Hutt Valley District Health Board 2019/20-2022/23 Statement of Intent incorporating the 2019/20 Statement of Performance Expectations

November 2019

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

The photo on the front cover was kindly provided by Healthy Families, Lower Hutt – with the permission of the students from Saint Bernadette's School, Naenae, who were celebrating at Poly Odyssey 2018.

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Statement of Intent 2019 – 2023

About Hutt Valley District Health Board

What we do

The Hutt Valley District Health Board (DHB) is one of twenty DHBs in New Zealand charged by the Crown with improving, promoting and protecting the health and independence of their resident populations. Like all DHBs, we receive funding from the Government to purchase and provide the services required to meet the health needs of our population and we are expected to operate within allocated funding.

In accordance with legislation and government objectives, we use that funding to:

- *Plan* the strategic direction of our health system and, in collaboration with clinical leaders and alliance partners, determine the services required to meet the needs of our population.
- *Fund* the health services required to meet the needs of our population and, through collaborative partnerships and performance monitoring, ensure these services are safe, equitable, integrated and effective.
- *Provide* a significant share of the specialist health and disability services delivered to our population, and to the population of other DHBs, where more specialised or higher-level services are not available.
- *Promote* and protect our population's health and wellbeing through investment in health protection, promotion and education services and delivery of evidence-based public health initiatives.

While Hutt Valley DHB is the lead provider of health services for the people of the Hutt Valley, it shares this responsibility with Primary Healthcare Organisations (PHOs), the Accident Compensation Corporation (ACC), and Non-Government Organisations (NGOs). This means there are health services provided in the Hutt Valley that are not commissioned by the DHB and this creates a requirement to build local partnerships and an integrated health system response by working with all of these partners, including local Māori, social sector agencies, and councils.

The Treaty of Waitangi

In planning and providing health services, we pay particular attention to the health needs and aspirations of our Māori population. There are well-documented and preventable inequities in the determinants of health between Māori and non-Māori, and these flow through to inequities in health outcomes. Our intention is that we will target, plan and drive our health services to create equity of health care for Māori to attain good health and well-being, while developing partnerships with the wider social sector to support whole of system change.

Māori are the indigenous peoples of Aotearoa. We have particular responsibilities and accountabilities through the founding document of Aoetaroa, The Treaty of Waitangi. Hutt Valley DHB values the Treaty and the principles of:

- *Partnership* – working together with iwi, hapū, whānau and Māori communities to develop strategies and services to improve Māori health and wellbeing
- *Participation* – involving Māori at all levels of decision-making, planning, development and service delivery
- *Protection* – working to ensure Māori have at least the same level of health as non-Māori, and safeguarding Māori cultural concepts, values and practices.

Māori representation has been provided on Hutt Valley DHB's advisory committees and its Alliance Leadership Team. Hutt Valley DHB has also established an Iwi Relationship Board to formalise the relationship between local Iwi and the DHB, build on relationships, and share aspirations and strategic directions.

Our population

Hutt Valley DHB covers the Te Awakairangi area – the Hutt Valley – and serves approximately 150,000 people. Our District Health Board covers both Upper Hutt City and Hutt City. People under 25 years of age account for 32 percent of the Hutt Valley population and those aged 65 years of age account for approximately 15 percent. The Hutt Valley's population is ethnically diverse; 17 percent of our population identify as Māori, 8 percent as Pacific peoples and 75 percent as New Zealand European, Asian and Other. Overall, the Hutt Valley area has similar proportions of those living in the highest and lowest deprivation areas. However, these overall figures mask the extremes in deprivation seen in the Lower Hutt area, where there is a greater proportion of the population living in the most deprived areas.

An average day in Hutt Valley health

On average five babies are born in the Hutt Valley each day, 18 breast cancer screenings are carried out, 32 children are immunised, 1,870 laboratory tests are done and 284 children visit the school dental service.

In addition to this, 2,030 people are seen by a GP or primary care nurse, and 126 by a community nurse. 286 people attend outpatient clinics, 705 hours of home support are carried out, 13 people receive their annual diabetes review and 54 people get the flu vaccination.

At the hospital 131 people visit the Emergency Department and 75 patients are discharged. Each day thirteen new people access mental health support and 775 people reside in aged residential care.

Our regional role

Hutt Valley DHB is one of six Central Region DHBs – together with Capital & Coast, Hawkes' Bay, MidCentral, Wairarapa, and Whanganui. We work closely our Central Region DHB partners to plan and coordinate the delivery of health services regionally as well as locally. Technical Advisory Services (TAS) is funded by the Central Region DHBs to assist us with developing and planning services across the region.

Hutt Valley DHB also forms part of a '3DHB' sub-region with Capital & Coast and Wairarapa DHBs. We work closely with our sub-regional partners to plan and coordinate our services locally. Under the 3DHB umbrella almost all tertiary level services are provided at Capital & Coast DHB. These services include cardio thoracic, oncology, renal, vascular, urology, tertiary maternity, and neurosurgery services.

A number of other DHB-funded services are provided across the sub-region, including:

- The Mental Health, Addictions and Intellectual Disability Service (MHAIDS) (3DHB)
- The Disability Responsiveness Programme (3DHB)
- Regional Public Health (3DHB)
- Regional Screening services (3DHB)
- Regional Child Oral Health Services (2DHB – Hutt and Capital & Coast).

Within the Central Region, Hutt Valley DHB provides and specialises in Plastics, Maxillo-facial and Burns services, and Rheumatology services.

