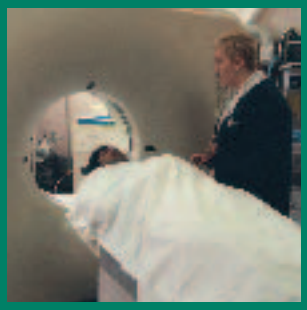











HUTT VALLEY DISTRICT HEALTH BOARD

Report for the year ended 30 June 2003

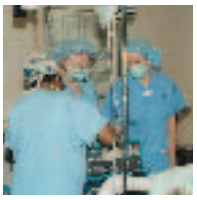
HUTT VALLEY DHB

HIGHLIGHTS AT A GLANCE

- Hutt Valley DHB met or exceeded all significant service performance, planning and funding requirements outlined in the Board's Statement of Intent

- Operating surplus of $565,000

- Board made progress in priority areas of Primary Care and Healthy Communities



- Relationships with Maori and Pacific Peoples' communities strengthened

- First Primary Health Organisation, Piki te Ora ki te Awakairangi, established, between Hutt Valley DHB and the PHO partners Kokiri Marae, Hutt Union and Community Health Service, and Whai Oranga O te Iwi. Plans for further PHOs in the Hutt Valley underway

- Hutt Valley DHB chosen as New Zealand pilot for Magnet nursing programme

- Age Well Together programme to improve services for the elderly launched

CONTENTS

DIRECTORY

Head Office

Pilmuir House, Pilmuir Street, Lower Hutt

Bankers

Bank of New Zealand

Postal Address

Private Bag 31-907, Lower Hutt

Solicitors

Impact Legal

Website Address

www.huttvalleydhb.org.nz

Auditor

Audit New Zealand, Wellington
On behalf of the Auditor-General

Hutt Valley DHB People

BOARD MEMBERS

The Board consists of 11 members, seven elected and four appointed by the Minister of Health including a chairman and a deputy chairperson.

Peter Glensor, *Chairman*

Katy Austin

Pat Brosnan

Sharron Cole

Vera Ellen

Dr Catherine Love (appointed)

Hon Peter McCardle

Grant Moffat

Fuimaono Karl Pulotu-Endemann (appointed)

Brenda Tahi (appointed)

Warren Young (appointed, term ended June 2003)

Chief Executive

Chai Chuah

Committee Members

The membership of the committees is as follows.

HOSPITAL ADVISORY COMMITTEE

Sharron Cole *(Chairperson)*
Brenda Tahi
Peter McCardle
Pat Brosnan
Grant Moffat

COMMUNITY AND PUBLIC HEALTH ADVISORY COMMITTEE

Peter Glensor *(Chairperson)*
Dr Catherine Love
Katy Austin
Fuimaono Karl Pulotu-Endemann
Vera Ellen
* Dr Stephen Palmer
* Mike Cooper
* Wayne Mulligan
* Marian Redwood
* Maree Tukukino

DISABILITY SUPPORT ADVISORY COMMITTEE

Katy Austin *(Chairperson)*
Dr Catherine Love
* Beryl Harris
* Joan Taylor
* Rongo Wirepa

FINANCE, PROPERTY AND AUDIT COMMITTEE

Peter Glensor *(Chairman)*
Peter McCardle
Sharron Cole

EXECUTIVE MANAGEMENT TEAM

Chai Chuah
Chief Executive

Sam Bartrum
General Manager Public, Primary, Community and Mental Health

Trevor Coad
Chief Financial Officer

David Graham
General Manager Communications

Warrick Frater
General Manager Hospital and Secondary Services

Suafole Gush
Pacific Peoples' Health Advisor

Martin Hefford *(to 15 August 2003)*
General Manager Planning and Funding

Helene Carbonatto *(from 15 August 2003)*
General Manager Planning and Funding

Rhondda Knox
Director of Nursing

Dr Robert Logan
Director of Medicine

Kuini Puketapu
Maori Health Advisor

Justin Te Rangiita
Human Resources Manager

David Williment
Board Secretary

** Co-opted members*

STATEMENT OF PURPOSE

Vision, Mission and Values

The Board has established the following vision, mission and values for Hutt Valley DHB.

VISION

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

MISSION

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

VALUES

Working together: with our providers, community groups and other agencies;

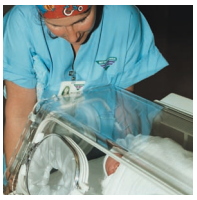
Leadership: within our community and through setting a positive example;

Respect: for each other and the rights of individuals;

Communicating effectively: with our community, with our staff and our clients;

Caring: for our community and for each other; and

Excellence: in all that we do.



HUTT VALLEY DHB PROFILE

The Hutt Valley DHB is responsible for planning, prioritising, funding and providing government-funded health care and disability support services for the 135,000 people who live in the Hutt Valley. The Hutt Valley DHB as an organisation employs 1,800 people, most of whom work for Hutt Hospital and our community and regional health services. This is the part of the Hutt Valley DHB that we refer to as the 'provider arm'.

A Board, comprising 11 people of whom seven are elected by the community and four appointed by the Minister of Health, has strategic oversight or governance of the Hutt Valley DHB. The Board has responsibility for delivering on local and national health objectives within a current annual budget of approximately $179 million.

The Hutt Valley DHB has been in existence since 1 January 2001. Over the past year it has provided a wide range of services and implemented a number of initiatives detailed in this report to meet its commitment to:

- Improve, promote and protect the health of communities within the Hutt Valley
- Reduce health disparities by improving health outcomes for Maori and other population groups
- Encourage community participation in health improvement, and in planning for the provision of health services and any significant changes to the provision of health services
- Ensure effective care or support of those in need of personal health services or disability support
- Promote the inclusion and participation in society of people with disabilities
- Better coordinate health services in the Hutt Valley; for example, GP and hospital-based services.

This has involved buying services from a wide range of health and disability service providers, including GPs, Maori and Pacific Island health providers, mental health providers, rest homes, pharmacies, private laboratories and hospitals.

BOARD MEMBERS' REPORT

This is the Hutt Valley DHB's statutory report which covers the 12-month period from 1 July 2002 to 30 June 2003.

Principal Activities

Hutt Valley DHB is responsible for funding all local personal health, mental health, Maori health and Pacific Peoples' health services. To meet this responsibility the Board places considerable emphasis on broad-based consultation with the community and key stakeholders.

