motor Vehicles	4,340	438	2,325	1,950	2,125	1,700
Total Baseline	**8,465**	**4,882**	**8,020**	**7,575**	**7,580**	**7,760**
Strategic Expenditure						
Property and Plant	-	163	-	2,979	1,500	1,500
Clinical Equipment	-	285	250	-	1,000	1,000
Computer Equipment	-	2,155	2,065	250	500	500
Other Equipment	5,672	-	-	-	-	-
Motor Vehicles	-	-	-	2,372	1,450	750
Total Strategic	**5,672**	**2,603**	**2,315**	**5,601**	**4,450**	**3,750**
Total Capital Expenditure	**14,137**	**7,485**	**10,335**	**13,176**	**12,030**	**11,510**
Financed By						
Internally Sourced Funding	(6,963)	(2,103)	2,103	0	0	0
Equity Movements / Injections (excl. deficit support and capital expenditure)	(1)	(207)	-	(207)	(207)	(207)
Equity Injections for Deficit Support	-	-	-	-	-	-
Depreciation	13,155	13,316	13,593	13,593	13,593	13,593
Sale of Fixed Assets	-	(9)	-	-	-	-
Equity Injections for Capital Expenditure	(207)	(208)	(414)	(207)	(207)	(207)
Private Debt	(952)	(62)	(496)	-	-	(0)
CHFA Debt	-	-	-	-	-	-
Other (Includes Cash Reserves)	13,193	4,088	7,329	11,781	11,785	12,935
Total Finance	**18,225**	**14,814**	**22,116**	**24,961**	**24,965**	**26,114**

Full Time Equivalents

DHB Provider FTEs by Class For the Year Ended 30 June	2015/16 Audited	2016/17 Forecast	2017/18 Plan	2018/19 Plan	2019/20 Plan	2020/21 Plan
Medical	255	254	245	245	245	245
Nursing	758	748	737	737	737	737
Allied Health	398	383	400	400	400	400
Non-Allied Health	132	132	138	138	138	138
Management/Clerical	305	315	342	342	342	342
Total FTEs	**1,848**	**1,832**	**1,862**	**1,862**	**1,862**	**1,862**

DHB Governance & Administration FTEs by Class For The Year Ended 30 June	2015/16 Audited	2016/17 Forecast	2017/18 Plan	2018/19 Plan	2019/20 Plan	2020/21 Plan
Medical	-	0	1	1	1	1
Nursing	-	-	-	-	-	-
Allied Health	-	-	-	-	-	-
Non-Allied Health	-	-	-	-	-	-
Management/Clerical	0	4	12	12	12	12
Total FTEs	**0**	**4**	**13**	**13**	**13**	**13**

Hutt Valley District Health Board FTEs by Class For the Year Ended 30 June	2015/16 Audited	2016/17 Forecast	2017/18 Plan	2018/19 Plan	2019/20 Plan	2020/21 Plan
Medical	255	254	246	246	246	246
Nursing	758	748	737	737	737	737
Allied Health	398	383	400	400	400	400
Non-Allied Health	132	132	138	138	138	138
Management/Clerical	305	319	354	354	354	354
Total FTEs	**1,849**	**1,836**	**1,875**	**1,875**	**1,875**	**1,875**

Key Financial Information

Hutt Valley District Health Board
Key Financial Information
For the Year Ended 30 June

$000s	2015/16 Audited	2016/17 Forecast	2017/18 Plan	2018/19 Plan	2019/20 Plan	2020/21 Plan
Revenue	493,959	526,487	540,945	549,878	558,901	568,071
Expenditure	(500,922)	(530,180)	(543,048)	(549,878)	(558,901)	(568,071)
Revaluation of Land and Buildings	-	-	-	-	-	0
Total Comprehensive Income	**(6,963)**	**(3,693)**	**(2,103)**	**0**	**0**	**0**
Total Property, Plant & Equipment	202,530	196,303	192,447	190,000	187,154	184,913
Total Equity	91,455	166,554	164,244	164,037	163,830	163,623
Term Borrowings	70,415	479	79	79	79	79