The needs of an ageing population

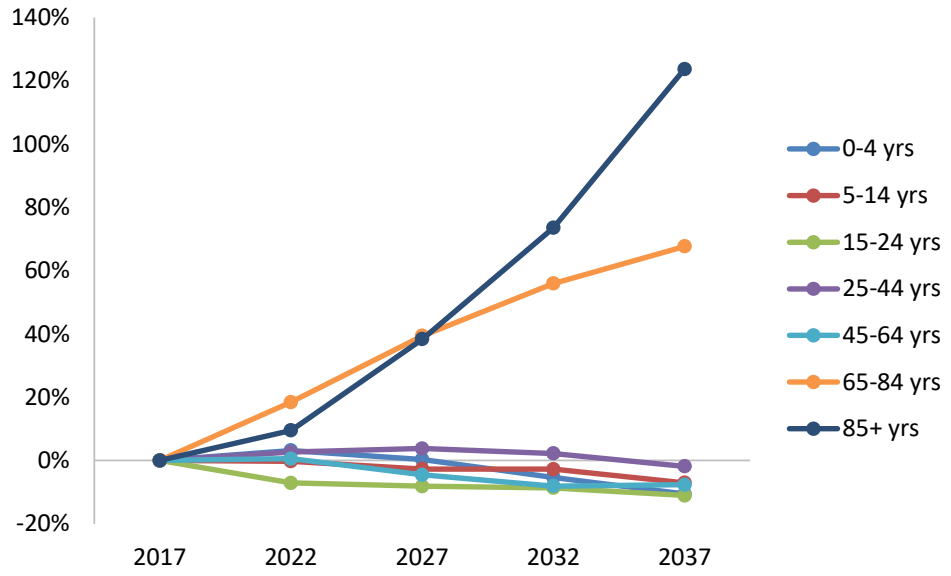
As our population ages, we are seeing more people with long-term health conditions and multi-morbidities. People are living longer than previous generations, but are living longer in poorer health.[1] This is particularly so for Māori, Pacific people, refugees, disabled people and those living with a mental illness:

> *Māori males aged 65 can expect the shortest remaining time of living without disability or long-term illness (5.5. years on average) and the highest proportion of remaining time lived with disability requiring support.*[2]

Ageing leads to a gradual decrease in physical and mental capacity and an increasing risk of age-related health conditions (often several at the same time). Old age can also be characterised by the emergence of syndromes such as frailty, delirium and urinary incontinence.[3] Older people are not a homogeneous group and many people over the age of 65 years will continue to be active and independent members of their communities. However, as a result of increasing health and social care needs, older people generally require a far greater share of health care resources than younger people.

Our total population is not expected to grow substantially over the next 20 years (just under 5% or around 7,000 people), although there are both short- and long-term plans for housing development in Lower Hutt and Upper Hutt cities. However, there will be a significant increase in the number of older people, with current projections suggesting that in 2038 almost one in four people will be aged over 65 years. The population aged over 80 will double. The overall number of children and working-age adults is expected to decline.

Figure 1 Hutt Valley growth by age group



Source: Statistics New Zealand population projections prepared for the Ministry of Health.

As a consequence of our changing population, increased demand will occur across our health system in community care, primary care, aged residential care and in the hospital at the same time as our working-age population decreases.

[1] http://www.who.int/news-room/fact-sheets/detail/ageing-and-health Ministry of Health. 2018. *Health and Independence Report 2017. The Director-General's Annual Report on the State of Public Health.* Wellington: Ministry of Health.

[2] Associate Minister of Health 2016. *Health Ageing Strategy.* Wellington: Ministry of Health.

[3] http://www.who.int/news-room/fact-sheets/detail/ageing-and-health.

Our Vision for Change

In 2017, we introduced *Our Vision for Change – How We Will Transform the Health System 2017-2027*. This strategy articulates Hutt Valley DHB's high-level strategic objectives and our vision for:

Healthy People, Healthy Families, Healthy Communities - Whānau Ora ki te Awakairangi

Our people, whānau and communities have told us what is needed from the Hutt Valley health system in order to achieve *Our Vision for Change*. These strategic objectives include services being organised and delivered equitably, whānau being owners of their care, a focus on prevention and early intervention, care delivered closer to people's homes, coordinated health and social services, and a health system that is clinically and financially sustainable.

Key strategic directions and enablers have been identified to guide and support us towards creating the future health system we want. Our key strategic directions are: support living well, shift care closer to home, and deliver shorter, safer, smoother care. Our key strategic enablers are: adaptable workforce, smart infrastructure and effective commissioning.

Strategic objectives

To achieve Our Vision for Change, our people, whānau and communities have told us the Hutt Valley health system needs to achieve the following strategic objectives.

- Care and services are organised and delivered equitably so everyone has the opportunity to achieve the same level of good health.
- Individuals and whānau are owners of their care and we involve them fully in decision-making about their care.
- Most health services focus on prevention, and health care is provided earlier and closer to people's homes.
- Urgent and complex care is readily available for episodes of ill health but most health care will be planned.
- Individuals and whānau experiences of health care is optimal, throughout their life span.
- Services are planned and delivered in partnership with local government, the wider health, social and education sectors.
- There is a clinically and financially sustainable future for our health system.

Key strategic directions and enablers have been identified to guide and support us towards creating the future health system we want. Our key strategic directions are: support living well, shift care closer to home, and deliver shorter, safer, smoother care. Our key strategic enablers are: adaptable workforce, smart infrastructure and effective commissioning.

Figure 2 on the following page shows the relationship between the Government's priorities for the health system, our vision for change and strategic objectives, how we will measure our progress and performance, and how we work to achieve our vision (our core values).

