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TE WAIORA Nelson Marlborough Health

Annual Plan

Incorporating the Statement of Performance Expectation

2019/20

Our Vision/ Tō tātou Manako

"All people live well, get well, stay well"

"Kaiao te tini, ka ora te mano, ka noho ora te nuinga"

Our Mission/ Tō tātou kaupapa

"Working with the people of our community to promote, encourage and enable their health, wellbeing and independence"

"Kei te mahitahi tātou hei whakapiki te oranga me te motuhaketanga o to tatou hapori"

Our Values/ Ō tātou whanonga pono

Nelson Marlborough Health Annual Plan

Produced July 2019

Pursuant to Sections 25 and 38 of the New Zealand Public Health and Disability Act 2000; Section 139 of the Crown Entities Act 2004; Section 49 of the Crown Entities Amendment Act 2013; New CE Act s149C.

Nelson Marlborough Health, Private Bag 18, Nelson

Letter of Approval from Minister

Hon Dr David Clark

MP for Dunedin North
Minister of Health

Associate Minister of Finance

13 MAR 2020

Jenny Black
Chair
Nelson Marlborough District Health Board
blackjwhiter@gmail.com

Dear Jenny

Nelson Marlborough District Health Board 2019/20 Annual Plan

This letter is to advise you I have approved and signed Nelson Marlborough's District Health Board's (DHB's) 2019/20 Annual Plan for one year.

I have made my expectations on improving financial performance very clear. Current DHB financial performance is not sustainable, despite the Government providing significant funding growth to DHBs in the past two Budgets. I am approving your plan on the expectation that you will continue to focus on opportunities for improving financial results for 2019/20 and into 2020/21 and beyond. The out-years have not been approved.

I am aware that you have advised the Ministry of Health (Ministry) of a deteriorating financial position for the current year, and an improving out-years position. However, I have asked the Ministry to request detail on the development of your savings plans for out-years as part of your 2019/20 quarter two report. I expect this report will include a granular and phased focus on cost containment, productivity and efficiency, quality, safety and Māori health and equity.

It is critical that a strong and deliberate approach is taken to out-year financial plans including your operating revenue, expenditure budgets and specific sustainable savings plans.

It is expected that as Chair, along with your Board, you will continually manage and monitor your cash position on a monthly basis with an ongoing year forecast. Should the DHB experience liquidity issues, please keep the Ministry informed of the likely timing of the need for liquidity support. Signalling the need for equity in the Annual Plan does not imply that an equity request will be approved. The available equity is limited and applications for equity support will be subject to a rigorous prioritisation and approval process.

I am aware you are planning a number of service reviews in the 2019/20 year. My approval of your Annual Plan does not constitute acceptance of proposals for service changes that have not undergone review and agreement by the Ministry. Please ensure that you advise the Ministry as early as possible of any proposals for service change that may require Ministerial approval. Approval of the Plan also does not constitute

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approval of any capital business cases that have not been approved through the normal process.

It is really important that the health sector continues to deliver timely and effective services so that we can provide high quality and equitable outcomes for New Zealanders that will deliver on our Government's Wellbeing priorities.

I am looking forward to seeing continued support and progress in these priority areas and ask that you maintain a strong oversight of your team against the actions identified in your annual plan.

I would like to thank you, your staff, and your Board for your valuable contribution and continued commitment to delivering quality health care to your population, and wish you every success with the implementation of your 2019/20 Annual Plan. I look forward to seeing your achievements.

Please ensure that a copy of this letter is attached to the copy of your signed Annual Plan held by the Board and to all copies of the Annual Plan made available to the public.

Yours sincerely

Hon Dr David Clark
Minister of Health

cc Dr Peter Bramley, Chief Executive, Nelson Marlborough District Health Board
peter.bramley@nmdhb.govt.nz

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Section One: Overview of Strategic Priorities

1.1 Message from the Chairs and Chief Executive

The resilience and wellbeing of our community relies on our ability to tackle the challenges of the present while planning for the future. We are encouraged by Nelson Marlborough Health's agility and innovation. Our staff continue to adapt to new challenges and go the extra distance; constantly thinking about how they can improve the quality of the services we provide.

However, they cannot do it alone. We know there is inequity in our population health outcomes, particularly for Māori, people with disabilities and those on low incomes. To reduce these inequalities we need to commit to activities that consider the wider determinants of health, not just traditional health services. Determinants are often the underlying causes of illnesses and include: income, education, physical environment, employment, culture, housing and neighbourhoods, and personal behaviour.

To improve population health we must continue to work with local authorities, government departments and community agencies with a role to play in these wider determinants. We also understand that as climate change related alterations in weather begin to affect many of these determinants, such cross-sectoral collaboration will become increasingly important. Addressing the wider determinants of health is also consistent with Nelson Marlborough Health's obligations as a Treaty partner and our commitment to engaging with the principles of Te Tiriti o Waitangi.

One way we can continue to improve the health of local people is through the Models of Care Programme. In 2018-19 this multi-year health system transformation programme considered new models of care and identified specific activities and themes. In 2019-20 and beyond, we are excited the programme will be focussing on the design and delivery of these specific activities and key system enablers. In this way, we will be able to continue to meet demand for health services and improve health outcomes as our social and physical environments change.

This Annual Plan sets out the strategic objectives that Nelson Marlborough Health intends to achieve within the next few years to ensure that the population of Nelson Marlborough continues to 'live well, get well, and stay well'.

Jenny Black

Chair

Alan Hinton

Deputy Chair

Peter Bramley

Chief Executive

Dawn McConnell

Iwi Health Board Chair

Hon Dr David Clark,

Minister of Health

1.2 Message from our Partners

As members of the Top of the South Health Alliance (ToSHA), our organisations have participated in the production of the Nelson Marlborough Health (NMH) Annual Plan 2019/20. We will continue to work collaboratively with Nelson Marlborough Health to provide the best possible health and care services for the people of Nelson, Tasman and Marlborough.

We are pleased to advise that our respective Boards endorse the Nelson Marlborough Health Annual Plan 2019/20.

Angela Francis

Chief Executive

Nelson Bays Primary Health

Beth Tester

Chief Executive

Marlborough Primary Health

Anne Hobby

Tumuaki - General Manager

Te Piki Oranga

1.3 Strategic Intentions and Priorities

The Annual Plan for 2019/20 articulates Nelson Marlborough Health's strategic intentions and priorities for the next 12 months. It outlines Nelson Marlborough Health's commitment to meeting the expectations of the Government, and Minister of Health to deliver national and regional priorities.

Introducing Nelson Marlborough Health

Nelson Marlborough Health (NMH) covers the top of the South Island including Nelson City, the Tasman District and the Marlborough District. In 2018/19 it was projected to serve 150,770 people with the greatest growth occurring in the population aged 75 years and over. Nelson Marlborough have a lower proportion of Māori (10.6 percent) and Pacific (1.7 percent) people and fewer people in the most deprived section of the population, compared with the New Zealand average.