Expenditure Category

Expenditure Category	2015/16 Audited $m	2016/17 Forecast $m	2017/18 Plan $m	2018/19 Plan $m	2019/20 Plan $m	2020/21 Plan $m
DHB Provider Arm	248.8	244.1	248.3	250.8	255.3	259.9
Funder Arm	160.0	192.3	199.9	202.9	206.0	209.1
Services Purchased from Other DHBs (IDF Outflows)	89.1	90.2	91.9	93.3	94.7	96.1
Governance Arm	2.9	3.5	2.8	2.9	2.9	3.0
Total Allocated	**500.9**	**530.2**	**543.0**	**549.9**	**558.9**	**568.1**
Funding (excluding IDF inflows below)	420.0	430.5	439.2	446.6	454.1	461.7
Services provided for Other DHBs (IDF Inflows)	73.9	96.0	101.8	103.3	104.8	106.4
Total Funding	**494.0**	**526.5**	**540.9**	**549.9**	**558.9**	**568.1**
Surplus / (Deficit)	**(7.0)**	**(3.7)**	**(2.1)**	**0.0**	**0.0**	**0.0**

Financial Assumptions

The assumptions are the best estimates of future factors which affect the predicted financial results. As such there is necessarily a degree of uncertainty about the accuracy of the predicted result, which is unable to be quantified.

Factors which may cause a material difference between these forecast financial statements and the actual financial results would be a change in the type and volume of services provided, significant movement in staff levels and remuneration, plus unexpected changes in the cost of goods and services required to provide the planned services.

Revenue

- PBFF Increase of $9.5M estimated from Funding Envelope guidance
- IDF levels based on Funding Envelope or agreed changes within the sub-region.

Expenditure

- Personnel expenditure increase in line with sub-regionally agreed financial assumptions of 2.0%
- Supplies and expenses based on current contract prices where applicable
- Depreciation to include base, plus work in progress, plus new purchases
- Capital Charge at 6% payable half yearly
- Total Capital Expenditure of up to $13.18 million p.a. is planned from 2017/18

Capital Plan

The operational capital funding requirements for the Provider Arm will be met from cash flow from depreciation expense and prioritised with the clinical leaders both within the Directorates and across the Provider Arm. Only items of a legal & safety nature, or essential to support the District Annual and Strategic Plans have been included in the CAPEX budget. The baseline CAPEX for 2017/18 of $8.02 million and $2.32 million for strategic capex is required to be funded internally.

Debt & Equity

Equity drawing

No additional deficit support is required for the 2017/18 financial year.

Core Debt

The Core CHFA debt of $79 million was converted from debt to equity on 15 February 2017. No further interest payments are due with the Ministry of Health funding the difference between interest expense and the increase in capital charge expense for 2 years.

Working capital

The Board has a working capital facility with the Westpac bank, which is part of the national DHB collective banking arrangement negotiated by NZHP. This facility is limited to one month's provider's revenue, to manage fluctuating cash flow needs for the DHB.

Gearing and Financial Covenants

No gearing or financial covenants are in place.

Asset Revaluation

Current policy is for land and buildings to be revalued every 3 – 5 years. A full revaluation was last completed in the year ended 30 June 2015 with desktop valuations planned for each yearend for the next 4 years.

Strategy for disposing of assets

The DHB regularly reviews its fixed asset register, and undertakes fixed asset audits in order to dispose of assets which are surplus to requirements. This ensures that the DHB reduces its level of capital to the minimum consistent with the supply of contracted outputs.

Disposal of Land

All land that has legally been declared to be surplus to requirements will be disposed of following the statutory disposal process defined in the Public Works Act 1991, the Health Sectors Act 1993, the New Zealand Public Health and Disabilities Act 2000, the Reserves Act 1977 and the Maori Protection Mechanism Regulations set up to fulfil the Crown's obligations under the Treaty of Waitangi. No land has been identified as surplus to requirements within this plan.

APPENDIX B: System Level Measures Improvement Plan

HUTT VALLEY DHB HEALTH SYSTEM LEVEL MEASURES PLAN 2017/18

Introduction

This System Level Measures Improvement Plan is the culmination of work undertaken directly under the oversight and leadership of the Hutt Valley Alliance Leadership Team, Hutt INC. This Improvement Plan has been developed to drive the implementation of the Ministry of Health's System Level Measures Framework. The Improvement Plan will be submitted to the Ministry of Health as an Appendix to the 2017/18 Annual Plan.

The System Level Measures are set, defined and monitored nationally. Hutt INC has locally set and agreed its improvement milestones, contributory measures and actions in our key priority areas. Each System Level Measure milestone and contributory measure in the Improvement Plan is based on analysis of local trends and is considered appropriate to the needs and priorities of our population[5].

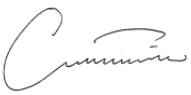
The integration work programme is focused on transforming the prevention and management of Long Term Conditions (LTCs), Child Health (in particular addressing ASH), Youth Health (in particular addressing AOD and mental health issues), Older Persons Health, Mental Health and addressing Acute Demand across the Hutt Valley Health System. The integration work programme aligns well the SLMF as it works to bring about system wide changes to improve outcomes over a longer period of time. Hutt INC members and other partners[6] across the health system have contributed to our Plan, to ensure actions wider than the integration work programme are captured. Our improvement plan demonstrates the rationale and logic for each SLM and will continue to be monitored by Hutt INC.