Figure 2: Hutt Valley District Health Board – Achieving Our Vision for Change

Whole of Government	**Improving the wellbeing of New Zealanders and their families**					
Health contribution	**Live longer in good health**		**Improved quality of life**		**Equity for Māori and other groups**	
Government Priorities	Strong fiscal management	Child wellbeing	Primary health care	Public health & environment	Mental health and addictions	Equitable system
Our Vision	**Healthy People** (Mauri ora)		**Healthy Families** (Whānau ora)		**Healthy Communities** (Wai ora)	
Strategic Objectives	• Services are organised to ensure everyone has the opportunity to achieve the same level of good health • Individuals and whānau are owners of their care and we involve them fully in decision-making about their care • Most health services focus on prevention, and health care is provided earlier and closer to people's homes • Urgent and complex care is readily available for episodes of ill health but most health care will be planned • Individuals and whānau experiences of health care is optimal, throughout their life span • Services are planned and delivered in partnership with local government and the wider social and education sectors • There is a clinically and financially sustainable future for our health system					
Key Progress measures[4]	- **Equity of service access and outcomes for Māori, Pacific, and low income people (across all areas)** - Financial performance - Amenable mortality rates (deaths of people under 75 years old that could be avoided)					
	- Babies breastfed at 3 months - Children fully immunized - Oral health at age five - Screening for breast and cervical cancer (& eventually bowel cancer) - Adults offered help to quit smoking		- Ambulatory Sensitive Hospital (ASH) admissions - Diabetes management - ED presentation rates per capita - Acute hospital bed days per capita - Acute readmission to hospital		- Length of inpatient stay in hospital - Time patient spend in ED - Waiting time to access mental health and addiction services - Falls in hospital - Access to electives - Patient experience in hospital	
What we're doing to achieve our vision	**Support people living well** We will work collaboratively with partners to create healthy environments, eliminate health inequities, and support people to adopt healthy lifestyles and keep well.		**Shift care closer to home** We will shift services so they are delivered closer to the people using them, so people can receive most of their (non-complex) care within their community or homes.		**Deliver shorter, safer, smoother care** We will coordinate and streamline patient care, so that individuals and whānau experience a shorter, safer and smoother journey through our services.	
	Adaptable Workforce We will create a work environment for staff that values what they do, nurtures skill development and provides the culture for them to be their best and provide quality care. We will have a well-trained and engaged workforce that is adaptable with a diverse skill mix.					
	Effective Commissioning We will ensure our commissioning is informed by evidence to achieve the best health outcomes for individuals and the population, support the elimination of health inequities, and improve people's experience of care.					
	Smart infrastructure We will create a digitally-enabled health system that supports people to stay well, and shares information and care plans for better tracking of care. We will use data to understand people's needs and drive people-focused services. Our hospital facilities will be designed for complex care, and networked with other hospitals.					
How we work	Always Caring	Can Do	**Our Values**	In Partnership	Being Our Best	

[4] We have chosen some key progress measures to closely monitor the progress we are making towards *Our Vision for Change*. However, it should be noted that we use a number of additional measures to monitor the quality of our service, which cover service access, safety, equity, efficiency, timeliness, outcomes, and patient experience.

Strategic Framework

We have developed a number of plans to support us to meet the challenges ahead and achieve *Our Vision for Change*. Together these plans reflect our Hutt Valley DHB's strategic framework.

Figure 1 Hutt Valley DHB's Strategic Framework

- Our Clinical Services Plan 2018-2028 provides an outline of how we will need to reconfigure our clinical services over the next 5-10 years to address growing health demands.
- Our Wellbeing Plan: A Thriving Hutt Valley focusses on prevention, strengthening whānau and communities, and addressing the wider determinants and environmental factors that impact our physical and mental wellbeing.
- Te Pae Amorangi, Hutt Valley DHB's Māori Health Strategy to 2027, details our commitment to improving the health of Māori in our district through five priority areas: workforce, organisational development and cultural safety, commissioning, mental health and addictions, and the first 1,000 days of life.
- Our Pacific Health Action Plan aims to improve Pacific health and reduce health inequities through four priorities focus areas: child health, health literacy, access to care, and workforce capacity.
- Living Life Well, our 3DHB[5] Mental Health and Addictions Strategy 2019-2015, sets the direction for mental health and addiction care to improve outcomes for our people, their whānau, and our wider communities.

The work of implementing our strategic plans has begun. We are developing and progressing work programmes to drive the changes we need to make. Hutt Valley DHB has established a Project Management Office, which is supporting a number of projects to improve hospital integration with community services, and enhance patient flow and efficiency within hospital.

As well as changes to our own services, we are also working closely with Central Region DHBs[6] to plan and coordinate our services together. We are working closely with Capital & Coast DHB, in particular, to plan, coordinate, and integrate our hospital services and care pathways as much as possible, so that together both DHBs provide high-quality and timely services to our populations. This joint planning work across our network of hospitals (at Wellington, Kenepuru, and Hutt Hospital) will improve the clinical and financial sustainability of our health system. We are also working towards the development of a combined Long Term Investment Plan for Capital & Coast DHB and Hutt Valley DHB.

[5] Hutt Valley, Capital & Coast, and Wairarapa DHBs.

[6] The Central Region comprises six DHBs (Capital & Coast Health, Hawkes' Bay, Hutt Valley, MidCentral, Wairarapa and Whanganui).

Managing our Business

Regional Public Health

Regional Public Health (RPH) is the public health unit for the sub-region (Wairarapa, Hutt Valley, and Capital & Coast DHBs). Organisationally, RPH is part of Hutt Valley DHB. The three DHBs work in partnership with RPH in their work on health promotion/improvement, enhancing the effectiveness of prevention activities in other parts of the health system, and regulatory services. The details about the activities of RPH are contained in the Regional Public Health 2019/20 Annual Plan.

A key focus for 2019/20 is collaboration with RPH, Healthy Families, PHOs and other community providers to leverage the investment and coordinate our health promotion activities to deliver collective impact on national and local priorities. Improving equity of outcomes for Māori, Pacific, and people on low incomes is a key focus of this work.

Organisational performance management

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

Hutt Valley DHB's key financial indicators include performance against the DHB operating budget, FTE management within the FTE budget, and DHB cash position. These are assessed and reported through Hutt Valley DHB's performance management process to the Executive Leadership Team, the Finance Risk and Audit Committee and the Board on a monthly basis. The DHB's 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 2019/20 and out years is contained in the Financial Performance Summary section of Hutt Valley DHB's 2019/20 Statement of Performance Expectations.