While our population has relatively good health, with good access to both primary and secondary health and disability services, the most vulnerable in our community experience poorer health outcomes – Māori, youth, and people living with mental health conditions or a disability[1]

The local Māori population is young with just over half (52 percent) aged less than 24 years and only 6 percent aged over 65 years. This highlights the need for a different approach to health services which target the younger Māori population, rather than general health services developed for the mostly older, non- Māori population.

On average Māori residents of Nelson Marlborough are 16 percent more likely to be earning under $20,000 than Non-Māori. Almost half of the Māori population (46 percent) reside in 40 percent of the most deprived areas of Nelson Marlborough. This trend is consistent across children (0-19 years). Māori residents are therefore more likely to have higher health care needs associated with poorer living conditions.

Māori residents die younger than non-Māori. If Māori living in Nelson Marlborough had a life expectancy similar to that of Māori nationally there would be a 7.4 year shortfall for Māori males, and a 7.2 year shortfall for Māori females. Heart disease is the leading cause of avoidable mortality in Nelson Marlborough for both Māori and non-Māori. Lung cancer is ranked second among Māori residents, while suicide is second for non-Māori (and third for Māori).

These significant equity gaps highlight the need for a population health approach to services which focus on these groups.

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[1] Nelson Marlborough Health Needs and Service Profile 2015

http://www.nmdhb.govt.nz/quicklinks/news-and-publications/published-documents/health-needs-assessmentshealth-services-plan/

Population health approaches and services

The ageing population is driving up service demand across the NMH districts. If current models of care and service configuration are maintained, growth in demand will exceed capacity, significant expansion of physical and associated staffing capacity will be required, and the equity gap identified above will persist. As noted above, the Māori population are generally younger than the non-Māori population so continuing to fund treatment and rehabilitation services at the expense of prevention and early intervention will continue to increase poorer health outcomes for Māori relative to non-Māori, resulting in widening inequity.

To address ongoing demand and these gaps we will continue to develop new models of care. These will impact the existing ways of working, workforce development, adoption of new systems and technology, and facility development. This approach will also benefit the determinants of health, including the environment and climate, as we maximise the potential of digital technology to deliver health services.

Our strategic priorities

NMH also have a number of strategic priorities. To meet both the current and future needs of the Nelson Marlborough region, NMH needs to consider how health services are provided to ensure transparency and efficiency while providing patient-centred care.

NMH has identified six priorities to guide action across our health system over the next few years:

1. **Achieve health equity** – Improve health status of those currently disadvantaged, particularly Māori
2. **Drive efficient, effective and safe healthcare** – support clinical governance, innovation and invest to improve
3. **One team** – to achieve joined-up care within health and across local authority and social services
4. **Workforce** – develop the right workforce capacity, capability and configuration
5. **Technology** – digital enablement to allow better information sharing, more efficent health care delivery and better personal outcomes
6. **Facilities Development** - planning for a redevelopment of Nelson Hospital

These priorities were selected based on evidence about needs, current performance, and future gains. We referenced local and national health and social sector strategies, reviewed the data and listened to feedback from key internal and external stakeholders.

The six priorities are supported by targeted actions in key focus areas, many of which emphasise building capacity and capability in primary and community settings and concentrate on integrating service models (see Appendix A: Priorities Matrix). Every year we will see an improvement in the priority areas, but the priorities will not be 'fixed' quickly.

Our key areas of focus

Our key areas of focus for 2019-20 are those which we believe will impact the determinants of health, health equity and ultimately wellbeing. They include:

- recognising the importance of cultural connectedness for health and how integrating the principles of the Treaty of Waitangi can lead to increased equity and improved health outcomes
- focussing on improving the health of Māori through Maori-specific and mainstream services (including embedding Hauora Direct, establishing Hapū Wānanga, and strengthening Whare Ora)
- investing in child wellbeing and supporting parents, with a cross sector approach to the first 1000 days at local and regional levels (via Hauora Alliance)
- ensuring young people feel safe and supported by health services through strengthening school-based health services, using the Youth Advisory panel to support future service improvements and development, and promoting *The Plan* to encourage sensible attitudes towards alcohol
- reviewing and improving access to mental health and addiction services, including responding to findings from the Mental Health & Addictions Inquiry and reducing harm caused by methamphetamine
- increasing access to primary healthcare through advancing Health Care Home, improving access to professional advice, strengthening care coordination, and maximising the role of community pharmacy
- a joined up and coordinated cross-sector programme approach to key issues in the region, particularly on housing, youth, refugees and migrants
- service improvements that target acute demand, patient flow, perioperative efficiency and the deteriorating patient. Improving cooperation to benefit people whose health and/or disability needs fall between current services, maximising support for those living with dementia, and implementing a Nelson-Wairau service delivery model are further areas for improvement.

In addition to these priorities and key focus areas, NMH has a number of key strategies and action plans which support the Annual Plan, including:

- Public Health Annual Plan for 2019/20 (see Appendix C)
- Primary and Community Health Strategy (short term local health direction)
- Health for Tomorrow (long term local health system strategy).

This plan also reflects our commitment to:

- The Treaty of Waitangi (detailed further in the section on Māori Health)
- The New Zealand Health Strategy

- He Korowai Oranga (Māori Health Strategy)
- The Healthy Ageing Strategy
- The United Nations convention on the Rights of People with Disabilities.
- ‘Ala Mo’ui (Pathways to Pacific Health and Wellbeing)

Public Health

The Public Health Annual Plan for 2019-20 is the companion document to this Annual Plan (Appendix C). It sets out to improve, promote and protect the health and wellbeing of the population and reduce inequities.

Public Health is the part of our health system that works to keep our people well. Our Public Health goal is to improve, promote and protect the health and wellbeing of populations and to reduce inequities. The key Public Health strategies are based on the five core public health functions:

1. Information: sharing evidence about our people’s health and wellbeing (and how to improve it)
2. Capacity-building: helping agencies to work together for health
3. Health promotion: working with communities to make healthy choices easier
4. Health protection: organising to protect people’s health, including via use of legislation
5. Supporting preventive care: supporting our health system to provide preventive care to everyone who needs it (e.g. immunisation, stop smoking).

Public health takes a life course perspective, noting that actions to achieve health goals must begin before birth and continue over the life span.

1.4 Making a Difference – A System View

To achieve equity by meeting the health needs of everyone in our community, and do so in a way that is clinically and financially sustainable, requires collaboration across our local health system and joint working with other sectors such as welfare, justice and local government.

Working with our Alliance partners, we have jointly developed a plan to improve our performance (System Level Measures Improvement Plan 2019/20) and understand where we are making a difference as measured by the following System Level Outcome Measures.

Keeping children out of hospital

WHY IS THIS A PRIORITY?

Ambulatory Sensitive Hospitalisations (ASH) refer to mostly acute admissions regarded as avoidable if treated earlier in a primary care setting. Prevention of avoidable admissions can be extended to include housing, health literacy, urban design, welfare and education – the social determinants of health.

The ASH rate for children aged 0-4 years in Nelson Marlborough is lower than the national average, which is positive. However, analysis of the overall rate has revealed that the ASH rate for Māori children is significantly higher than for other children in our region.