Hutt Valley DHB
Ashley Bloomfield, Chief Executive

Te Awakairangi Health Network
Bridget Allan, Chief Executive

Hutt Integrated Network of Care
Lise Kljakovic, Chair

Cosine Primary Care Network Trust
Chris Masters, Clinical Director and Trustee



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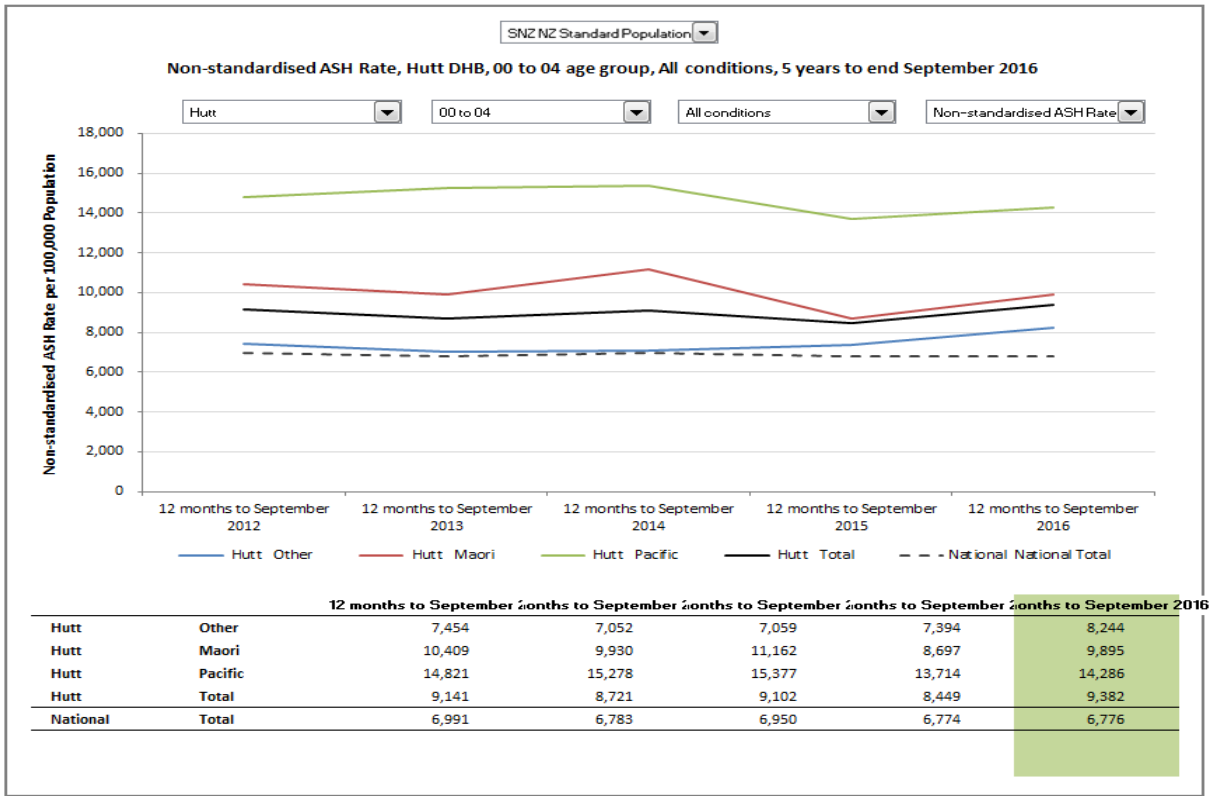
[5] *This involved reviewing the System Level Measures (SLMs) and Contributory Measures (CMs) data, MoH guidance, building on our 16/17 Improvement Plan and priorities for 17/18.*

[6] *Including: Network and 3DHB SLA/steering group members, PHO and DHB clinical and management leads, Maori and Pacific leads, Regional Public Health and Community Health Providers.*

Ambulatory Sensitive Hospitalisations for 0-4 year olds – 'keeping children out of hospital'

Where are we now?