Investment and asset management

In 2019/20 Hutt Valley DHB will progress work on its integrated strategic investment planning programme. This work will be guided by our strategic framework, particularly our Clinical Services Plan, which examines strategic options for service changes to achieve health improvements for our population in a clinically and financially sustainable manner.

As well as changes to our own services, we are also working closely with Central Region DHBs[7] – and Capital & Coast DHB in particular - to plan and coordinate our services across Wellington, Kenepuru and Hutt Hospital. This work is contributing to a bigger programme of work – a Long Term Investment Plan – to identify the investments needed to ensure these hospitals have the assets needed in the future to manage growing demand and achieve our strategic objectives.

Shared service arrangements and ownership interests

Hutt Valley DHB has a part ownership interest in Allied Laundry and NZ Health Partnerships. 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, with monthly reporting to the Hutt Valley DHB Finance, Risk and Audit Committee via the Executive Leadership Team. 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).

[7] The Central Region comprises six DHBs (Capital & Coast Health, Hawkes' Bay, Hutt Valley, MidCentral, Wairarapa and Whanganui).

Quality assurance and improvement

Hutt Valley DHB's approach to quality assurance and improvement is in line with Triple Aim plus One:

- 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 sustainable management of resources
- For our organisation – a thriving, socially responsible, organisation as a result of our culture, clinical leadership, engagement and workforce development.

Hutt Valley DHB's clinical and corporate governance structure ensures that systems are in place to optimise patient care and minimise 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. Contracted services are aligned with national quality standards and auditing of contracted providers includes quality audits.

Hutt Valley DHB also has a strong culture of continuous improvement. Our quality goals are underpinned by a culture of working together at all levels across the Hutt Valley health system and with our neighbouring DHBs. Our culture encourages 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. We are working to strengthen multi-disciplinary team-based structures within the DHB to ensure that care and treatment options are well considered and patient centred. Quality improvement training and 'improvement clinics' are also provided to build understanding of quality improvement throughout the organisation.

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.[8] Investment will be required on the DHB infrastructure, and this will be informed by the Clinical Services Plan and the joint sub-regional service planning with Capital & Coast DHB. Hutt Valley DHB is also improving the effectiveness and efficiency of human resources, and work is underway to upgrade and streamline our recruitment, induction, and performance management processes and systems across the DHB.

Te Whare Ahuru (TWA), the adult mental health acute inpatient service, requires reconfiguration. TWA is the based on the Hutt Hospital campus and is the primary provider of inpatient mental health care to residents of Hutt Valley and Wairarapa DHBs. TWA operates in partnership with Te Whare O Matairangi, the Capital & Coast DHB inpatient unit based in Wellington on the regional hospital site.

A recent review of the acute model of care (including TWA) found the design of TWA is dated, not fit-for-purpose and creates clinical care and safety issues. The facility does not enable good therapeutic outcomes, and is culturally inappropriate in its ability respond to the cultural needs of Māori clients. The demand for TWA also frequently outstretches its capacity. Hutt Valley DHB has embarked on a strategic assessment and single stage business case to consider facility options.

Workforce

Hutt Valley DHB is building a workforce that is responsive to, and reflects, the populations we serve. In June 2019 all 20 DHB Chief Executives committed to introducing targets for DHBs to increase Māori participation in the workforce. To meet this commitment Hutt Valley DHB will be reviewing our current recruitment policies and procedures to enhance the ability to attract,

[8] The Regional Informatics Programme is a significant programme that will centralise the acquisition, storage, retrieval, and use of patient information across the Central Region's six DHBs.

appoint and retain Māori staff. We are also developing a diversity recruitment policy to help us attract and recruit a diverse mix of staff reflective of our community.[9]

We value cultural intelligence and are working to enhance and grow the cultural safety of our workforce. This work includes developing and delivering Māori health equity and cultural safety training to DHB staff. Our Pacific Health Unit continues to deliver cultural support through training for health practitioners within the hospital and out in primary care. These activities support our collaboration with primary care partners to improve and achieve health equity and outcomes for Māori and Pacific people.

Enhancing employee wellbeing and engagement remains a key focus. Our aim is to make Hutt Valley DHB a place where our people love to work and where our patients receive the best possible care 'every person, every time'. Together we have created a vision for people's experience working and being cared for here, and we continue to embed our core values into how we work together to deliver a great service to our community.[10] We have been consulting with staff on the development of a staff wellbeing programme, Mauri Ora, which will include tools and resources for staff to support a healthier and happier workplace.

In 2018 we launched Nursing at its Best, Hutt Valley DHB's five-year nursing workforce strategy. The strategy aims to ensure that all people and their families/whanau accessing health care in the Hutt Valley, will receive excellent nursing care from a competent, culturally responsive, evidence-based and person-centred workforce. We are now progressing implementation of the strategy. Key pieces of work being progressed under the four nursing strategic priorities include:

- Nursing workforce - implementing the Care Capacity Demand Management project.[11]
- Clinical leadership - increasing senior nurse participation in the Professional Development and Recognition Programme.[12]
- Education and professional practice - implementing the Nurse Entry to Practice (NETP) Programme.[13]
- Quality, patient safety and innovation - implementing Lippincott's Nursing Procedures and Skills across the sector.[14]

To ensure a consistent approach to leadership and workforce planning, Hutt Valley DHB works collaboratively with the national and regional DHB General Managers Human Resources group, Central Technical Advisory Services (through the Regional Director – Workforce), Health Workforce New Zealand and the State Services Commission. Further detail about the Central regional approach to workforce is contained in the 2019/20 Central Regional Service Plan.

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 Hutt Valley DHB's Annual Plan.

[9] 'Diversity' can relate to culture, ethnicity gender, disabilities, and age.

[10] Our core values are: *Always caring, Can do, In partnership, and Being our best.*

[11] Care Capacity Demand Management is a programme for matching care capacity with care demand, and aims to enable staff to provide high quality and safe care to our patients, improve the work environment and improve organisational efficiency.