The top conditions that contribute to the higher ASH rate for Māori children are dental conditions, asthma, respiratory infections and gastroenteritis. Consumption of sugary drinks, poor access to oral health care and primary care, exposure to second-hand smoke, and poor housing are known drivers associated with these conditions. Activities which address these drivers will be important for reducing inequity within our ASH rates.

HOW WILL WE DEMONSTRATE OUR SUCCESS?

National Measure	Ambulatory Sensitive Hospitalisations (ASH) rate per 100,000 population, for 0-4 year olds.			
Local Milestone	ASH rates for Māori children aged 0-4 years fall 10% by 30 June 2020 (from 4,831 in 2018 to 4,000 by 30 June 2020)			
Base	Target			
2017/18	2018/19	2019/20	2020/21	2021/22
4,831	<4,000	<4,000	<4,000	<4,000

Using Health Resources Effectively

WHY IS THIS A PRIORITY?

Acute hospital bed days per capita measures the use of hospital resources, predominantly relating to adults and older people. Effective management of long-term illnesses and disease prevention in primary care prior to hospitalisation and the provision of effective care in the community after discharge have the potential to reduce hospital bed days. For example, access to primary care, streamlined diagnostic and treatment processes, discharge planning and community based health and restorative care. Good communication between clinicians across the health care continuum is vital.

Nelson Marlborough Health has the best rate of acute hospital bed days for all DHBs. However, rates remain higher for Māori and Pacific peoples than for non-Māori and non-Pacific, and for those aged over 75 years. The main drivers of overall acute hospital bed days in Nelson Marlborough are events associated with stroke and other cerebrovascular conditions and respiratory infections/inflammations. For Māori, the conditions driving the acute hospital bed days rate also include heart failure and shock, and cellulitis (bacterial skin infections). Nelson Marlborough Health's Models of Care Programme, and in particular the development of shared care planning and Health Care Homes in primary care are some of the activities planned to address these rates in 2019/20.

HOW WILL WE DEMONSTRATE OUR SUCCESS?

National Measure	Acute hospital bed days rate per 1,000 population domiciled within a DHB			
Local Milestone	Reduce the age standardised acute hospital bed days rate for Māori from 275 per 1,000 population to 232 per 1,000 population by 30 June 2020			
Base	Target			
2017/18	2018/19	2019/20	2020/21	2021/22
275	232	<232	<232	<232

Person-centred care

WHY IS THIS A PRIORITY?

The **patient experience of care measurement tools in primary and secondary care** give insight into how patients experience the health care system, and how integrated their care was. Evidence suggests that patient experience is positively associated with adherence to recommended

medication and treatments, engagement in preventive care such as screening services and immunisations and ability to use the health resources available effectively.

This measure provides information about how people experience health care and may highlight areas that Nelson Marlborough Health needs to have a greater focus on, such as health literacy and communication.

Primary care

The average response rate to the primary care survey is around 24% for practices in Nelson Marlborough. However, the response rates for Māori in Nelson Marlborough are lower than overall rates ~ 15% for Marlborough practices and ~17% in Nelson practices. While we will continue efforts to improve these response rates, we will also be focussing on new activities to improve domain scores. In the final quarter of 2018, Nelson Marlborough Health's total scores across partnership (7.7), communication (8.5), coordination (8.5) and physical & emotional needs (8.4) were all significantly higher or not significantly different from the national average.

However, with the exception of communication (7.9), the scores for Māori were significantly lower than the national average across all domains (partnership 6.7, coordination 7.6, and physical & emotional needs 7.9). We will therefore be focussing our activities on addressing these equity gaps.

Secondary care

With respect to secondary care, and the the inpatient survey, Nelson Marlbourgh Health has identified communication and coordination as domains which we could improve. In particular, patients have indicated they could be better informed about medication side-effects upon discharge and receive more information from the hospital on how to manage their condition after discharge. This corresponds to the responses received to the survey questions:

- Did a member of staff tell you about medication side effects to watch for when you went home?
- And do you feel you received enough information from the hospital on how to manage your condition after your discharge?

The response rate for the inpatient hospital survey in the last quarter of 2018 was around 23%. The results from this survey showed that 61% of patients reported receiving enough information on medication side-effects to watch for when they went home from hospital. For the same quarter, 66% of patients responded receiving enough information from the hospital on how to manage their condition after discharge. These results are comparable with the New Zealand average but Nelson Marlborough Health have a number of activities planned to improve them.

HOW WILL WE DEMONSTRATE OUR SUCCESS?

National Measure	Primary care survey scores for four domains: Communication, Partnership, Coordination, Physical and Emotional needs.			
Local Milestone	Increase the domain scores for Māori participating in the primary care survey by 30 June 2020			
Base	Target			
2017/18	2018/19	2019/20	2020/21	2021/22
<8	>8	>8	>8	>8

National Measure	Hospital inpatient survey scores for four domains: Communication, Partnership, Coordination, Physical and Emotional needs.			
Local Milestone	70% of respondents report receiving enough information on medication side effects and condition management upon discharge from hospital by 30 June 2020			
Base	Target			
2017/18	2018/19	2019/20	2020/21	2021/22
61%	70%	70%	70%	70%

Prevention and early detection

WHY IS THIS A PRIORITY?

Amenable mortality is a measure of the effectiveness of health care-based prevention programmes, early detection of illnesses, effective management of long-term conditions and equitable access to health care. It is a measure of premature deaths that could have been avoided through effective health interventions at an individual or population level. Health care service improvement across the system, including access to diagnostic and secondary care services, may lead to a reduction in amenable mortality.

Nationally, amenable mortality rates for Māori and Pacific peoples tend to be higher than for other population groups. We can assume this is the case for Nelson Marlborough also, even though we are unable to confirm this due to small numbers. In Nelson Marlborough Health the overall amenable mortality rate in 2015 was 67.7 per 100,000, with the main contributing conditions being coronary artery disease (43 deaths), COPD (21 deaths) and suicide (19 deaths).

Coronary artery disease is thought to begin with damage or injury to the inner layer of a coronary artery, sometimes as early as childhood. The damage may be caused by various factors, including:

- Smoking
- High blood pressure
- High cholesterol
- Diabetes or insulin resistance
- Sedentary lifestyle

In order to address amenable mortality, and specifically amenable mortality from coronary artery disease, it will be important to implement activities that address the above risk factors.

The rate for Māori is not available because rates are suppressed where there are less than 30 deaths. However, in 2015 ten Māori people died from a potentially preventable condition. These numbers are disproportionately high for the size of the population. Therefore the focus is on reducing inequity within our amenable mortality rate by targeting actions towards Māori premature deaths.

HOW WILL WE DEMONSTRATE OUR SUCCESS?

National Measure	Deaths under age 75 from causes classified as amenable to health care			
Local Milestone	Reduce amenable mortality rates for Māori to zero by 30 June 2023			
Base	Target			
2015	2018/19	2019/20	2020/21	2021/22
10	0	0	0	0

Healthy start

WHY IS THIS A PRIORITY?