SI 1: Ambulatory Sensitive Hospitalisations (ASH)



		12 months to September 2	onths to September 2	onths to September 2	onths to September 2	onths to September 2016
Hutt	Other	7,454	7,052	7,059	7,394	8,244
Hutt	Maori	10,409	9,930	11,162	8,697	9,895
Hutt	Pacific	14,821	15,278	15,377	13,714	14,286
Hutt	Total	9,141	8,721	9,102	8,449	9,382
National	Total	6,991	6,783	6,950	6,774	6,776

Hutt Valley has high rates of ASH admissions compared to the national average for all populations, but significantly higher rates for Maori and Pacific. Our top ASH conditions include respiratory (URTI, pneumonia, asthma), dental, gastro/dehydration and cellulitis.

Milestone

Our improvement plan target aims to ***reduce* ASH rates** in 0-4 years to 9,258 discharges per 100,000 children by the end of Q4 17/18. This would reduce the gap between Hutt Valley ASH rate and the New Zealand ASH rate[7] by 5% each year to achieve our long term target of halving the gap over 5 years.

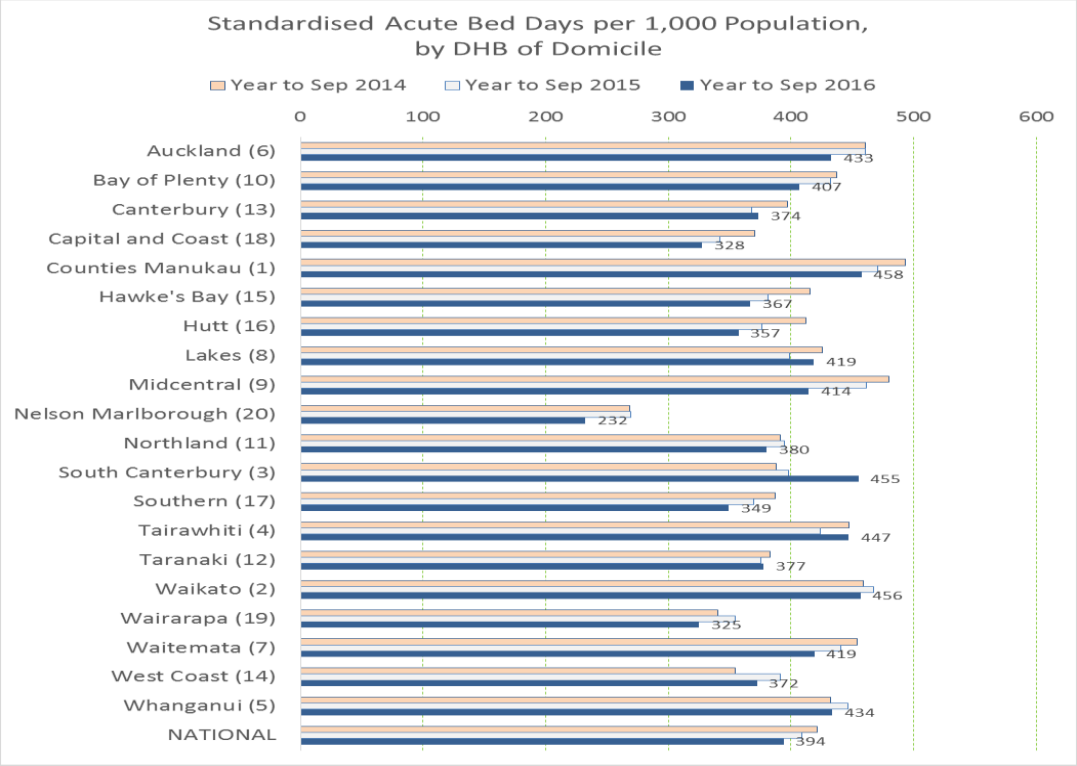
ASH SLM Improvement Milestone	Target by end of Q4 17/18
Hutt Valley total 0-4 years ASH rate per 100,000	9,258 admissions per 100,000 children Maori: 9,739 Pacific: 13,910 Other: 8,171 Note baseline: 12months to September 2016 HV rate total: 9,382, Maori: 9,895, Pacific: 14,286, Other: 8,244. NZ rate total: 6,776