Hutt Valley DHB's Regional Public Health Service provides services across three DHB areas – Hutt Valley, Capital & Coast, and Wairarapa. The community mental health services have sites situated in the Hutt Valley and certain physiotherapy services that are provided from an Upper Hutt base. In addition, it contracts local providers to deliver a wide range of primary and community health services to the people of the Hutt Valley.

At the secondary level, Hutt Hospital provides the specialities of medicine, surgery, mental health, child health, maternity and public health. Within that general description are specialist services in burns, plastic and maxillofacial surgery, rheumatology, coronary care, intensive care, radiology and rehabilitation, a hospital dental service and an associated child oral health service.

Committees of the Board

The Board has three statutory committees to provide advice in key areas. They are the Community and Public Health Advisory Committee, the Disability Support Advisory Committee and the Hospital Advisory Committee. The Board has also established a Finance, Property and Audit Committee.

Board Members' Interests

There have been no financial transactions during the period which require Board Members to declare an interest. Hutt Valley DHB has arranged policies for Board Members' liability insurance to ensure that, generally, Board Members will incur no monetary loss as a result of actions they undertake in their capacity as Board Members. Certain actions are specifically excluded, for example, penalties and fines imposed in respect of breaches of law.

Board Members' Remuneration

During the period the following remuneration was paid to the Board Members of the Hutt Valley DHB.

	Year to June 2003 Board Fees $000	Year to June 2003 Committee Fees $000	Year to June 2003 Total Fees $000	Year to June 2002 Total Fees $000
BOARD MEMBERS				
W Young (Chairman)	33.0	7.5	40.5	42.3
P Glensor (Deputy Chair)	23.6	6.0	29.6	25.3
K Austin	18.0	5.0	23.0	10.9
P Brosnan	18.0	2.0	20.0	10.5
S Cole	18.0	3.4	21.4	10.5
V Ellen	18.0	2.8	20.8	10.5
C Love	18.0	3.5	21.5	8.8
P McCardle	18.0	5.3	23.3	11.0
G Moffatt	18.0	2.0	20.0	10.5
Fuimaono K Pulotu-Endemann	18.0	1.8	19.8	9.8
B Tahi	18.0	2.5	20.5	21.0
M Shields			0.0	13.9
C Cunningham			0.0	10.5
B Grieve			0.0	10.8
A Moala			0.0	9.8
M Redwood			0.0	11.1
S Stevens			0.0	10.5
V Winitana			0.0	10.5
Total	**218.6**	**41.8**	**260.4**	**248.2**

	Year to June 2003 Total Fees $000	Year to June 2002 Total Fees $000
CO-OPTED COMMITTEE MEMBERS		
N Baker	0.3	0.3
M Cooper	1.5	0.3
B Harris	1.5	0.0
S Jayathissa	0.0	0.5
M MacDonald	0.0	1.8
S Merrilees	0.0	1.1
W Mulligan	1.0	0.0
M Redwood	2.5	0.0
S Stansfield	1.3	0.3
G Stenton	1.8	0.3
J Taylor	1.5	0.0
S Thompson	0.0	0.8
M Tukukino	1.8	1.8
Total	**13.2**	**7.2**

Remuneration of Employees

The number of employees (excluding Board Members) whose annual income was within the specified bands is as follows:

The Chief Executive's remuneration was in the $200,000-$209,000 bracket (2002: $260,000-$269,000).

Of the 70 employees shown below, 55 are medical or dental employees (47, June 2002).

If the remuneration of part-time employees were grossed up to an FTE basis, the total number with salaries of $100,000 or more would be 113, compared to the actual number of 70.

$000	June 2003	June 2002	Med/Dental
100-109	17	14	12
110-119	9	9	5
120-129	4	9	4
130-139	4	6	3
140-149	11	4	10
150-159	6	4	4
160-169	1	2	1
170-179	4	2	4
180-189	4	2	4
190-199	3	0	3
200-209	4	3	3
210-219	2	0	2
220-229	1	0	1
Total	**70**	**55**	**55**

Termination Payments

This information is presented in accordance with section 42(3)(f) of the New Zealand Public Health and Disability Act 2000. Termination payments include payments that the person is entitled to under contract on termination such as retirement payment, redundancy and gratuities. During the year Hutt Valley DHB made the following payments to former employees in respect of termination of employment with the Board.

Number of employees	Amount $
1	700
1	1,635
1	1,800
1	2,000
1	3,640
1	4,500
1	4,781
1	5,500
1	5,738
1	8,117
1	11,875
1	14,869
1	34,000
1	36,000

Auditor

The Auditor-General is appointed auditor under section 43 of the New Zealand Public Health and Disability Act 2000. Audit New Zealand has been contracted to provide these services.

For and on behalf of the Board.

Peter Glensor
Chairman

Hutt Valley DHB members. Back row, left to right: Catherine Love, Pat Brosnan, Katy Austin, Fuimaono Karl Pulotu-Endemann, Grant Moffat, Brenda Tahi, Peter McCardle. Front row, left to right: Sharron Cole, Peter Glensor (Chairman), Chai Chuah (Chief Executive), Vera Ellen.

CHAIRMAN'S REPORT

It is with great pleasure that I present Hutt Valley District Health Board's second annual report, for the year ended 30 June 2003.

The DHB has had a very successful year. We have been able to develop new services for our community. At the same time Hutt Valley DHB is one of only three DHBs in the country to record a financial surplus for the year.

As the financial statements show, our surplus was $565,000 for the year. This was a very good performance and puts us in a strong position for the future.

Financial performance is not an end in itself. It must be viewed in the context of our Vision, which is to be New Zealand's foremost DHB in optimising the health and wellbeing of our community.

Out of that comes our mission, which is to excel in the way we consult, communicate, plan and provide health services to our community. A sound financial result is part of that – it gives us a greater ability to strengthen existing services and take new initiatives.

The advantage of a strong balance sheet can be seen, for example, in primary health. In the financial year under review (2002 – 2003), Hutt Valley DHB's Board committed around $3.5 million for new initiatives in support of primary health. This is new money, on top of the more than $40 million we are already spending on pharmaceuticals, laboratory tests, GP subsidies and non-government organisation (NGO) primary health services.

We are funding programmes for primary health graduate nursing, community radiology, an ear van, smoking cessation, diabetes and a palliative care liaison worker.