[12] The PDRP provides a framework that helps nurses develop their professional practice and assist them on a career pathway.

[13] The NETP programme provides graduate Registered Nurses support and professional development to facilitate their transition during their first year of practice.

[14] Lippincott's Nursing Procedures and Skills provides real-time access to step-by-step guides for evidence-based procedures and skills in a variety of specialty settings.

2019/20 Statement of Performance Expectations including Financial Performance

Andrew Blair
Chair
Hutt Valley DHB
Date: 7 November 2019

Wayne Guppy
Deputy Chair
Hutt Valley DHB
Date: 7 November 2019

This Statement of Performance Expectations (SPE) is a requirement of the Crown Entities Act 2013 and includes a key set of outcomes and output measures, with baseline figures and targets for the 2019/20 year.

The SPE serves three purposes:

1. It allows the responsible Minister to participate in setting the annual performance expectations of Hutt Valley DHB.
2. It provides Parliament with information on these expectations.
3. It provides a base against which actual performance can be assessed. The actual results of service performance (against what is forecast in the SPE) will be published in our 2019 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 Hutt Valley DHB's planned activities (outlined in section two of the 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[15] 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.

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 2019/20 based on historical and population trends.

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

Reference key	
CW	Child Wellbeing
MH	Mental health and addiction care
SS	Strong and equitable public health and disability system
PH	Primary care and prevention
HVPI	Hutt Valley DHB performance indicator

[15] 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).

Output class 1: 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.
- 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	Reference		Target/Est. 2019/20	Baseline	Baseline data date
	Previous	New			
Immunisation					
Percentage of 8 month olds fully immunised	HT	CW05	≥95%	Total: 90% Māori: 82% Pacific: 87%	Q2 - 2018/19 (Oct-Dec 2018)
Percentage of 2-year olds fully immunised	PP21	CW08	≥95%	Total: 93% Māori: 88% Pacific: 92%	Q2 - 2018/19 (Oct-Dec 2018)
Percentage of 5-year olds fully immunised	PP21	CW05	≥95%	Total: 88% Māori:87% Pacific: 82%	Q2 - 2018/19 (Oct-Dec 2018)
Percentage of population aged 65 years and over immunised against influenza annually	PP21	CW05	≥75%	Total: 55% Māori: 48% Pacific: 57%	1 Mar 2018 to 30 Sept 2018
Smoking cessation					
Percentage of PHO enrolled patients who smoke and have been offered help to quit by a health practitioner in last 15 months	HT5	PH04 CW09	≥90%	Total: 93% Māori: 92% Pacific: 91%	Q2 - 2018/19 (Oct-Dec 2018)
Percentage of hospitalized smokers offered advice and help to quit	PP31	SS06	≥95%	Total: 92% Māori: 91% Pacific: 89%	Q2 - 2018/19 (Oct-Dec 2018)
Breastfeeding					
Percentage of infants fully or exclusively breastfed at 3-months	PP37	CW06	≥70%	Total: 56% Māori: 40% Pacific: 51%	Six months: Jan-Jun 2018
Population based screening services					
Ensuring service coverage - percentage of children who receive a B4 School Check before they are 4½ years old	-	SS03 [16]	≥90%	Total: 86% Māori: 79% Pacific: 77%	Six months: Jan-Jun 2018
Healthy weight (age 4): Number of B4 school check participants identified with BMI range between 5th and 84th percentile	HT7	CW10	95%	Maori: 77% Pacific: 65% Other: 85%	Q3 2018/19 (6 months to Feb 2019)
Percentage of eligible women (45-69 years) having breast screening in the last 2 years	SI11	PV01	>70%	Total: 75% Māori: 70% Pacific: 67%	Q2 - 2018/19 (Oct-Dec 2018)
Percentage of eligible women (25-69 years) having cervical screening in last 3 years	SI10	PV02	>80%	Total: 75% Māori: 67% Pacific: 68%	Q2 - 2018/19 (Oct-Dec 2018)

[16] Also a Well Child/Tamariki Ora Quality Improvement Framework Indicator (number 14).

Output class 2: 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	Reference		Target/Est 2019/20	Baseline	Baseline data date
	Previous	New			
Primary Care services / Long term conditions management					
Newborn enrolment with General Practice by three months of age	SI18	CW07[17]	≥85%	Total: 66% Māori: 63% Pacific: 67%	Q2 - 2018/19 (Oct-Dec 2018)
Improving Māori enrolment in PHOs to meet the national average of 90%	PP33	PH03	≥90%	Māori: 89%	Six months Jul-Dec 2018
ASH Rates (avoidable hospitalisations) for 0-4 years (rate per 100,000)	PP22	PH01[18]	Total: ≤ 7,886 Māori: ≤ 9,722 Pacific:≤ 11,272	Total: 8,236 Māori: 10,069 Pacific: 11,619 Other: 6,766	12 months to Dec 2018
ASH Rates (avoidable hospitalisations) for 45-64 years (rate per 100,000)	SI1	SS05	Total: ≤ 4,764 Māori: ≤ 7,800 Pacific: ≤ 7,528 Other: ≤ 4,023	Total: 4,520 Māori: 7,520 Pacific: 7,375 Other: 3,838	12 months to Dec 2018
Rate of hospitalisations potentially related to housing conditions per 1,000 population for children under 15 years age	-	SS	No increase from baseline	Total: 13 Maori: 20 Pacific: 23 Other: 8	2017/18[19]
Percentage of eligible population assessed for CVD risk in last 5 years	PP20	SS13 FA3	≥90%	Total: 85% Māori men age 35-44: 59%	Q2 - 2018/19 (Oct-Dec 2018)
Percentage of DHB-domiciled population (15-74 yrs) enrolled in a PHO with well managed diabetes (HbA1c ≤ 64 mmol/mol)[20]	PP20	SS13 FA2	≥70%	Total:54% Māori: 45% Pacific: 45%	Q2 - 2018/19 (Oct-Dec 2018)
Oral health (annual reporting)					
Percentage of children caries free (no cavities) at five years of age	PP11	CW01	66%	Total: 63% Māori: 47% Pacific: 47% Other: 72%	2018 calendar year
Mean DMFT score at school year 8 [21]	PP10	CW02	0.61	Total: 0.65 Māori: 1.01 Pacific: 1.02 Other: 0.50	2018 calendar year
Percentage of adolescents accessing DHB-funded dental services	PP12	CW04	≥85%	66.8%	2018 calendar year

[17] Also a Well Child/Tamariki Ora Quality Improvement Framework Indicator (number 11) - with a national target of ≥90%.