[7] *Note: baseline rate is calculated at 12months year ending September 2016.*

Aim	Actions	Contributory Measures
Reduce ASH rate in 0-4 year ≤ 9258 admissions per 100,000 or 848 admissions)	Implement the respiratory work programme including: implementation of respiratory clinical pathways, review and increase referrals to the community based respiratory support service Tu Kotahi and primary care direct access to acute specialist advice in paediatrics.	Reduce Asthma and respiratory related ED attendance and hospital admission rate and number for 0-4years (Total & reduce disparity by ethnicity)
	Increase the number of housing interventions and homes insulated through the well homes healthy housing service (especially for Maori and Pacific).	Reduce housing sensitive hospitalisation rates (Total & reduce disparity by ethnicity)
	Implement "Go the H2O" Healthy Families Lower Hutt public health initiative and promote sugar free drinks in Hutt Valley Early Childhood Centres through healthy nutrition policies. Identify barriers to access for Pacific children and develop a plan of action to address Pacific oral health for children by 30 December 2017.	Increase % of children caries free at 5 years (total and reduce disparities for Maori and Pacific)
	Develop a process for regularly distributing practice specific ASH data to support variation analysis and quality improvement.	Achieve Health Target: Infants fully immunised at 8 months (95% and ensure equity for Maori and Pacific)

Acute Hospital Beds days per Capita – 'Using Health resources effectively'

Where are we now?



Hutt Valley has lower rates of acute hospital beds days per capita than the national average. Recent improvements have seen a significant reduction in acute bed days due to a reduction in acute inpatient average Length of Stay (2.33) and acute readmission rates (7.2), both of which are lower than the national average.

Acute bed days are higher in the following DRGs: stroke and CVD, respiratory infection/ inflammation, cellulitis, heart failure, other digestive system diagnoses, chronic obstructive airways disease. Rates are higher in 0-4 years, 65+ age groups, and disparities exist with higher rates for Pacific and Maori.

Milestone

Our improvement plan target aims to **reduce the equity gap** for acute hospital bed days for Maori to 451 bed days per 1,000 people and for Pacific to 518 bed days per 1,000 people by the end of Quarter 4, 2017/18. We aim to reduce the equity gap in the acute hospital bed day rate[8] for Maori and Pacific by 5% over 5 years towards the New Zealand total. Given our good performance in acute bed days, ALOS and readmission rates, the actions in this SLM are focused on community based interventions to avoid hospital admission.

SLM Key Improvement Milestone	*Target*
Hutt Valley total standardised ABD rate per 1,000	Maori: 451 bed days per 1,000 people Pacific: 518 bed days per 1,000 people Note baseline at Dec 2016: HV rate: Maori: 455, Pacific: 522, Other: 311 NZ rate: 390

[8] *Note: baseline rate is calculated at 12months year ending December 2016.*

Aim	Actions	Contributory Measures
Reduce Acute Hospital bed days per capita for Maori to 451 bed days per 1,000 people Reduce Acute Hospital bed days per capita for Pacific: 518 bed days per 1,000 people	Improve the management of acute conditions in the community by expanding Primary Options for Acute Care (POAC) (especially for ASH conditions). Implement the 2017 integrated winter plan including: targeted winter wellness communications, proactive follow up in primary care for respiratory patients; promoting flu vaccination in patients and staff; ensure same day acute appointment availability in general practice. Implement the respiratory work programme including: specialist support in high need general practices by 30 December 2017 (targeted to those with the greatest need and higher Maori and Pacific respiratory related hospital admissions); pilot acute care plans and services for COPD patients to self manage and access services in the community by 30 December 2017 (targeted to Maori and Pacific patients). Implement the Falls Prevention and Management Model in the community including: proactive identification of older people at risk of falls and access to strength and balance programmes and other primary care interventions. Develop a process for regularly distributing practice specific bed days data to support variation analysis and quality improvement	Increase take up of POACs Reduce ASH rates 0-4 and 45-64 (total and reduce disparity by ethnicity) Reduce respiratory related ED attendances, hospital admissions and acute bed day rates (total and reduce disparity by ethnicity) Increase Flu vaccination rates for over 65 years. Falls prevention and management measure (TBC in 17/18) Maintain acute ALOS and acute readmission rate

Patient Experience of Care – 'Patient-Centred care'

Where are we now?

Inpatient Survey Results:

Domain	NZ Weighted Avg /10	HVDHB
Communication	8.4	8.5
Co-ordination	8.5	8.3
Partnership	8.4	8.3
Physical & Emotional Needs	8.7	8.8
Overall	*~8.5*	*~8.5*

The Hutt Valley inpatient survey overall score is at the national average. Hutt Valley results by domain have fluctuated slightly each quarter, but remain in line with national results (National average~8.5 at Nov 2016).

The primary care patient experience survey has not yet been rolled out in Hutt Valley practices and therefore scores are not available.