In the budget for the 2003-2004 financial year we have set aside a further $1 million for new primary health initiatives including four school clinics, a skin lesion programme, diabetes screening and quality payments. We hope we can do even more than that, during the coming year.

Hutt Valley DHB is committed to improving primary health services and making them more accessible. It is vital that we address current health disparities, so that all New Zealanders can benefit from good health outcomes, regardless of their background or where they live.

The Government's primary health strategy is a key priority for our DHB. We have already established one Primary Health Organisation (PHO), and we are working to have PHOs for all Hutt Valley residents by April of 2004.

Community involvement in PHOs is absolutely fundamental and we are ensuring that in setting up PHOs we are, again, working in line with our goal to excel in the way we consult and communicate. Hutt Valley DHB has undertaken an extensive consultation programme with the community over the establishment of PHOs. This has involved public meetings, hui, fono, and meetings with interest groups throughout the valley. We are determined that PHOs will be set up in a way which meets the needs of both the community and health providers.

Recipients of the Hutt Valley DHB Second Annual Primary Care Excellence Awards with Minister of Health the Hon. Annette King and Board Chair Peter Glensor.

CHAIRMAN'S REPORT

Hutt Valley DHB's operating arm continues to operate effectively. The Board's focus is on ensuring that the best range and quality of services are being provided to our community.

This is particularly the case with regards to the hospital campus. There are a number of areas which are stretched, such as the theatre complex, and others which are under utilised. The Board is reviewing the likely requirements in coming years as we plan ongoing development of the site.

Hutt Hospital is rightly renowned for the level of care our staff provide. We were pleased to be chosen to be the pilot site for the Magnet programme, which seeks to establish work practices and standards that attract and retain nursing staff.

Hutt DHB Board and staff have taken up this international programme enthusiastically and are working hard to have Hutt Hospital accredited as a Magnet hospital.

This is my first report as Chairman and I wish to acknowledge the work of my predecessor Warren Young. Warren devoted huge energy to the transition and establishment of Hutt Valley DHB and he was a strong advocate for Hutt Valley health services.

He took particular interest in ensuring the organisation was financially sound and he can take pride in its current financial position.

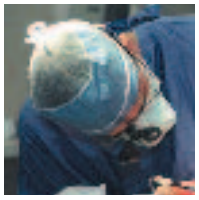
I would also like to pay tribute to my colleagues on the Board, who have formed a strong team to lead this organisation forward. We are all committed to providing high quality health care for our people.

Finally, I want to thank Chief Executive, Chai Chuah, and the staff for the tremendous work they have done in the last 12 months and their contribution to what is an excellent result for our community. All our people – Board, staff, and community – are essential for us to achieve our common goal – the best possible health and wellbeing for everyone in the Hutt Valley. We look forward to even better things in the coming year.

Peter Glensor

Chairman

CHIEF EXECUTIVE'S REPORT



Hutt Valley DHB's second year was one of consolidation as the organisation built its capacity to operate as a fully-fledged funder and provider of health services to the Hutt Valley.

The organisation is now well established as the body responsible for determining needs, planning, prioritisation and funding of health services in our community.

Extensive consultation with our community has been undertaken through both the strategic planning and annual planning processes. In addition senior members of the executive team and the Board itself have worked very hard to establish strong community links.

Both the Community and Public Health Advisory Committee (CPHAC) and the Disability Services Advisory Committee (DSAC) have held regular public forums in association with their regular meetings. As well, the fact that we have very active Maori and Pacific advisers as part of our executive team has had a significant effect in ensuring appropriate and meaningful communication with these communities.

This is a very inclusive District Health Board and the Chair has, on a number of occasions, committed the organisation to openness and accountability. An example of that is the way we have gone about putting in place Primary Health Organisations (PHOs) within the guidelines laid down by the Government's primary health plan. The consultation process we are undertaking in order to establish PHO coverage throughout the Valley has been comprehensive in a way that few others have matched. We are determined that the community has a real input into this process because it is critical in the way primary health services develop here in the years to come.

During the year under review, Hutt Valley DHB met or exceeded all significant service performance, planning and funding requirements outlined in the Board's Statement of Intent. In addition, the organisation achieved a greatly improved financial position, returning a surplus of $565,000, compared to a forecast deficit of $141,000. That, in turn, compares to an actual deficit of $2.10 million in the previous financial year (2001/2002).

The figures show a 4% growth in the number of people discharged from Hutt Hospital, attributable to a significant growth in the number of day case discharges – 11%.

Total operations grew marginally to 6,771. It is notable that while there was a 1.5% drop in acute operations performed, elective operations grew by 3.4% to 3,584.

Outpatient attendances grew across the surgical, medical and paediatric categories, meaning more people are receiving specialist care at Hutt Hospital.

However, Emergency Department attendances fell by 2% to 30,234.

Inpatient waiting list numbers grew from 907 at 30 June 2002 to 1,047 at 30 June 2003 – an increase of 15.4%, in spite of the number of elective operations increasing and in spite of Hutt Valley DHB meeting its contract surgical volumes. Work is therefore going into establishing whether our volumes will meet surgical need for the 2003/2004 financial year. It is important to do this early in the yearly cycle, in order to be able to make arrangements to correct any deficit.

This also highlights the advantage of running a solid balance sheet and of being a DHB. There is very little room to move to meet community need when an organisation is running a deficit. It is also difficult to make funding adjustments during a financial year if the funding is held centrally – DHBs can be much more flexible in directing funding to areas of need during a financial year.

In line with a review of appropriate surgical volumes, Hutt Valley DHB is also assessing operating theatre and Emergency Department requirements in the future – these reviews include assessment of the physical capacity of both departments as well as staffing requirements.

It is important to note that while hospital-based care has been maintained or, in some cases, increased, Hutt Valley DHB continues to focus on primary care – the Chair has indicated the advances that were made during the year and the continued commitment in the current financial year.

Along with this, as of 1 October 2003 Hutt Valley DHB took responsibility for Disability Support Services (DSS) funding devolved from the Ministry of Health. This funding is nearly all tied into existing service contracts to provide residential aged care and rehabilitation. However, over time, Hutt Valley DHB intends to look at opportunities to develop appropriate community-based services to Hutt Valley's elderly people.