[18] Also a HQSC Health System Quality Indicator (EFCT-15)

[19] HSH internal report is not subset of ASH (SI 1 Data) provided by MoH. HSH includes different nephritis diagnosis codes and meningitis which is not an ASH condition.

[20] Well managed diabetes is HbA1c < 64mmol/mol.

[21] This indicator looks at the average number of decayed, missing, and filled teeth in year 8 children with caries (11-13 year old children).

Output class 3: Intensive assessment and treatment

- 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 together.
- They include: (1) Ambulatory services (including outpatient, district nursing and day services) across the range of secondary preventive, diagnostic, therapeutic, and rehabilitative services. (2) Inpatient services (acute and elective streams) including diagnostic, therapeutic and rehabilitative. (3) 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.

Outputs measured by	Reference		Target/Est. 2019/20	Baseline	Baseline data date
	Previous	New			
Mental Health and Addiction services					
Access to mental health services: No. of mental health clients seen	PP6	MH01	Age 0-19 Māori: 4.90% Other: 4.00% Total: 4.25%	Age 0-19 Māori: 4.50% Other: 3.6% Total: 3.90%	Q4 – 2018/19
			Age 20-64 Māori: 8.89% Other: 4.06% Total: 4.82%	Age 20-64 Māori: 9.80% Other: 9.8% Total: 5.20%	
			Age 65+ Māori: 2.03% Other: 2.00% Total: 2.03%	Age 65+ Māori: 2.50% Other: 1.8% Total: 1.90%	
Percentage of clients with transition (discharge) plan	PP7	MH02	≥95%	44%	Q2 - 2018/19 (Oct-Dec 2018)*
Percentage of clients with a wellness plan	PP7	MH02	≥95%	17%	Q2 - 2018/19* (Oct-Dec 2018)
Percentage of patients 0-19 years referred to non-urgent child & adolescent mental health services and seen within 3 weeks	PP8	MH03	≥80%	57.5%	Q3 - 2018/19* (Jan-Dec 2018)
Percentage of patients 0-19 years referred to non-urgent child & adolescent mental health services and seen within 8 weeks	PP8	MH03	≥80%	84.5%	Q3 - 2018/19* (Jan-Dec 2018)
Percentage of patients 0-19 years referred to non-urgent child & adolescent addiction services and seen within 3 weeks	PP8	MH03	≥95%	81.0%	Q3 - 2018/19* (Jan-Dec 2018)
Percentage of patients 0-19 years referred to non-urgent child & adolescent addiction services and seen within 8 weeks	PP8	MH03	≥95%	91.4%	Q3 - 2018/19* (Jan-Dec 2018)
Planned and Acute (Emergency Department) inpatient/outpatient					
Planned care interventions – Inpatient Surgical Discharges	PP45	SS07	5,795	100%	2018/19
Planned care interventions – Minor Procedures	PP45	SS07	2,525	100%	2017/18

* 3DHB (Wairarapa, Capital & Coast, and Hutt Valley) performance data.

Outputs measured by	Reference		Target/Est. 2019/20	Baseline	Baseline data date
	Previous	New			
Planned care timeliness: Number of Patients waiting longer than four months for their first specialist assessment (FSA). "ESPI 2"	-	ESPI 2	0	133	April 2019
Planned care timeliness: Number of Patients given a commitment to treatment but not treated within four months. "ESPI 5"	-	ESPI 5	0	187	April 2019
Percentage of patients admitted, discharged or transferred from ED within 6 hours	HT1	SS10	95%	90.01%	12 months to Q3 1819
Standardised acute readmission to hospital	OS8	SS	12%	Total: 12.0% Māori: 14.1% Pacific: 11.5%	YE Sep 18
Weighted average score in the Inpatient Experience Survey	SI8	PH01	8.8	8.5	Nov 2018
Cancer services					
Percentage of patients receiving their first cancer treatment (or other management) within 31 days from date of decision-to-treat	PP30	SS01	≥85%	89.23%	Q3 - 2018/19 (Jan-Mar 2019)
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	HT	SS11	≥90%	92.3%	Q2 - 2018/19 (Oct-Dec 2018)
Quality and Patient Safety					
Rate of inpatient falls resulting in a fracture per 1,000 bed days	-	HVPI	≤ 0.07	0.07	2018/19
Rate of hospital acquired pressure injuries per 1,000 bed days	-	HVPI	≤0.59	0.59[22]	2018/19

Output class 4: Rehabilitation and Support

[22] The total bed days across all Hutt Hospital wards in 2018/19 was 8,4534.

- 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 2019/20	Baseline	Baseline data date
	Previous	New			
Disability care services					
% of hospital staff that have completed the Disability Responsiveness eLearning Module	-	HVPI	100%	20% (Hutt Valley)	Jul-18 to Jun-19
Number of HVDHB Disability Forums	-	HVPI	3	1 Forecast	2018/19
Number of sub-regional Disability Forums	-	HVPI	1	1 Forecast	2018/19
% of the HVDHB domiciled population with a Disability Alert who are Māori or Pacific	-	HVPI	Maori: 17% Pacific: 8%	Maori: 13% Pacific: 6% Forecast	2018/19
Total number of Disability alert registrations	-	HVPI	≥ 4900	7,752	2018/19 Q2*
Health of Older People (HOP) services					
Number of older people (65 and over, or younger if identified as a falls risk) that have received in-home strength and balance programmes (new starters)	PP23	SS04	70	35	Q1 - 2019/19 (Jul-Sep 2018)
Number of older people (65 and over, or younger if identified as a falls risk) that have received community/group strength and balance programmes	PP23	SS04	600	450	Q1 - 2019/19 (Jul-Sep 2018)

* 3DHB (Wairarapa, Capital & Coast, and Hutt Valley) performance data.