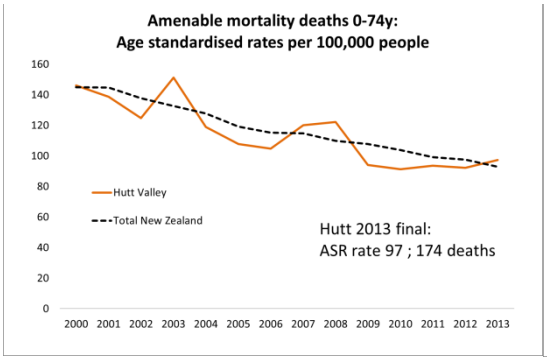
Milestone

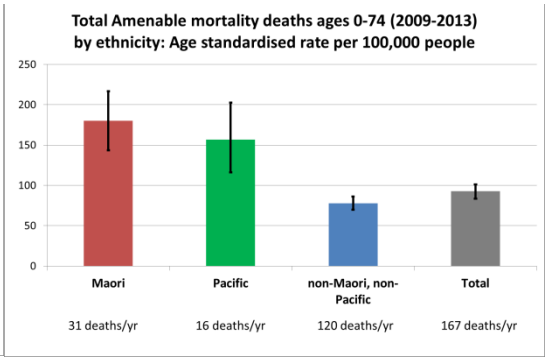
Our improvement plan target aims to **improve** our performance and increase the roll out of the primary care patient experience of care survey in 90% of Hutt Valley practices by Quarter 4 2017/18.

Aim	Actions	Contributory Measures
≥ 90% of general practices in the Hutt Valley are participating in the Primary Care Patient Experience of Care Survey	Implement the patient experience survey in primary care and identify areas for improvement based on primary care survey scores. Establish the HVDHB consumer council by 30 December 2017. Continue consumer engagement and co-design in the development of the ALT work programme, Clinical Services Plan and Wellness Plan. Increase promotion of the Health Navigator patient information website to health services and community members. Increase the roll out and uptake of the Patient Portal.	Increase % of Hutt Valley practices participating in patient experience survey Maintain response rate and performance of patients completing inpatient and primary care patient experience survey Increase utilisation of health navigator website Increase patient portal uptake and number of patients activated.

Amenable Mortality Rates – Prevention and Early Detection

Where are we now?





Amenable Mortality in the Hutt Valley is improving with a reducing trend and lower rates compared to the national average in previous years. A slight increase to above the national rates was observed in the 2013 data. The top causes on amenable mortality in the Hutt Valley are IHD, COPD, suicide, CVD, breast cancer and Diabetes and significant disparities exist with higher rates for Maori and Pacific.

Milestone

A wide range of factors and contributory measures impact on amenable mortality. Many of these go beyond the influence of the health sector or local DHB and improving amenable mortality will take place over a longer period of time (and is largely generational).

Influencing amenable mortality rates is a part of a longer term strategy within Hutt Valley DHB to address both the configuration and responsiveness of our clinical services over the next 5 years (as part of developing a Clinical Services Plan by May 2018) as well as focussing on wider social determinants of health and a stronger prevention approach through developing a Wellness Plan within that same timeframe. Both those plans will inform our investment decisions over the longer term. Reducing avoidable mortality is a key plank of both those plans.

A number of the medical conditions contributing to our amenable mortality rate are influenced by lifestyle choices including activity levels, nutrition and smoking. The contributory measures selected focus on engaging people in managing their own health through supporting them to make positive lifestyle choices. These measures and the underlying actions are seen as fundamental to reducing the impact of these lifestyle related conditions.

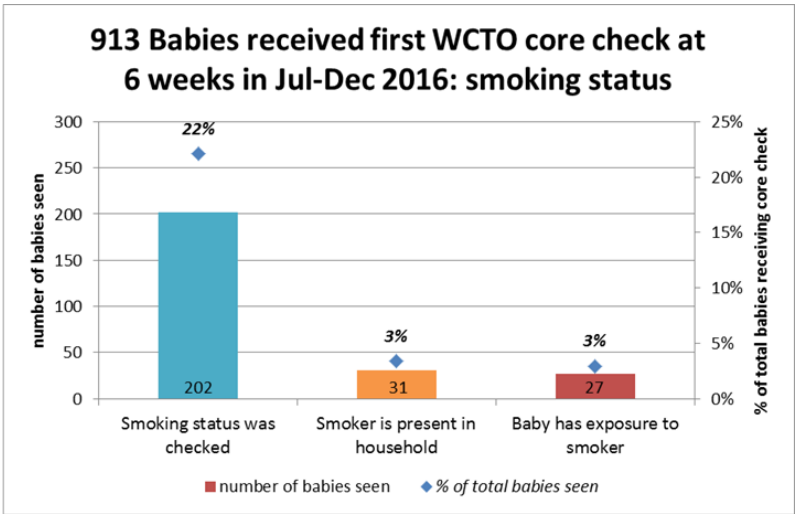
It is anticipated that our key interventions will improve our amenable mortality rate over a longer period of time. However the Ministry of Health has requested each DHB set an improvement milestone target for this SLM. Therefore our improvement plan target aims to **reduce** our amenable mortality rate to 175 per 100,000 people aged 0-74 years for Maori and 152 per 100,000 people aged 0-74 years for Pacific by 2026/27 (deaths in 2023).