This is very much in line with the Age Well Together programme established under the DSAC committee of the Board. This programme aims to provide improved communications between primary and secondary health care and between the health sector and other sectors providing services to the elderly. Current projects include developing a directory of services for older people, funding increased assessment of specialist equipment for older people living in their own homes and a falls assessment and prevention programme.

In line with our values and our commitment to community involvement, we are also establishing an inclusive staff environment. It is critical that in a high performing organisation, staff are given the opportunity to take responsibility for their activities and their services. With that in mind we have commenced leadership programmes aimed at staff from throughout the DHB. I am also intent on ensuring that we demonstrate inclusive communications styles in our dealings not only with the community, but with staff as well. To that end I undertook quarterly staff forums throughout the financial year and will continue to develop two-way staff communications.

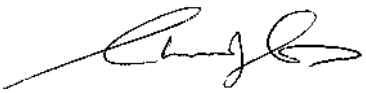
We continue to focus on staff recruitment and retention and that is a priority for the 2003/2004 financial year. The Magnet programme, for which Hutt Valley DHB was chosen to be a pilot, is already having an impact in that it is helping staff focus on the factors which affect recruitment and retention of nursing staff, in particular.

It has been a very busy year and the 2003/2004 year is shaping up to be one of equally significant achievement.

Having come into the organisation part way through the financial year, I want to place on record my great appreciation for the commitment and dedication of Hutt Valley DHB staff. There is a real commitment to the Hutt Valley community amongst our staff and this is particularly noticeable to someone coming into the organisation for the first time.

I would also like to thank Bruce Gollop, the Acting Chief Executive prior to my arrival, and Stephen McKernan, the former Chief Executive, for the work they did in ensuring Hutt Valley DHB was in good heart.

Finally, I wish to acknowledge the great support given by the Executive Management Team and to thank the Chair and Members of the Board, who have, again, given strong governance and direction.



Chai Chuah
Chief Executive

HEALTHCARE PLANNING

District Health Boards have increased focus on the requirement to plan, fund and provide comprehensive health services for the communities they serve. Over the past two years, Hutt Valley DHB has focussed on and put considerable effort into meeting this challenge.

In particular, the Board has sought every opportunity to engage the local community in the planning process to ensure Hutt Valley DHB's strategic direction better reflects local health needs and service expectations.

Hutt Valley DHB Five Year Strategic Plan

An early key objective for the Board was to develop and implement the first Five Year District Strategic Plan. Community involvement and public consultation were essential elements of the strategic planning process.

Seven planning groups were formed in the areas of Primary Care, Healthy Communities, Mental Health, Chronic Diseases, Child & Family, Youth and Disability Support. These had major contributions from public nominees, GPs, Pacific community representatives and Maori representatives. The groups undertook a health needs assessment and demographic analysis. This planning and health assessment process provided information about the Hutt Valley health profile that was essential in determining and responding to local health needs.

The results of this process were incorporated into the five-year plan and, in turn, the DHB's annual plan.

Hutt Valley Health Profile

DEMOGRAPHICS

- The total population in the Hutt is decreasing slightly.
- The Hutt Valley Maori and Pacific populations are increasing.
- The Maori and Pacific populations make up ¼ of the total population and ⅓ of the 0-14 age group.
- HVDHB is one of only seven DHBs in NZ with a significant Pacific population.
- HVDHB also has a significant Asian and refugee minority population.
- The population is ageing.

SOCIO-ECONOMIC STATUS

- Poverty and deprivation are key determinants of health.
- Maori and Pacific Peoples are much more likely to live in deprived situations.
- People living in the most deprived areas have a lower life expectancy.
- Lower Hutt has more people in the most deprived and least deprived categories than Upper Hutt.
- Lower Hutt has a larger deprived population than Upper Hutt.

HEALTH STATUS

- About 4,500 hospital admissions every year are potentially preventable through community action and lifestyle changes or better access to primary care.
- About 350 deaths each year are potentially preventable through community action and lifestyle changes or through primary care interventions.
- Maori and Pacific Peoples have a disproportionately high number of preventable deaths and hospitalisations.
- The greatest gains in years of healthy life can be obtained by encouraging people to be more physically active, not to smoke, and to eat less fat and more fruit and vegetables.

Major Cause of Deaths

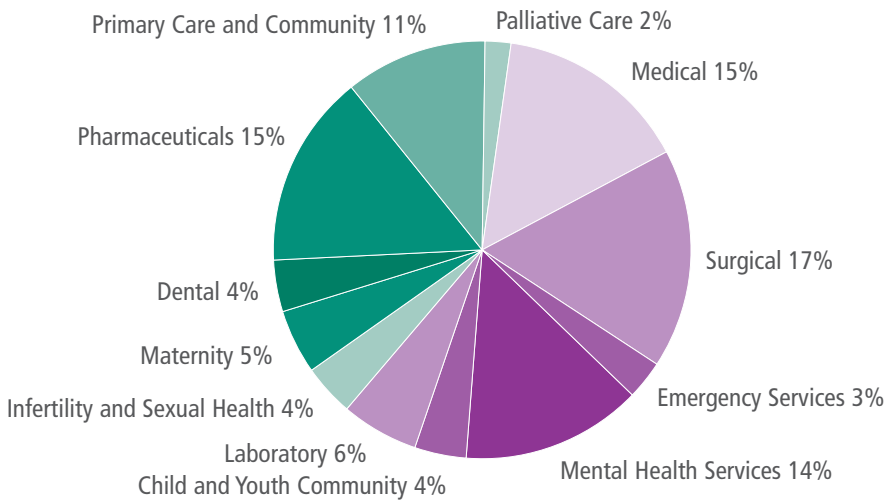
The leading causes of death in the Hutt Valley are similar to those nationally. Cardiovascular diseases (mainly ischaemic heart disease and stroke) account for around 40% of deaths while cancer accounts for around 30%.

Injuries account for around 6% of deaths (mainly road traffic injuries and suicides) but these are concentrated into the 15-24 and 25-44 age groups. Diabetes is a major contributor to cardiovascular and other mortality.