Good child health is important not only for children and families now, but also for good health later in adulthood. It is important that child health is a priority because children do not make their own lifestyle decisions and are vulnerable to the situation into which they are born.

Smoking during pregnancy and exposure to smoking in early childhood strongly influence pregnancy and early childhood health outcomes. This measure promotes the roles which collectively service providers play in the infants' life and the many opportunities for smoking interventions to occur. It also enables the health sector to connect infants and their family/whānau with maternity and childhood health care such as immunisation.

Babies living in smokefree homes aims to reduce the rate of infant exposure to cigarette smoke by focussing attention beyond maternal smoking to the home and family/whānau environment (ie, a healthy start). The measure aligns with the first core contact which is when the handover from maternity to Well Child Tamariki Ora (WCTO) providers and general practitioners occurs.

This measure was revised by the Ministry of Health on 31 October 2018 (numerator and denominator definitions changed). The result is that all registered births are recorded in the denominator, not just those enrolled with/contacted by the Well Child Tamariki Ora Provider. This means the proportion of babies living in "smoking" houses according to the new measure could be due to EITHER:

- living in a household where someone smokes OR
- having not received a WCTO provider visit/enrolment

Therefore, to increase the proportion of babies recorded as living in smokefree homes, we also need to increase the proportion of registered births enrolled with WCTO providers (and ensure this data is being captured/reported to the Ministry of Health). In Nelson Marlborough for the year to December 2017, only 74% of registered births were enrolled with a WCTO provider and only 54% of newborns in Nelson Marlborough could be confirmed as living in smokefree households at six weeks postnatal.

HOW WILL WE DEMONSTRATE OUR SUCCESS?

National Measure	Babies living in a smokefree households at six weeks post-natal (up to 56 days of age).			
Local Milestone	66% of households are smokefree at six weeks postnatal by 30 June 2020			
Base	Target			
2018	2018/19	2019/20	2020/21	2021/22
66%	66%	>66%	>66%	>66%

Youth are healthy, safe and supported

WHY IS THIS A PRIORITY?

Youth have their own specific health needs as they transition from childhood to adulthood. Evidence shows that youth are not in the habit of seeking the services or advice of a registered health practitioners when unwell. Generally they cope with illness with advice from friends and whānau as they see fit. Attending a health clinic is often viewed as a last resort instead of a reasonable first choice.

Research shows that youth whose healthcare needs are unmet can lead to increased risk for poor health as adults and overall poor life outcomes through disengagement and isolation from society

and riskier behaviours in terms of drug and alcohol abuse and criminal activities. It is therefore a priority of Nelson Marlborough Health to increase youth access to primary and preventive health care services. To do this we will work further with local youth to understand what health services they need and the barriers to accessing services.

For 2019/20 Nelson Marlborough Health have chosen to specifically focus on supporting young people to manage their sexual and reproductive health safely and receive youth friendly care.

It is common practice to offer sexually active youth STI testing upon visiting a general practice or a sexual health clinic. Chlamydia is one of the infections that is screened for as part of this testing. In this way, chlamydia testing coverage for 15-24 year olds not only indicates coverage of STI testing, but can also be used as an indicator of the ability of young people to receive youth-friendly care and manage their sexual and reproductive health safely.

In 2016, a substantially higher proportion females aged 20-24 years in Nelson Marlborough were likely to have been tested (35.7%) than males (9.1%). Coverage rates for Māori youth of all ages are comparable, or greater than Pacific peoples and youth identifying as European or other. Meanwhile, Asian youth experience the lowest coverage rates (only 3.4% of males and 14.3% of females aged 20-24 years had been tested).

HOW WILL WE DEMONSTRATE OUR SUCCESS?

National Measure	Young people manage their sexual and reproductive health safely and receive youth-friendly care - Chlamydia testing coverage for 15-24 year olds			
Local Milestone	Increase the percentage of males aged 20-24 years being tested for Chlamydia from 9.1% in 2016 to at least 35.7% (ie, bring male rates in line with female rates) by 30 June 2020			
Base	Target			
2016	2018/19	2019/20	2020/21	2021/22
9.1%	N/A	35.7%	35.7%	35.7%

More information on the activities Nelson Marlborough Health will be undertaking to address these measures is provided in the System Level Measures Plan (Appendix B).

Section Two: Delivering on Priorities

This section of the Annual Plan for 2019/20 articulates the activities that Nelson Marlborough Health (NMH) will undertake over the next 12 months to address the determinants of health and achieve better health equity and wellbeing.

2.1 Health Equity

In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.

After considering the characteristics of our current and future populations (Health Needs and Service Profile 2015), Nelson Marlborough Health is pleased to include actions in our annual plan that will make measureable progress towards achieving equity in health outcomes for all. These actions include condition specific activity, as well as actions to resolve inequities of access and identifying unmet need.

Furthermore, we include at least one equity action focused on Māori within each planning priority. These are clearly identified within the plan by the code "EOA" for "equitable outcomes action" immediately following any action that is specifically designed to help reduce health outcome equity gaps.

2.2 Māori Health

Our obligations as a Treaty partner are specified in legislation and we are aware that failure to engage with Te Tiriti o Waitangi/or the Treaty of Waitangi can be a barrier towards achieving health equity.

Te Tiriti o Waitangi establishes a partnership that recognises Māori as tangata whenua and guarantees their sovereignty. Nelson Marlborough Health is committed to working within the four articles of the Treaty of Waitangi.

Working within **Article One** involves sharing power and establishing structural and other mechanisms to ensure Māori representation and involvement in decision-making throughout the health sector. Nelson Marlborough Health, in alignment with Te Tiriti o Waitangi and the Treaty principles of partnership, participation and active protection, will ensure that Iwi/ Māori have input into decision making at all levels of the organisation.

At a governance level the Iwi Health Board (IHB) is the Treaty partner to Nelson Marlborough Health's Board. The IHB advises Nelson Marlborough Health's Board on strategic matters that affect the health and disability status of Māori in the rohe (region) of Te Tau Ihu o te Waka a Maui (top of the South Island). IHB Members:

- monitor agreed Māori health and disability outcomes
- influence key strategic policies

- monitor engagement and participation activity of Māori across the organisation
- monitor activity that develops Māori capacity
- provide strategic advice about service development
- provide advice about consultation options for strategic projects.

At an executive and operational level the General Manager for Māori Health and Vulnerable Populations and the Te Waka Hauora team facilitate and enable Māori input into decision making at an executive and operational level within Nelson Marlborough Health through establishing and running initiatives and programmes that engage directly with the community (eg, Hauora Direct).

At a Strategic, Primary and Community level Te Piki Oranga (TPO) is a Top of the South Health Alliance (ToSHA) partner and the Chief Executive of TPO has input into ToSHA decision making and initiatives. ToSHA's main priority is to address health status disparities in Nelson and in Marlborough through providing increasingly integrated and co-ordinated health services through clinically led service development. TPO, as a kaupapa Māori wellness services provider, plays a key role in these decisions.