Output Class Financials

Prevention
Forecast Statement of Financial Performance
For the Year Ended 30 June

$000s	2017\18 Audited	2018\19 Forecast	2019\20 Plan	2020\21 Plan	2021\22 Plan	2022\23 Plan
Income						
Operating Income	20,307	25,023	25,059	25,523	25,998	26,485
Interest Income	26	28	28	28	28	28
Total Income	**20,334**	**25,050**	**25,087**	**25,551**	**26,026**	**26,513**
Expenditure						
Personnel Costs	12,797	12,660	13,510	13,915	14,332	14,762
Depreciation	463	257	339	339	339	339
Outsourced Services	1,346	1,363	1,684	1,698	1,713	1,728
Clinical Supplies	504	563	585	585	588	591
Infrastructure and Non Clinical Expenses	530	758	535	538	540	543
Other District Health Boards	-	1,012	237	244	252	260
Non Health Board Providers	-	3,398	4,407	4,544	4,685	4,831
Capital Charge	471	467	525	525	525	525
Interest Expense	-	-	-	-	-	-
Other	881	293	554	556	558	561
Internal Allocations	4,501	4,016	4,017	4,017	4,017	4,017
Total Expenditure	**21,493**	**24,786**	**26,391**	**26,959**	**27,549**	**28,155**
Net Surplus / (Deficit)	**(1,159)**	**265**	**(1,304)**	**(1,409)**	**(1,523)**	**(1,643)**

Early Detection & Management
Forecast Statement of Financial Performance
For the Year Ended 30 June

$000s	2017\18 Audited	2018\19 Forecast	2019\20 Plan	2020\21 Plan	2021\22 Plan	2022\23 Plan
Income						
Operating Income	251,917	91,594	161,906	166,456	171,143	175,970
Interest Income	17	18	18	18	18	18
Total Income	**251,934**	**91,612**	**161,924**	**166,474**	**171,161**	**175,988**
Expenditure						
Personnel Costs	10,369	11,594	12,969	13,358	13,759	14,172
Depreciation	930	806	824	824	824	824
Outsourced Services	1,272	1,568	1,088	1,116	1,144	1,174
Clinical Supplies	446	533	597	597	600	603
Infrastructure and Non Clinical Expenses	1,091	802	1,033	1,038	1,043	1,049
Other District Health Boards	88,442	20,508	36,293	37,422	38,586	39,786
Non Health Board Providers	143,337	49,750	105,214	108,486	111,860	115,339
Capital Charge	1,031	1,029	1,067	1,067	1,067	1,067
Interest Expense	-	-	-	-	-	-
Other	515	554	576	579	582	585
Internal Allocations	3,973	4,263	4,263	4,263	4,263	4,263
Total Expenditure	**251,407**	**91,405**	**163,925**	**168,750**	**173,728**	**178,860**
Net Surplus / (Deficit)	**527**	**206**	**(2,001)**	**(2,277)**	**(2,568)**	**(2,872)**

Intensive Assessment & Treatment
Forecast Statement of Financial Performance
For the Year Ended 30 June

$000s	2017\18 Audited	2018\19 Forecast	2019\20 Plan	2020\21 Plan	2021\22 Plan	2022\23 Plan
Income						
Operating Income	205,156	400,215	330,482	338,740	347,234	355,971
Interest Income	553	421	503	509	514	520
Total Income	**205,709**	**400,636**	**330,986**	**339,248**	**347,749**	**356,492**
Expenditure						
Personnel Costs	147,842	161,958	164,428	169,361	174,441	179,675
Depreciation	12,262	13,095	14,490	14,490	14,490	14,490
Outsourced Services	14,220	13,466	9,159	9,301	9,446	9,595
Clinical Supplies	23,765	21,458	20,344	20,344	20,446	20,548
Infrastructure and Non Clinical Expenses	11,834	12,234	12,922	12,981	13,040	13,099
Other District Health Boards	-	68,771	49,490	51,029	52,616	54,252
Non Health Board Providers	-	112,062	58,651	60,475	62,356	64,295
Capital Charge	8,573	10,558	10,460	10,460	10,460	10,460
Interest Expense	51	28	71	71	71	71
Other	4,518	5,648	4,632	4,649	4,672	4,695
Internal Allocations	(9,420)	(9,103)	(9,089)	(9,089)	(9,089)	(9,089)
Total Expenditure	**213,645**	**410,174**	**335,558**	**344,071**	**352,949**	**362,092**
Net Surplus / (Deficit)	**(7,937)**	**(9,538)**	**(4,573)**	**(4,823)**	**(5,201)**	**(5,600)**

Rehabilitation & Support
Forecast Statement of Financial Performance
For the Year Ended 30 June

$000s	2017\18 Audited	2018\19 Forecast	2019\20 Plan	2020\21 Plan	2021\22 Plan	2022\23 Plan
Income						
Operating Income	72,468	55,409	75,515	77,596	79,739	81,946
Interest Income	1	1	1	1	1	1
Total Income	**72,468**	**55,410**	**75,516**	**77,597**	**79,740**	**81,947**
Expenditure						
Personnel Costs	4,317	4,478	4,856	5,002	5,152	5,307
Depreciation	18	19	16	16	16	16
Outsourced Services	164	249	268	275	283	291
Clinical Supplies	1,439	1,506	1,325	1,325	1,331	1,338
Infrastructure and Non Clinical Expenses	170	102	107	108	108	109
Other District Health Boards	4,599	3,511	14,631	15,086	15,555	16,039
Non Health Board Providers	59,044	43,728	53,549	55,214	56,931	58,702
Capital Charge	16	16	18	18	18	18
Interest Expense	-	-	-	-	-	-
Other	79	60	58	58	58	58
Internal Allocations	946	824	810	810	810	810
Total Expenditure	**70,791**	**54,493**	**75,638**	**77,913**	**80,264**	**82,689**
Net Surplus / (Deficit)	**1,677**	**917**	**(122)**	**(315)**	**(524)**	**(742)**