HUTT VALLEY RESIDENTS' ANNUAL AVERAGE LEADING CAUSES OF MORTALITY		
AGE GROUP	DEATHS (AVERAGE NUMBER PER YEAR)	
	Females	Males
0-14	Sudden Infant Death Syndrome 1 Perinatal Conditions 3 Birth Defects 3 Injuries 2 (Road Traffic) Cancer 0.5 (Leukaemia, Lymphomas)	Sudden Infant Death Syndrome 2 Perinatal Conditions 4 Birth Defects 3 Injuries 3 (Road Traffic) Cancer 0.5 (Leukaemia, Lymphomas)
15-24	Injury 3 (Road Traffic & Suicide)	Injury 14 (Road Traffic & Suicide)
25-44	Cancer 10 (Breast) Injury 4 (Road Traffic & Suicide)	Injury 14 (Suicide & Road Traffic) Circulatory Disease 6 (Heart Attacks/Strokes)
45-64	Cancer 34 (Breast, Colorectal, Lung) Circulatory Disease 17 (Heart Attacks/Strokes)	Circulatory Disease 45 Cancer 35 (Lung, Colorectal)
65-85	Circulatory Disease 17 Cancer 120 (Lung, Colorectal) Respiratory Disease 31 (Pneumonia/Influenza)	Circulatory Disease 126 Cancer 81 (Lung, Colorectal, Prostate) Respiratory Disease 37 (Pneumonia/Influenza)
85+	Circulatory Disease 72 Respiratory Disease 25 Cancer 15	Circulatory Disease 25 Respiratory Disease 16 Cancer 11

Hutt Valley DHB Funded Health Services 2002-03

(Total Spend $151 million)




tailor
soldier
sailor
mother
musician
journalist
executive
Quit
SMOKING
JOKE
Me Mutu
FOOD
HEALTH

Avoidable Deaths

Almost 70% of deaths in those aged under 75 years in the Hutt Valley have been assessed as being avoidable. About half, or 180 deaths could be prevented through individual lifestyle changes and population health measures. For this reason the Board's priorities are the Primary Care and Healthy Communities service plans, which focus on population health promotion and lifestyle advice, rather than more hospital services.

Males have a 50% higher rate of avoidable mortality than females while Maori and Pacific Peoples' rates are 2.5 and 2 times as high as the rest of the population, respectively. The leading causes of avoidable death in the Hutt Valley are similar to the national causes.

This assessment led to 13 service plans being produced by the planning groups and a prioritisation methodology being developed and used to rank the 40+ proposals for new initiatives that came out of the service plans for use in public consultation. The strategic plan has 10 key goals:

- **Primary Care:** Implementing the New Zealand Primary Care strategy, including developing a robust, accessible primary care sector that focusses on improving the health of the population, and effectively manages people with chronic conditions.
- **Healthy Communities:** Encouraging people to exercise more, eat more healthily, stop smoking and improve parenting skills through a range of health promotion strategies including intersectoral initiatives, community development, healthy public policies and supportive environments.
- **Reduce Inequalities:** Reducing the inequalities in health status among certain disadvantaged populations, including Maori and Pacific Peoples, so that they can enjoy the same length and quality of life as other Hutt Valley residents.
- **Disease Management:** Improving the treatment of people with chronic diseases, particularly cardiovascular disease, diabetes or respiratory disease to improve their quality and length of life.
- **Elective Services:** Ensuring people have access to elective medical and surgical services before they reach an unreasonable state of ill health.
- **Child Health:** Giving children the opportunity to grow up in a healthy, supportive environment by implementing the new 'Well Child' framework and providing coordinated maternity services.
- **Youth Health:** Developing youth-friendly services that reduce teenage road traffic accidents, pregnancies, drug and alcohol misuse and suicides.
- **Maori Health Development:** Working to achieve equity of outcome for Maori, including through the development of services provided by Maori, for Maori.
- **Mental Health:** Improving service quality, and developing primary mental health services to complement the specialist secondary services.
- **Integration:** Providing seamless care across health providers and across different services, so that people receive the right service from the right person at the right time.

Primary Care Service Plan

Over and above maintaining access to core services, the Board considers that the single highest priority for the current five-year plan is implementing the primary care strategy. The reasons are:

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

During the year under review, Hutt Valley DHB began planning for comprehensive Primary Health Organisation (PHO) coverage of the Valley. This is scheduled to be in place by April 2004.

Disability Support Services

The strategic plan includes a particular focus on disability issues. A working group including nominees from the disability community prepared the disability section of the plan. The plan is now being put into place beginning with age care services. We have also appointed a Disabled Persons Assembly representative on the DSAC.

HEALTHCARE FUNDING

Managing funding is a significant role for DHBs. This involves deciding each year what mix of services should be funded (within the overall parameters set by the Government), including how much to spend on hospital and community health services provided by the DHB and how much to spend on services provided by independent service providers. The strategic goal is to select that mix of services that will maximise health outcomes within the available resources.

Most of the funding provided by the Government each year is required to ensure continued access to essential services such as emergency services, surgical services, pharmaceuticals and GP visits. The Board has approved a prioritisation methodology to determine the highest priorities for the small amount of discretionary funding available each year. The decision-making principles behind this methodology are effectiveness, equity, value for money and Maori development in health.

Maori Health

Because of the Maori community's health status, Maori health continued to be a priority for the DHB.

A new programme for at-risk adolescents was funded and the DHB committed $400,000 to workforce development.

Day programmes for Maori mental health were also funded and smoking cessation programmes continue to be developed.

Pacific Peoples' Health

Work commenced on developing a Pacific health action plan with the intention of completing and implementing the plan in the 2003/2004 financial year.

A Pacific provider development fund was established and the DHB focused on older persons' health and chronic diseases within the Pacific community.

Our aim is to encourage participation by the various groups in our Hutt Valley Pacific population in identifying and providing health programmes and services that best meet their needs.

Diabetes

During the year additional community podiatry and community dietetics services targeting people with diabetes were put in place.

Continued funding of the diabetes register saw annual checks continue to rise and retinal screening was again a priority.

An important component of care for people with diabetes is access to retinal screening to help prevent blindness. Hutt Valley DHB worked with Wairarapa and Capital & Coast DHBs to develop a regional retinal screening programme for people with diabetes. Since the service commenced in May of 2002, volume targets have been met and the service has received a Ministry of Health innovation award for its effectiveness.

Youth Health Service

Planning began for the establishment of four school clinics at the Hutt Valley's lowest decile secondary schools to improve access to health services. These were due to commence operation in October 2003.

A Youth Health Nurse Practitioner was introduced to the Valley's Youth Health Service – the first position of its kind in Hutt Valley.