Meanwhile, at a service provision level Māori staff at Nelson Marlborough Health are encouraged to attend Te Puawai Hauora (the Māori staff network) which provides a network of support and enables Māori staff to participate in various initiatives at Nelson Marlborough Health.

Article Two requires that Māori are able to exercise tino rangatiratanga (sovereignty)—being in control of individual and collective destiny. Complimenting this work has been the removal of barriers and obstacles to Māori success, which involves challenging institutional and other forms of racism and providing kaupapa maori services. Some examples of these services in Nelson Marlborough include Te Waka Hauora Hospital Services which have been created to support the cultural needs of whānau admitted to either Nelson or Wairau hospitals that identify as Maori by:

- Supporting whānau with information that aids understanding of hospital process, procedures and expectations
- Provides whānau with information that facilitates active participation in the treatment and discharge planning process. This may include facilitation of whānau hui to enhance understanding of proposed care and treatment options
- Advocacy and referral on discharge to a range of community services.

Article Three is about embracing ethical decision-making that reduces health inequities and addresses the wider determinants of health. In Nelson Marlborough Health both the activities in our Annual Plan and System Level Measures Plan focus on narrowing identified equity gaps.

Working with **Article Four** involves upholding wairuatanga, te reo me ono tikanga (Māori language and cultural protocols). Nelson Marlborough Health offers a range of education and training opportunities for staff to improve their te reo Māori and understanding of tikanga as it relates to provision of health care and services.

2.3 Service Coverage

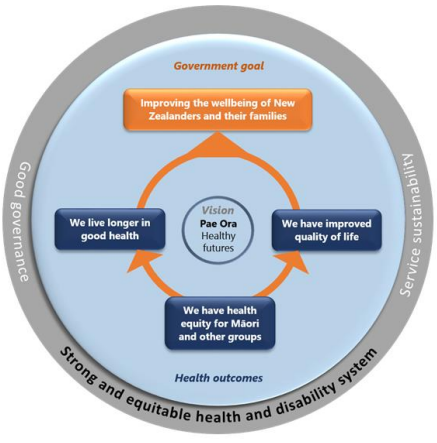
The services and activities Nelson Marlborough Health plan to provide in 2019/20 have been structured using a template that reflects the Government's Planning Priorities for 2019/20 which are:

- Improving child wellbeing
- Improving mental wellbeing
- Improving wellbeing through prevention
- Better population health outcomes supported by a strong and equitable public health and disability system
- Better population health outcomes supported by primary health care.
- Strong fiscal management

The template is grouped to the Minister's priorities which in turn contribute to achieving the Government's priorities. The template provides line of sight to the high-level health and disability system outcomes, to three of the Government's twelve priority outcomes, Support healthier, safer and more connected communities, Make New Zealand the best place in the world to be a child and Ensure everyone who is able to, is earning, learning, caring or volunteering and to the Government's theme Improving the well-being of New Zealanders and their families.

The health and disability system outcomes framework supports a stable system by clearly articulating what outcomes the system intends to achieve for New Zealanders, and the areas of focus through which to obtain those outcomes. Figure 1 shows the elements of health and disability system outcomes framework.

Figure 1: the health and disability system outcomes framework elements



To reflect Nelson Marlborough Health's contribution to the three Government priorities and to the health and disability system outcomes, DHB activity, where possible, is aligned with the most appropriate health and disability system outcome as identified in right hand column of the templates.

2.4 Improving child wellbeing

Child and youth wellbeing is a priority work programme for Government, the Ministry of Health and District Health Boards. This section identifies the activities for children and young people that Nelson Marlborough Health plans to undertake in 2019/20 to contribute to the development and delivery of New Zealand's first Child and Youth Wellbeing Strategy (the Strategy) and preparing the Health and Disability sector for system transformation over time.

It details how Nelson-Marlborough are actively working to improve the health and wellbeing of infants, children, young people and their whānau with a particular focus on improving equity of outcomes. Here we have detailed a comprehensive approach to prevention and early intervention services (primary and community health) for women of child bearing age, infants, babies, pre-school and school-aged children and youth and their families/carers.

Immunisation

- All DHBs are to contribute to child wellbeing and healthier populations by establishing innovative solutions to improve and maintain high immunisation rates at all childhood milestones from infancy to age 5 years.

For Nelson Marlborough DHB

- Please provide specific actions that will further strengthen your school-based immunisation programme to improve overall immunisation coverage and better meet the needs of your Māori populations.

This is an equitable outcomes action (EOA) focus area

(equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)

DHB activity	**Milestone**	**Measure**	**Government theme:** **Improving the well-being of New Zealanders and their families**	
1.Redevelop the process for ensuring that those students who have given consent for immunisation with the School Based Immunisation Programmes (SBIP) will be followed up if they miss their immunisation at school	1.Redevelopment of a process for referral and follow up by Q2	1.Increase in immunisation rates for those who miss school immunisations (CW05 & CW08)	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
2.Public Health Nurses (PHN's) will implement the MoH immunisation communication pack for education sessions held at schools	2.Implementation of the MOH immunisation communication pack by Q1			
3.The PHN's will build a relationship with a "link person" in allied organisations working with Māori and Vulnerable populations to follow up consent forms that have not been returned for immunisation at the SBIP **(EOA)**	3.Link person in place by Q2	3. Informed consent will be obtained from every student prior to immunisation	**System outcome** We live longer in good health	**Government priority outcome** Make New Zealand the best place in the world to be a child
4.PHN's will work more closely with school staff, interpreters and parents of non-English speaking families to:	4.Equitable information provided to non-English speaking families by Q2	4.Consent form return		

provide education about the immunisations ensure consent forms are appropriately completed ensure informed consent is obtained at the time of immunisation 5.Expand the Hauora Direct programme (a 360 degree health assessment, health service delivery and navigation programme for Māori and vulnerable populations) which identifies those not immunised and provides access to be immunised (EOA): Four pop-up assessment days in high needs communities Dedicated Hauora Direct nursing resources in Te Piki Oranga, Victory Community and the Pasifika Trust Piloting in Kohanga Reo, Health Care Home General Practice, Nikau House and the Mental Health Service.	5. Four pop-up assessment days in high needs communities by Q4 5. Dedicated Hauora Direct nursing resources in Maori Health, Victory Community and the Pasifika Trust by Q4 5. Integration of Hauora Direct into Health Care Home General Practices, Nikau House and the Mental Health Service by Q4	rate 100 percent resulting in a higher immunisation uptake 5. No extra/unneeded doses of either immunisation will be given at a SBIP clinic. 5. Parents and students will show understanding of the immunisation required 5. Improved immunisation rates for high needs groups	**System outcome** We have improved quality of life	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering

School-Based Health Services

- Commit to providing quantitative reports in quarter two and four on the implementation of school based health services (SBHS) in decile 1 to 4 secondary schools, and decile 5 as applicable to the DHB[2], teen parent units and alternative education facilities.
- Outline the current activity the DHB will undertake to implement Youth Health Care in Secondary Schools: A framework for continuous quality improvement in each school (or group of schools) with SBHS.
- Outline the current activity the DHB is taking to improve the responsiveness of primary care to youth.
- Commit to providing quarterly narrative reports on the actions of the SLAT to improve health of the DHB's youth population.
- Outline the actions the DHB is taking to ensure high performance of the youth service level alliance team (SLAT) (or equivalent).