AM SLM Key Improvement Milestone	**Target by end of Q4**
Hutt Valley total age standardised Amenable Mortality rate per 100,000 aged 0-74 years	***Reduce*** our amenable mortality rate by 2026/27 (deaths in 2023) to: 175 per 100,000 people aged 0-74 years for Maori. 152 per 100,000 people aged 0-74 years for Pacific. Current Baseline: HV rate in 2013 total: 97, Maori: 180, Pacific: 157, Other: 78 NZ rate in 2013: 93

Aim	Actions	Contributory Measures
Reduce our age standardised amenable mortality rate by 2026/27 (deaths in 2023) to: • 175 per 100,000 people aged 0-74 years for Maori • 152 per 100,000 people aged 0-74 years for Pacific	Implement the 5 point plan to address faster cancer treatment target by 30 September 2017 Implement the Bowel Cancer screening programme. Continue to target breast screening to our Maori and Pacific women through data matching across DHB, PHO, general practice and Maori and Pacific providers and support access through free clinics and transport. Improve the management of Long Term Conditions by: Implement a reporting framework to monitor improvements in our 4 Diabetes quality standards and improve integration by targeting specialist support to practices with greatest diabetes need (targeted to Maori and Pacific). Improve COPD self management by increasing access to community based pulmonary rehabilitation programmes and acute care plans and services for COPD patients (targeted to Maori and Pacific patients). Improve the identification and management of CVD in primary care by implementing a CVD risk management measure by July 2018 (e.g. increase in triple therapy for secondary prevention and primary prevention in those with CV risk over 20%). Develop a district wide Wellness Plan that focuses on the prevention of obesity, non-communicable disease and tobacco, alcohol and drug use by addressing the wider determinants of health through an environmental and lifestyle intervention approach by 30 June 2018. Develop a Suicide Prevention Plan and appropriate measures by 30 June 2018.	Achieve faster cancer treatment health target (85%) Increase **breast** screening rates (total & reduce disparity for Maori) Improve diabetes control HBA1C <64mmol (total and ensure equity for Maori and Pacific) Reduce COPD hospitalisation rate (total and for reduce disparity for Maori and Pacific) Maintain CVD risk assessment (90% target and ensure equity for Maori and Pacific) Reduce % of children identified as obese in B4 schools check (total and reduce disparity for Maori and Pacific). Reduce smoking rates: % of enrolled PHO population that currently smoke (total and reduce disparity for Maori and Pacific).

Proportion of babies who live in a smoke free household by 6 weeks post natal – 'Healthy Start'

Where are we now?



We are awaiting further Ministry of Health guidance on this System Level Measure. Preliminary data shows significant issues with data capture for this SLM with only 22% of children and their families having their smoking status checked. Our LMC results also show significant disparities for Maori with a higher percentage of mothers smoking at registration and 2 weeks post natal compared to the Hutt Valley average.

Milestone

Our improvement plan target aims to **improve** our identification and data collection of smoking status with 90% of whanau asked at their child's first WCTO first core check by Q4 17/18.

One of our actions is focused on improving the quality of the data available in the Hutt Valley. This may initially result in reduction in the % of children living in smoke free house while implementing this SLM.

Continuing to reduce smoking rates across the population as a whole and reducing disparities particularly for Maori remains a key priority for the Hutt Valley Health System. Our actions have a strong focus on reducing smoking rates for our Maori and younger generations and anticipate these actions will improve our overall performance and reduce disparities, especially for our Maori in this SLM[9].