Immunisation Outreach

A joint venture outreach vaccination service targeting high-risk children was funded. The service is being provided by Kokiri Marae and Kowhai Health.

Surgical Services

An important goal for the Board over the last 12 months was to retain and improve secondary services provided to the local community. Once again, Hutt Valley DHB surgical service met contract volumes, waiting list requirements and quality enhancement.

Highlights for the surgical service included:

- Increased revenue and cost containment
- Improved throughput of surgical cases
- Conformance to the Ministry of Health goal of giving patients a certainty of status
- Introduction of national scoring tools in all services
- Credentialling of the plastic and maxillofacial surgical teams
- Achievement of contracted volumes which increased over previous years
- Development of primary care and secondary care working groups to improve coordination of patient care and develop patient care guidelines
- Increased day surgery
- Decreased Average Length of Stay (ALOS)
- Development of patient information handouts for patients by the surgeons
- Ongoing positive patient feedback reports.

Medical

The service's acute demand exceeded last year's activity by 2% whereas in previous years the growth in acute demand has been in excess of 5%. While it is difficult to identify the reasons for this reduction in growth it is too early to say if this is a sustainable trend given the predictions that acute medical demand will continue to grow by 5% each year as the population ages.

A number of initiatives have been introduced in the medical and cardiology area this financial year and have contributed to quality improvement and demand reduction. The most significant impact has been made by the new care co-ordination role which was introduced in February 2003. The aim of the role is to reduce readmissions and multiple contacts with health professionals and to support self-care in the community. Key performance indicators for this position are strongly positive. The role is well supported by senior medical staff and greatly appreciated by the patients themselves.

Stroke patients are now managed on a clinical pathway, which commences in the Emergency Department through acute medicine and rehabilitation services. Patients are now receiving rehabilitation care earlier in their treatment. The pathway is expected to extend to the community in the 2003/04 year.

A care of the dying audit undertaken in early 2002 has generated several quality improvement initiatives for cardiology and general medicine. They include: three-monthly morbidity and mortality meetings which have action-orientated recommendations for each clinical team; a palliative care committee with links to Te Omanga Hospice; guidelines to support clinical staff in helping patients and relatives/whanau to move from curative to palliative care.

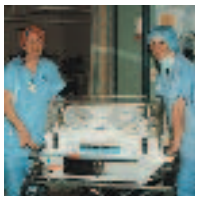
For the third year in a row the medical registrars sitting FRACP written and clinical part one and two exams have been 100% successful. This success rate is a drawcard for medical registrars to work and study with Hutt Valley DHB and has improved our RMO recruitment rate. As well the commencement of an advanced trainee position in general medicine is attracting high calibre candidates who not only provide excellent clinical skills but also participate in service development opportunities and actively support administrative functions for the service.

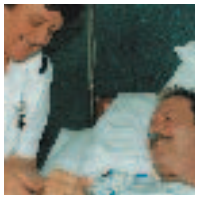
Waiting list activity remained within six months in cardiology, respiratory, endocrine, diabetes, general medicine, gastroenterology, gastroscopy and colonoscopy. Waiting lists in dermatology and rheumatology continued to have routine cases waiting longer than six months. However, dermatology with additional combined plastics and dermatology clinics and one-off clinics, continues to effectively reduce the waiting list. This will continue in 2003/04. Additional volumes for rheumatology are being sought for 2003/04.

Rheumatology inpatient length of stay is reducing by half a day as new treatment modalities are introduced using complex pharmaceuticals.

Emergency

The number of presentations for the year remained at 2001/02 volumes. The Hutt Valley DHB Emergency Department (ED) was the only department in the country to hold volumes at last year's level. At the same time the admission rate was up by 2% and is reflected in acute medical demand. Patient complexity continues to challenge the department resources. A nurse tract system for managing lower limb injuries was piloted with success and a nurse educator role reduced staff turnover.





The department, in conjunction with the Planning and Funding division, undertook a promotion of primary care services with the 'Dial your GP' first programme in late 2002/03. Although difficult to quantify, this promotion may have helped reduce the non-urgent cases attending the emergency department.

A specialist emergency physician was appointed in November 2002 and is expected to arrive from the UK in December 2003. This new specialist, once concluding probational registration over 12 months, is expected to develop the Emergency Department training standards for the department to enable accreditation with the Australasian College of Emergency Medicine as a training department. This will improve recruitment and retention opportunities for junior medical staff in the department.

Specialist Rehabilitation Services

The service costs exceeded ACC revenue by $390,000 and this reflected the activity referred from orthopaedics. Bed days for assessment, treatment and rehabilitation (AT&R) services were within the 10% risk corridor and reflected closer relationships with acute medicine and earlier transfer of stroke patients. A nurse liaison role was introduced to work closely between AT&R services and acute services with the aim of promoting rehabilitation opportunities.

A delirium and dementia steering group was formed with the aim of providing a reference point, leadership and direction for systems and processes to support delirium and dementia patients within the DHB. The committee has a clear action plan and is expected to conclude the actions by April 2004. A new dementia and delirium liaison role was commenced to reduce readmission and length of stay for this patient group. The role also drives the actions from the dementia and delirium steering group.

Nursing staff turnover has reduced with the introduction of a part-time nurse educator role. This position is a joint position with the acute service liaison role.

A senior medical consultant retired at the end of the financial year and recruitment for a new senior medical staff member is expected to be concluded by the middle of the 2003/04 financial year. The appointment is to reflect requirements identified in the senior medical officer credentialling process to be undertaken early in the 2003/04 financial year.

Maternal and Children's Health

The maternal and children's health services have continued to make significant progress in realising the objectives of their service plans.

The focus on quality improvement continues with staff being encouraged to raise issues as they emerge.

All areas have established quality groups to document projects and initiatives. Most projects are multidisciplinary and inclusive of other community providers and or groups.

Key quality projects and initiatives have resulted in:

- A Maternal and Neonatal Quality Committee with representation from Maternal, Paediatric, Surgical Services and Independent Practitioners.
- Favourable progress towards Baby Friendly Hospital Accreditation. Over 50% of the Maternity staff have completed the education programme. Enhanced partnership with key community providers in extending the Baby Friendly Hospital Initiative to the wider community has enabled community participation in the programme as well as the formation of the Hutt Valley Breastfeeding Coalition.