Forecast Financial Statements

Hutt Valley District Health Board Forecast Statement of Financial Performance For the Year Ended 30 June $000s	2017\18 Audited	2018\19 Forecast	2019\20 Plan	2020\21 Plan	2021\22 Plan	2022\23 Plan
Income						
Operating Income	549,848	572,240	595,574	611,011	626,897	643,246
Interest Income	597	468	550	556	561	567
Total Income	**550,445**	**572,708**	**596,124**	**611,566**	**627,458**	**643,812**
Expenditure						
Personnel Costs	175,325	190,689	198,820	204,685	210,825	217,150
Depreciation	13,673	14,177	15,561	15,639	15,717	15,796
Outsourced Services	17,002	16,645	12,462	12,820	13,059	13,303
Clinical Supplies	26,153	24,060	24,402	24,455	24,577	24,700
Infrastructure and Non Clinical Expenses	13,625	13,896	14,111	14,176	14,243	14,310
Other District Health Boards	93,040	93,802	101,203	104,351	107,596	110,942
Non Health Board Providers	202,382	208,937	219,007	225,818	232,841	240,082
Capital Charge	10,092	12,070	12,720	12,783	12,847	12,912
Interest Expense	51	28	71	72	72	72
Other	5,992	6,554	5,907	5,979	6,009	6,039
Internal Allocations	(0)	0	0	0	0	0
Total Expenditure	**557,336**	**580,858**	**604,265**	**620,778**	**637,787**	**655,307**
Net Surplus / (Deficit)	**(6,891)**	**(8,150)**	**(8,141)**	**(9,212)**	**(10,329)**	**(11,495)**

* Please note that the 2018/19 forecast figures exclude adjustments for year-end provisions i.e. Holidays Act, Impairments.

** Please note that these financials have not been reconciled with the details in the Statement of Service Performance.

Hutt Valley District Health Board Forecast Statement of Financial Position For the Year Ended 30 June						
$000s	2017/18 Audited	2018/19 Forecast	2019/20 Plan	2020/21 Plan	2021/22 Plan	2022/23 Plan
Assets						
Current Assets						
Cash and Cash Equivalents	15,443	5,286	-	-	-	-
Debtors and Other Receivables	18,093	28,852	28,917	28,939	29,047	29,116
Inventories	1,387	1,479	1,414	1,525	1,486	1,496
Total Current Assets	**34,923**	**35,618**	**30,331**	**30,464**	**30,533**	**30,612**
Non Current Assets						
Property, Plant and Equipment	234,151	229,049	227,333	245,510	244,122	243,948
Intangible Assets	9,602	9,303	8,887	9,374	8,784	6,848
Investment in Joint Ventures	850	1,150	1,150	1,150	1,150	1,150
Trust and Bequest Funds	1,389	1,426	1,426	1,557	1,496	1,505
Total Non Current Assets	**245,992**	**240,928**	**238,795**	**257,591**	**255,552**	**253,451**
Total Assets	**280,915**	**276,546**	**269,126**	**288,055**	**286,085**	**284,063**
Liabilities						
Current Liabilities						
Overdraft	-	-	721	8,861	17,220	26,693
Creditors and Other Payables	28,245	32,927	31,697	30,440	29,132	27,786
Employee Entitlements and Provisions	31,766	34,165	35,190	36,246	37,333	38,453
Borrowings (Finance Leases)	509	23	23	23	23	23
Total Current Liabilities	**60,520**	**67,115**	**67,631**	**75,569**	**83,709**	**92,955**
Non Current Liabilities						
Employee Entitlements and Provisions	7,617	7,617	7,846	8,081	8,323	8,573
Borrowings (Finance Leases)	221	198	175	142	119	96
Trust and Bequest Funds	10,952	8,575	8,575	8,575	8,575	8,575
Total Non Current Liabilities	**18,790**	**16,390**	**16,596**	**16,798**	**17,018**	**17,244**
Total Liabilities	**79,311**	**83,505**	**84,227**	**92,367**	**100,726**	**110,199**
Equity						
Crown Equity	124,330	123,916	123,916	143,916	143,916	143,916
Revaluation Reserves	133,597	133,597	133,597	133,597	133,597	133,597
Retained Earnings	(56,323)	(64,473)	(72,615)	(81,826)	(92,155)	(103,650)
Total Equity	**201,605**	**193,040**	**184,899**	**195,687**	**185,358**	**173,863**
Total Equity and Liabilities	**280,915**	**276,546**	**269,126**	**288,055**	**286,085**	**284,063**

* Please note that the 2018/19 forecast figures exclude adjustments for year-end provisions i.e. Holidays Act, Impairments.

** Please note that these financials have not been reconciled with the details in the Statement of Service Performance.

Financial Assumptions

The assumptions are the best estimates of future factors that 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 3.32% from Funding Envelope guidance (national average 4.25%) for 2019/20
- IDF levels based on Funding Envelope or agreed changes within the sub-region.

Expenditure

- 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 $13.4 million p.a. is planned for 2019/20

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 2019/20 of $7.72 million and $5.71 million for strategic capex is required to be funded internally.

Equity Drawing: No additional deficit support has been requested for the 2019/20 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 BNZ, 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 completed as at 30 June 2018. The impact of the revaluation was to increase the value of Land and Buildings by a combined total of $38.25 million. The increase in the value of the assets was matched by an increase to the revaluation reserve. There is also a consequent increase to both depreciation and capital charge from 2018/19 on.

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.