This is an equitable outcomes action (EOA) focus area

(equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)

DHB activity	Milestone	Measure	Government theme:
1.Current school based health services (SBHS) extended to decile 4	1.decile 4 schools receiving	1.Quantitative reports	**Improving the well-being of New Zealanders and their families**

[2] The applicable DHBs will receive further information separately

schools – Tapawera, Murchison and Te Kura Kaupapa Maori o Tui ate Matangi 2. Undertake a self-assessment against the Youth Health Care in Secondary Schools framework for continuous quality improvement and develop action plan. 3. Establish information sharing, coordination, professional development and linking of existing and new school based health services. 4.Youth Advisory Panel provides advice and support to Nelson Marlborough Health in further development of services 5.Expand the Hauora Direct programme (a 360 degree health assessment, health service delivery and navigation programme for vulnerable populations) to kura and kohanga locations **(EOA)** 6.Work with schools to implement the 'water only schools' programme 7.Work with schools and organisations to introduce the 'tap into water' campaign to reduce sugary drinks 8.Work with schools and sports teams on the healthy snacks and lunches programme aiming to reduce sugary options 9.Work in collaboration with the Ministry of Education to provide health promotion programmes in specific areas 10.Child and Youth Service Level Alliance Team reporting against an agreed action plan to the Top of the South Health Alliance (ToSHA) 11 Provide qualitative narrative reports on the actions of the Child and Youth Service Level Alliance Team (Youth Advisory Panel) to the Ministry of Health.	services by Q1 19-20 2.Youth panel meetings occur quarterly 3.Coordination and professional development function in place by Q1 19-20 4.Youth Panel meeting by Q1 18-19 5.Hauora Direct delivered in kura and kohanga by Q4 19-20 9.Work programme developed to align with MoE 10. Action plan in place by Q2 19-20. 11. Qualitative narrative reports provided to Ministry of Health in Q2 and Q4.	provided detailing SBHS for decile 1-4 schools, teen parent units and alternate education 2.Implementation plan available on MoH confirmation of funding 3.School nurses have received ongoing training and support during 19-20 4.Youth Panel guides service development 5.Children and Youth receive health services via Hauora Direct 6.Increase in schools with a water only policy by Q4 7.Schools and organisations take up the 'tap into water' campaign 8.Schools and teams implement the programme 9.Health promotion programmes delivered in schools 10. Reporting to ToSHA quarterly. 11. Two reports delivered to Ministry of Health in 2019-20.	**System outcome** We have health equity for Māori and other groups **System outcome** We live longer in good health **System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities **Government priority outcome** Make New Zealand the best place in the world to be a child **Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering

Midwifery workforce – hospital and LMC

Midwifery workforce:

- All DHBs will develop, implement, and evaluate a midwifery workforce plan to support:
    a. undergraduate training, including clinical placements
    b. recruitment and retention of midwives, including looking at driving changes for models of care that use the full range of the midwifery workforce within DHBs
    c. service delivery mechanisms that make best use of other health work forces to support both midwives in their roles and pregnant people.
- DHBs who were asked to develop midwifery workforce plans as part of the 2018/19 annual planning cycle are expected to continue working on midwifery workforce plans if this has not been completed during the 2018/19 year.
- Please detail the actions that you will take towards implementing Care Capacity Demand Management (CCDM) for midwifery by June 2021 in your annual plans.
- Please outline the most significant actions the DHB will undertake in 2019/20 to progress implementation of CCDM for midwifery. Ensure the equitable outcomes actions (EOA) are clearly identified.

This is an equitable outcomes action (EOA) focus area

(equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)

Examples of equity actions that could be included in your plan:

- increase Māori participation and retention in midwifery workforces and ensure that Māori have equitable access to training opportunities as others
- build cultural competence across the whole midwifery workforce
- increase participation of Pacific people in midwifery workforces
- form alliances with educational institutes (including secondary and tertiary) and local iwi to identify and implement best practices to achieve Māori midwifery workforces that matches the proportion of Māori in the population.

DHB activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
1. The NMH Midwifery Workforce Plan supports a sustainable, engaged, culturally responsive midwifery workforce to deliver safe, equitable, quality care which supports positive parenting experiences and continues to improves maternal and neonatal health outcomes	1. Midwifery Workforce Plan for 2019-2021 published by Q1 19/20		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
Undergraduate training including clinical placements: 2. Offering clinical placements at Motueka Primary unit to increase access to primary/rural maternity clinical placements for students.	2. Availability of midwifery student clinical placements in both primary and secondary increase by 20 percent by July 2020.		**System outcome** We live longer in good health	**Government priority outcome** Make New Zealand the best place in the world to be a child
Recruitment and retention of midwives and new models of care:				

3. Permanent new graduate core midwifery positions made available annually to support retention of the workforce 4. Recruitment with a specific focus on recruiting LMC midwives for Wairau. 5. New model of midwifery care implemented in rural Golden Bay with PHO - LMC's to be employed by the PHO, enabling additional recruitment which ensures a safe and sustainable roster, supports retention of existing midwives, and supports integration between midwifery, general practice, nursing and other allied health services. 6. Telehealth to be explored for the remote Golden Bay community as a means of supporting LMC's with pregnancy/obstetric consults. 7. 'E-text' to be set up for LMC's to refer babies to newborn hearing screening programmes to improve coverage for particularly home births and complex clients who experience challenges attending an OPD if their baby has not been screened in hospital. 8. Form alliance with Ara Educational Institute and local iwi to identify and implement best practices to achieve Māori midwifery workforces that matches the proportion of Māori in the population **(EOA).** 9. Cultural competency education to be available for all staff and LMC's to attend in 19-20 **(EOA)**. 10. DONM and ADOM to participate in a South Island Alliance Midwifery Workforce workstream identifying solutions for challenges in the midwifery workforce. Midwifery is represented in the SI First 1,000 days child health workstream. **Use of other health work forces:** 11. Wairau Hub - Development of a Wairau Community Maternity Centre that offers the opportunity to use other health work forces to meet demand for antenatal clinical and to support all components of the First 1,000 days strategy including early engagement with an LMC, Smoking cessation support, breastfeeding support and enrolment in primary care. 12. Maternal Mental Health steering group to be established to identify initiatives to better support LMC's to care for pregnant women with mental health issues 13. Site visits for obstetric and paediatric registrars to Golden Bay and Motueka (rural primary maternity services) to meet with midwives and GP's and address challenges with service access and working well together, developing relationships/breaking down barriers and providing support to the midwives working in these remote rural areas. 14. Pēpi First and Hapū wānanga initatives continue.	3. Two core new graduate midwives recruited by July 2020. 4. LMC midwifery workforce increases by 50 percent in Wairau by 2020. 5. 100 percent of pregnant women in Golden Bay have access to a LMC midwife for primary care by end of 2019. 6. Telehealth for Golden Bay becomes available by Q2 19-20 and at least x5 obstetric telehealth appointments in Golden Bay in 19-20. 7. 100 percent of babies referred for newborn hearing screening are screened in the first 4 weeks of life. 8. Maori midwifery workforce reflects % of Maori population locally (14 percent in Wairau, 10 percent Nelson-Tasman) by 2025. 9. 50 percent of the midwifery workforce complete cultural competency education by end of 2020 10. Participation in SIA meetings 11. Wairau community maternity centre opens by Q1 19-20. 12. At least one initiative established by July 2020. 13. By Q3	5. Remote rural women of Golden Bay have accessible primary maternity services close to home. 17. Improved patient care and working environments for nurses by ensuring appropriate levels of staffing. 17. Time allowed for holistic care to be delivered (including a whanau ora approach to patient care – treating the patient within the context of wider family and not just the individual) **(EOA).**	**System outcome** We have improved quality of life	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering

Other 15. Free access for LMC's to NMH midwifery education including planning for PROMPT workshops for the rural health workforce in Motueka and Golden Bay to provide simulation opportunities of MDT working with rural emergency response services in managing obstetric and neonatal emergencies. 16. Midwifery workforce engages in professional development through Quality and Leadership Programme (QLP) 17. Prepare to respond to the national directive around the use of the Midwifery Staffing Standards (MERAS) as a guide for further developing Trendcare and CCDM for midwifery.	15. x1 PROMPT workshop in Motueka Primary unit in 2019 and x 1 PROMPT workshop in Golden Bay in 2020. 16. 70 percent of employed midwifery workforce are engaged in Quality and Leadership and 30 percent on competent domains on QLP 17. Implement CCDM by 30 June 2021.			

First 1000 days (conception to around 2 years of age)

This is an equitable outcomes action (EOA) focus area

(equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)

- Identify the most important focus areas to ensuring the population needs for pregnant women, babies, children and their whānau are well understood; and identify key actions that demonstrate how the DHB will meet these needs including realising a measurable improvement in equity for your DHB. Actions should include a comprehensive approach to prevention and early intervention services across priorities (see below) via maternity, Well Child Tamariki Ora, National SUDI Prevention Programme, and other services.
- Identify what action you will take to identify barriers to achieving well integrated services across the first 1000 days.

Healthy weight in children

- Identify the actions the DHB is taking to increase the proportion of children at a healthy weight in their first 1000 days to be measured by the proportion of children at a healthy weight at age 4..

DHB activity	**Milestone**	**Measure**	**Government theme:** **Improving the well-being of New Zealanders and their families**	
1.Establish an infant mental health programme and provide a stratified response that builds on existing services to provide the right level of support for those identified in need. Work with Te Piki Oranga to undertake this small-scale trial for particularly Māori as a means of increasing equitable access to mental health services and improving maternal and infant mental health **(EOA)**.	1.Infant mental health programme trial agreed by Q2	1.Mental health programme trial in place by Q3 2.Three clusters of health	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities

2. Develop linked community teams to coordinate service provision and better support to identified children and their families. This initiative is aligned with the 'cluster' approach in the primary care module. 3.Strengthen processes to consistently identify vulnerable children who need extra support - such as the before birth check, stronger Lead Maternity Carer (LMC) engagement, maternal Adverse Childhood Experiences (ACE) and Edinburgh (EPNS) scores - and ensure there are pathways to connect them with support services. 4. Primary care dietitian service for pregnant women who have any nutrition problems during pregnancy e.g. weight management, low iron, poor diet. 5. Kaupapa Māori dietician service piloted with TPO and providing services to pregnant women and whānau with young children **(EOA).** 6. Improve access to effective contraception services for vulnerable young people including the provision of Long Acting Reversible Contraception (LARC). 7. Deliver Hapū Wānanga programmes targeted at parents and expectant parents and draw on traditional Māori childbirth practices, pregnancy, childbirth and parenting **(EOA).** 8. Launch Māori health funded initiative Tūhono, an intensive kaupapa Māori health programme for vulnerable families delivering enhanced wrap around support for pregnancy and parenting **(EOA).** 9. Promote the Pēpi First programme to health providers, LMCs and other health professionals to increase referrals of pregnant women who smoke.	2.Shared care plans enabled by Q2 3. Identification process in place by Q3 and 90% of women screened using the Edinburgh (EPNS) tool. 4. Dietitian service available for pregnant women by Q1 5. Service in place by Q1 6.Extended access to LARCs in place by Q1 7. 9 Hapū Wānanga programmes delivered by Q4 8. Referral pathways into Tūhono established from mental health and addiction services, Work and Income and other partners. 9. Promotion of Pēpi First to referrers occurs within each quarter 10. Safe sleep distributors trained by Q2 10. Wahakura contract in place by Q2	providers agree a system of coordinated care by Q3 3.At risk parents receive targeted support by Q3 4. Childhood obesity rates/proportion of children at a healthy weight at age 4. 5. Childhood obesity rates /proportion of children at a healthy weight at age 4. 6. Decrease in teenage pregnancy rates 7. 100 percent of wāhine attending Hapū Wānanga report increased understanding in at least one priority area 8. 50 percent increase in number of Māori women engaged in pregnancy parenting programme from the 2017-2018 year. 9. Increase Pēpi First referrals to 130 (≈65 percent of smoking pregnant women) by the end of Q4 10. Improved SUDI rates	**System outcome** We live longer in good health **System outcome** We have improved quality of life	**Government priority outcome** Make New Zealand the best place in the world to be a child **Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering

10. Enable the Mokopuna Ora service to deliver pēpi -pods and wahakura to young mothers **(EOA)**				
11. Kaupapa pēpi lactation consultant providing services to increase breastfeeding rates in young mothers **(EOA)**	11.Service in place by Q1	11. Service in place by Q2 19-20		
12. Whare Ora initiative implemented to improve housing for whānau with mokopuna **(EOA)**	12.Referrals for Whare Ora occurring across multiple programmes in Q1	12. Increased number of homes insulated through the Warmer Healthier Homes scheme		
13.Review of service provision by PHNs to enable more comprehensive focus on working with vulnerable children and families		13.Review report complete by Q3		
14.Expanding OIS programme so all PHNs can immunise infants and children		14.All PHNs authorised to vaccinate infants by Q4		
15. Working with models of care programme to improve integration between general practice and public health nursing service.				
16. Establish a midwifery hub in Wairau to support community access to continuity of care from early pregnancy with an LMC, access to parenting and pregnancy education, breastfeeding support, safe sleep devices and other health services.	16. Health hub established by Q2	16. Trial sites underway by Q22019		
17. Establish a maternal mental health steering group to agree on local initiatives and enablers to support the wellbeing and mental health of mothers (and their infants) with mental illness, and oversee their implementation.		17-19. 90 percent of pregnant women have had a mental health assessment (Edinburgh postnatal depression scale assessment) in pregnancy.		