The Child Assessment Unit (CAU), Paediatric and Neonatal Homecare have continued to expand. This model of care is very positive for children, families and their GPs. Sixty percent of children seen and assessed in the CAU have avoided an inpatient admission and were subsequently cared for in their own homes by our skilled team of paediatric nurses with direct contact back to the consultant paediatrician, or referral back to their primary health care provider. This initiative has also allowed a 25% increase in paediatric surgical admissions.

There have been significant achievements in managing and supporting the treatment of children with prolonged chronic conditions in the community.

Nursing

Nursing has continued to build on the achievements of the previous year both within the provider arm and in primary health. The year has been one of exciting developments commencing with the hosting of a national conference 'Who Needs Hospitals Anyway?' and ending with application to the Magnet Recognition Programme. National and international visibility of Hutt Valley DHB nursing

is high. Committee structures and leadership groups are spearheading new initiatives and maintaining professional standards.

The main areas of focus this year have been:

- Completion of Magnet Standards self-assessment, and identification of projects in order to achieve Magnet status in 2005.
- Ensuring competence through introduction of clinical competencies and an increase in staff completing the Clinical Career Pathway.
- Development of professional models of care.
- Maximising education opportunities. Obtaining Nursing Council of New Zealand approval for Post Graduate Programmes. Development of a Primary Health first year of practice combined with an entry to specialty practice programme and a Post Graduate Primary Health certificate for mid-career or transitioning nurses.
- Receiving funding for an innovative nursing model in Youth Health is assisting in the development of the Nurse Practitioner role in this scope of practice.
- Preparedness for SARS and Border Control.
- Introduction of Product Evaluation.
- Clinical Policy review and development.
- Supporting nurses towards advanced scopes of practice.

Mental Health

Mental health services had a major emphasis on workforce development and quality improvement.

The appointment of a part-time quality coordinator and nurse educator enabled the service to progress to meet the National Mental Health Standards and to proactively work to retain staff and establish education and training opportunities to assist with staff retention.

Agreement was reached for the redesign of part of the acute inpatient unit to have better use of the existing space. Provider arm staff were also involved in a wide range of activities both at a local, regional and national level.

The coming year will see the development of a project for working with Children of Parents with Mental Illness and the progress of individual packages of care for those consumers with a mental illness over the age of 65 years.

Regional Public Health

Regional Public Health provides services in the areas of three District Health Boards – Hutt Valley, Capital & Coast, and Wairarapa.

In addition to the activity undertaken by the various teams within the Service, Regional Public Health has implemented a number of major quality projects designed to enhance and improve the quality of our data collection. This year that hard work was rewarded with national recognition for two significant projects.

Over the last three years Regional Public Health planned, developed and implemented a new information system designed specifically for public health services. This system, named the Regional Health Surveillance System or RHSS, was awarded the 2003 Sharing Excellence in Health and Disability Information Management Award. Other finalists who also received the award included international health computing giants such as Orion Systems Ltd. This is a significant achievement and a report on the assessment of the RHSS will be published in the *Health Care Review Online Journal*.

For the 2001 MMR Catchup Project, Regional Public Health developed a school-based immunisation database that involved electronic data exchange with school rolls and with GP practice information systems. The Ministry of Health has selected this system to be enhanced to form the school-based module of the National Immunisation Register. Development of this School-Based Vaccination System project is being jointly undertaken by RPH and the Simpl Group.

Health Promotion

The health promotion programme continues to be involved in a range of community and intersectoral projects. Of particular note over the past year has been a move towards improving health outcomes through addressing the wider determinants of health such as housing, poverty, education and employment. This work, focussed to date primarily on housing and poverty, has involved building linkages and developing projects with local and central government, NGOs, Maori Providers, Pacific providers and communities.

A further exciting opportunity for the health promotion programme over the past year has been involvement with developing Primary Health Organisations (PHOs). Six PHOs have been established to date throughout the Greater Wellington region and several more are proposed. Staff have been relationship building


Regional Public Health
Better Health For The Greater Wellington Region
HEALTH PROMOTION
HEALTH PROTECTION
Savacol

with the various PHOs and assisting with the development of health promotion plans.

Hikoi 2003 was a great success for the year involving 112 teams and 1,100 participants. The Hikoi programme, which started in 1999, aims to encourage Maori communities to participate in a 10-week walking programme. Evaluation results and media coverage have been extremely positive, including Hikoi being promoted internationally by the Ministry of Health as a successful New Zealand initiative to improve nutrition and physical activity.

Good nutrition and physical activity have also been the focus of the Healthy Lifestyles Pacifika programme, a joint initiative between three Pacific Health Services, the Cancer Society and the Nutrition and Physical Activity team at RPH. Six Pacific Health Provider staff were funded by the Cancer Society and RPH to attend the NZQA-accredited Pacific Island Heartbeats training in Auckland. The Pacific Health Services have since commenced delivery of the first of two 12-week Healthy Lifestyle modules to their communities. Feedback to date has been extremely positive and the programme will continue next year.

Towards the end of the year the Pacific team, along with other RPH and HVDHB staff, hosted four Pacific fono throughout the greater Wellington region. The purpose of the fono was to meet with Pacific communities to discuss how we can work better together. Key emergent themes from the fono have been collated and reported back via Pacific radio and will be used to enhance the planning and delivery of services for Pacific communities.

An exciting new road safety resource aimed at Kohanga Reo was launched in February 2003. This joint initiative, involving the Injury Prevention team, road safety coordinators at Porirua and Kapiti City Councils, and Te Kohanga Reo, includes a video illustrating safe road behaviour; learning plans for teachers as well as posters, maps and pictures. The video portrays safety messages through waiata and kapa haka presented by children and staff from Te Kohanga Reo Ki Tararua o Paraparaumu.

A further significant project during the year was the 'Think Before You Supply Under 18s Drink Campaign'. The campaign, designed to raise awareness of the issues surrounding the supply of liquor to under 18-year-olds, included advertising in newspapers and bus shelters, as well as the supply of posters and information to liquor outlets. The campaign was initiated by the Wellington Liquor Liaison Group, which is made up of the Police, Wellington City Council, the Alcohol Advisory Council, the Hospitality Association, Accident Compensation Corporation, the Beer, Wines and Spirits Association, and Regional Public Health.