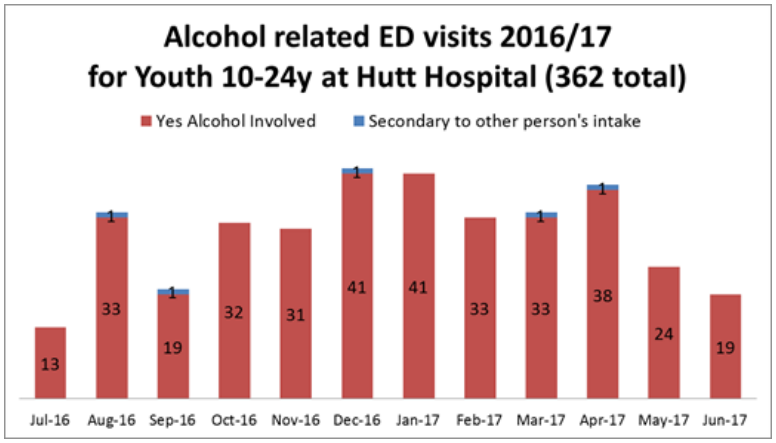
Aim	Actions (long term)	Contributory Measures (long term)
90% of whanau are asked about smoking status at their child's WCTO first core check by Q4.	Work with WCTO providers to implement quality improvement and improve data collection on smoke free household SLM. Improve WCTO enrolment rates and first core check targets, especially for Maori and Pacific children.	% of children receiving WCTO first core check have smoking status recorded. Improve WCTO enrolment rates and WCTO first core checks targets (total and

[9] *We also note that LMCs are significant contributors to this SLM, and the Ministry of Health will have greater influence than DHBs in this area (as funders of private LMCs).*

		reduce disparity).
	Implement training for Lead Maternity Carers, Pharmacies and Youth One Stop Shop clinicians to provide brief advice for smokers to quit and refer to cessation services by 30 June 2018.	% of babies who live in a smoke free household at 2 weeks post natal (total and reduce disparity for Maori).
	Implement an incentive programme to increase referrals and access to culturally and youth appropriate smoking cessation services targeted to young Maori mothers by 30 September 2017. Establish a local oversight tobacco group to monitor roll out and performance of tobacco programmes.	Improve referrals to our cessation services Increase the number of people quitting smoking (total and ensure equity for Maori and Pacific). Achieve Health Target: better help for smokers to quit in primary care (90% target & ensure equity). Achieve better help for smokers to quit in hospital (maintain 95% and ensure equity).

Youth access to and utilisation of youth appropriate health services – 'youth are healthy, safe and supported'

Where are we now?



We are awaiting further Ministry of Health guidance on this System Level Measure. We have selected Alcohol-related ED presentations for 10-24 year olds as our youth SLM. Preliminary alcohol related ED presentation data is available from Hutt Hospital and shows approximately 4% of ED visits for 10-24 year olds are identified as alcohol related. However, our presentations are lower than CCDHB and we expect this is likely to be an identification and data capture issue.

Milestone

Our improvement plan target aims to **improve** our identification and data collection of alcohol related ED presentations in the Hutt Valley by implementing as part of NNPAC reporting by Q4 17/18.

One of our actions is focused on improving the quality of the data available in the Hutt Valley.
This is likely to result in an increase in alcohol related presentations while implementing this SLM.

Despite these data issues, Mental Health and AOD is a key priority area for youth the Hutt Valley[10] and we will be progressing actions in this area in 17/18 to improve access to services and outcomes for youth in this area over a longer period of time.

Aim	Actions	Contributory Measures
Implement reporting to NNPAC on alcohol related ED presentations by Q4 17/18.	Work with ED to improve screening and data collection on alcohol related presentation in Hutt Hospital ED. Improve access to treatment for young people with alcohol and other drugs and co-existing problems (AODCEP) including: • Establish a youth AOD specialist service within MHAIDs to improve access to	Monitoring alcohol related ED presentations. Increase the number of 15-24year olds accessing AOD and mental health

[10] *Mental health problems and substance misuse often first appear in adolescence with 75% of problems developing by the age of 24 years with similar findings in New Zealand's own health and development study. UK Department of Health (2011).*

	specialist support for young people. • Implement AOD specialist support to primary and community services through consult liaison. • Expand primary and community health services to improve access to AOD and Mental Health support in the community for young people. Work with community, council and industry to reduce the sale of alcohol to minors and limit the supply and availability of alcohol by off licence premises in the Hutt Valley[11]. Implement the findings of the ICAFs Review by 30 December 2017.	services from primary and community providers. Monitor the percentage of premises that are compliant with the Sale of Liquor Act and limit the total number of off license premises in the six identified areas in Lower Hutt. Reduce ICAFs waiting time from referral to first contact. Implement the ICAFs real-time survey results for 10-19 year olds.

[11] *This includes implementing the Lower Hutt Provisional Local Alcohol Policy. This includes limiting and monitoring the number of off license premises in the six identified areas of Taita, Hutt Central, Avalon, Naenae, Wainuiomata and Stokes Valley where the Hutt City Provisional Local Alcohol Policy density cap is proposed, to ensure the total in the area does not the exceed existing level and are not permitted to sell after 10.00pm.*