Health Protection

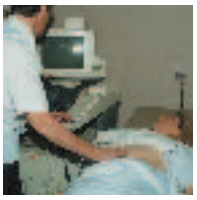
SARS leapt onto the international stage this year and health services around the world scrambled to respond. RPH provided Public Health Nurses at the Wellington airport to meet all international flights and ensured key community groups, and primary and secondary health services throughout the region had information to be able to respond.

Meningococcal disease has been another significant challenge for the Health Protection team this year. Although case numbers are similar to last year, there were four deaths compared with one in 2002. There have also been more older people amongst the cases than in previous years.

The discovery of cryptosporidium in the Masterton water supply resulted in a boil water notice being put in place for nine weeks until the Masterton District Council could meet criteria set by the Medical Officer of Health. It is not certain why there was no outbreak of illness. This could be due to the strain present being non-infective, concentration of oocysts being below an infective dose or the oocysts present being non-viable. The council is undertaking ongoing improvements to the supply.

The Wellington region continues to have around 50 cases of tuberculosis notified annually, and this year a large public health follow-up was required for school children potentially exposed by a dental therapist. About 200 children were followed up, none of whom are believed to have been infected as a result of the exposure.

RPH provided public health advice to the Kapiti Coast District Council when a Civil Defence Emergency was declared in Paekakariki due to flooding. RPH assisted with the assessment of affected homes and businesses and advice about the water supply. In contrast, earlier in the year Kapiti was extensively affected by drought. The lack of a comprehensive, long-term drinking water strategy is regularly causing problems as the council is unable to manage within the resources of some of its catchments. This year stopgap measures are proposed with emergency bores but longer-term solutions still seem to be far off.



HEALTHCARE PROVISION

Terrorism threats surfaced again this year with a threat to use cyanide against public places, accommodation, water and food supplies. RPH provided advice to water suppliers and others and response plans were reviewed.

School Health

The last year has seen a year of change for the School Health Team to better meet the needs of the communities in the Greater Wellington Region.

The School-Based Vaccination System is a database system that is being developed to assist in the delivery of mass immunisation programmes in schools. Following on from work that had been done in the previous year, a contract in conjunction with the computer company Simpl was won to develop this database for the Ministry of Health. The database will be used for the upcoming MenzB programme. The School Health Team is a vital part of this development.

Health Promoting Schools (HPS) has continued to grow over the year. At June 2002 there was a total of seven schools involved in HPS. This total has grown to 21 schools across the Greater Wellington and Wairarapa regions. The main issues for schools generally fall into three groups – mental health, nutrition and cultural issues. The HPS team works closely with other RPH teams and Wellington College of Education Mentally Healthy Schools team. The HPS team has also developed closer links with national groups such as SPARC.

The neonatal BCG vaccination programme is a new programme that has been picked up in early 2003. It is in the beginning stages of development at this point but its aim is to vaccinate all eligible neonates.

School Nurse Clinics are another new initiative in conjunction with Hutt Youth Service. This service will see three Public Health Nurses based in four low decile colleges, providing a range of services from Health Promotion to personal health. There will also be a Doctor service run in the schools. The Nurse clinics will start in Term 4, 2003.

Community Dental

The Community Dental Service (School Dental Service and Hospital Dental Department) continued to foster professional development, quality improvement and the provision of responsive, high quality dental care to people in the Hutt Valley. The department, along with the Regional Plastics Surgical Service, continues to develop the regional multidisciplinary clinic for children and adults with cleft lip and palate.

The School Dental Service provides a regional service improving the oral health of children in the Hutt Valley, Wellington, Porirua and Kapiti regions. Long-standing national workforce shortages, particularly of Dental Therapists, continue to challenge the ability of the service to deliver care in a timely fashion. Despite these shortages, oral health statistics for children in the region remain amongst the best in the country. This is in part a result of the service concentrating on developing community links and improving relationships with schools in order to increase the enrolment of pre-school and school-aged children into the service.

As well, the service has commenced addressing significant factors contributing to the workforce shortage by introducing a career pathway for Dental Therapists and scholarship support for young people wishing to become Dental Therapists and those wishing to return to the workforce.

Community Health Service

Over the past year, the Community Health Service has continued to place emphasis on closer partnerships with primary services.

The service provides an acute nursing service to primary services. The district nursing team is now involved as a primary option service for GPs to use when nursing interventions can assist in preventing hospital admissions.

The establishment of a Wound Care Nurse Specialist position, which provides expertise for both primary and secondary services, has proved very successful. Wound care pathways have been developed to improve management of patients with chronic wounds in both primary and secondary settings.

SUMMARY OF HEALTHCARE PROVISION OVER THREE YEARS

Hutt Valley District Health Board	2000/01	2001/02	2002/03	2002/03 - 2001/02 Var %
Inpatient discharges	17,040	16,724	16,797	0.4
Daycase discharges	7,823	7,771	8,689	11.8
Total discharges (incl newborns)	24,863	24,495	25,486	4.0
Discharges per day	67.9	67.1	69.8	4.0
Available bed days (incl cots)	89,718	91,250	91,615	0.4
Occupied bed days	78,864	77,745	76,159	-2.0
Average occupancy	87.9%	85.2%	83.1%	-2.4
Inpatient operations	4,812	4,706	4,612	-2.0
Daypatient operations	2,011	1,997	2,159	8.1
Total operations (theatre cases)	6,823	6,703	6,771	1.0
Elective operations[1]	3,762	3,467	3,584	3.4
Acute operations	3,061	3,236	3,187	-1.5
Total operations (theatre cases)	6,823	6,703	6,771	1.0
Waiting list total at 30 June[2]	872	907	1,047	15.4
OUTPATIENT ATTENDANCES				
– Surgical[3]	39,977	43,262	44,165	2.1
– Medical	15,411	16,130	17,203	6.7
– Paediatric	4,207	4,366	4,463	2.2
EMERGENCY DEPARTMENT				
– First attendances	30,259	29,439	29,188	-0.9
– Total attendances	31,986	30,851	30,234	-2.0
COMMUNITY CONTACTS				
Community contacts – district nursing	41,063	36,652	36,625	-0.1
Births – Hutt Hospital	2,117	2,061	1,866	-9.5
Radiology examinations	48,202	46,853	46,462	-0.8
Laboratory tests performed	596,983	643,678	638,458	-0.8

[1] *Minor plastics operations which in previous reports were included in elective operations are now included in outpatient volumes.*
[2] *Waiting list numbers now include ENT.*
[3] *Figures now include ENT and dental/maxillofacial.*