18. Provide maternal mental health training opportunities for DHB and community LMC midwives. 19. Develop an update to the WellChild app to add information about maternal and infant mental health.	18. Steering group has identified local initiatives and enablers by Q2. 19. Mental health update for the WellChild app available on App Stores (Android and iOS) by Q3.	19. Number of infant mental health updates downloaded by Q4.		

Family Violence and Sexual Violence (FVSV)

Reducing family violence and sexual violence is an important priority for the Government, and something we want all DHBs to be working on, in partnership with communities and other agencies. Please provide the actions for the upcoming year that your DHB considers is the most important contribution to this, including the reasons why the action(s) are important and the impact you expect them to achieve.

This is an equitable outcomes action (EOA) focus area

(equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)

DHB activity	**Milestone**	**Measure**	**Government theme:** **Improving the well-being of New Zealanders and their families**	
1. Embed and consolidate existing VIP core training in current six areas before expanding into other disciplines as capacity allows (e.g. outpatients, allied health). This will improve case identification and increase knowledge of referral pathways among those trained.	1.50 percent of staff in targeted areas are fully trained.	1. Family violence training record of attendance.	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
2. Participate in FVIARS meetings as time and resources allow – always prioritising VIP core training. FVIARs operations and working groups operate using the guiding principles set down in the Te Rito: New Zealand Family Violence Prevention Strategy (2002). The aim is to have a collaborative, culturally appropriate approach, sharing information and addressing safety and risk issues in relation to situations of high risk-family violence (eg, at risk groups/men/ Māori) **(EOA)**	2. Attendance at FVIARS does not impact VIP Core Training.	2.Minutes from meetings	**System outcome** We live longer in good health	**Government priority outcome** Make New Zealand the best place in the world to be a child
			System outcome We have improved quality of life	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or

3. Work with the Māori health team at NMH to identify and address barriers for getting Māori providers to undertake FVSV training, with a specific focus on parent education providers and vulnerable pregnant women workers **(EOA).**	3. Increase number of Māori providers undertaking training.	3.Regular attendance by providers/workers at vulnerable pregnant women and well child interagency meetings		volunteering

SUDI

- Describe contributions towards building stronger working relationships across the Maternal and Child Health sector to address the key modifiable risks factors for SUDI

This is an equitable outcomes action (EOA) focus area

(equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)

DHB activity	**Milestone**	**Measure**	**Government theme:** **Improving the well-being of New Zealanders and their families**	
1.Establish an infant mental health programme and provide a stratified response that builds on existing services to provide the right level of support for those identified in need	1.Shared care plans enabled by Q2	1.Mental health programme in place by Q3	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
2. Develop linked community teams to coordinate service provision and better support identified children and their families. This initiative is aligned with the 'cluster' approach in the primary care module.		2. Three clusters of health providers agree a system of coordinated care by Q3		
3.Strengthen processes to consistently identify vulnerable children who need extra support - such as the before birth check, stronger Lead Maternity Carer (LMC) engagement, maternal Adverse Childhood Experiences (ACE) score - and ensure there are pathways to connect them with support services **(EOA)**.	3.Identification process in place by Q3 19-20	3.At risk parents receive targeted support by Q3 19-20	**System outcome** We live longer in good health	**Government priority outcome** Make New Zealand the best place in the world to be a child
4.Enable the Mokopuna Ora service to deliver pēpi -pods and wahakura to young mothers **(EOA)**	4.. Safe sleep distributors trained by Q2 19-20 4. Wahakura contract in place by Q2 19-20	1-10. Improved SUDI rates	**System outcome** We have improved quality of life	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering
5.Deliver 9 Hapū Wānanga programmes. These programmes are targeted at parents and expectant parents and draw on traditional Māori childbirth practices,	5. 9 Hapū Wānanga programmes delivered by Q4			

pregnancy, childbirth and parenting **(EOA)** 6. Promote the Pēpi First programme to health providers, LMCs and other health professionals to increase referrals of pregnant women who smoke **(EOA)**. 7. Kaupapa Māori lactation consultant providing services to increase breastfeeding rates in young mothers **(EOA)** 8. Whare Ora initiative implemented to improve housing for whānau with mokopuna **(EOA)** 9. Expand the Hauora Direct programme (a 360 degree health assessment, health service delivery and navigation programme for vulnerable populations which assesses risk factors for SUDI among other health priorities) **(EOA)** 10. Mama aroha breastfeeding reference cards given to all postnatal women which outlines safe sleep, smoking cessation service and community based support services	6. Promotion of Pēpi First to referrers occurs within each quarter 7. Service in place by Q1 19-20 8. Referrals for Whare Ora occurring across multiple programmes in Q1 9. Four pop-up assessment days in high needs communities by Q4 9. Dedicated Hauora Direct Nursing resource in Maori Health, Victory Community and the Pasifika Trust by Q4 9. Integration of Hauora Direct into Health Care Home General Practices, Nikau House and the Mental Health Service by Q4 10. Mama Aroha cards distributed to all women by Q2	3&5. Safe sleep messages delivered and risk assessed and actions undertaken 6. Increase Pēpi First referrals to 130 (≈65percent of smoking pregnant women) by the end of Q4 7. Increase in breastfeeding rates for Māori 8. Increase number of homes insulated through the Warmer Healthier Homes scheme		

2.5 Improving mental wellbeing

The Government has a vision of a mental health, addiction and wellbeing system without barriers, that is easy to navigate, where no door is the wrong door. Nelson Marlborough Health has an important role to play in achieving this vision.
We must work together to build a whole-of-system, integrated approach to mental health, addiction and wellbeing that provides options for New Zealanders across the full continuum of need.

Nelson Marlborough Health's annual plan embeds a focus on wellbeing and equity at all points of the system, alongside an increased focus on mental health promotion, prevention, identification and early intervention.

Alongside building missing components of our continuum, our annual plan demonstrates how existing services can be strengthened to ensure that mental health services are cost effective, results focused and have regard to the service impacts on people who experience mental illness.
Nelson Marlborough Health is committed to providing a range of services that are of high quality, safe, evidence based and provided in the least restrictive environment.

Inquiry into mental health and addiction

The Government's response to He Ara Oranga (the report of the Mental Health and Addiction Inquiry) confirms our first steps in the transformation of the mental health and addiction system in New Zealand. This transformation will likely be a multiyear programme.

DHBs must work in partnership with Māori, people with lived experience, NGOs, primary and community organisations, and other stakeholders to build a whole-of-system, integrated approach to mental health, addiction and wellbeing that provides options for New Zealanders across the full continuum of need.

It is expected that DHBs will work along with the Ministry of Health to implement Government's agreed actions following the Mental Health and Addiction Inquiry and implement relevant Budget 2019 initiatives.

DHBs are to outline actions contributing to the direction signalled by the Government in response to He Ara Oranga.

DHBs should identify opportunities to build on existing foundations and include actions in relation to improving and / or addressing **all** of these areas of focus:

Embedding a wellbeing focus

- Demonstrate a focus on wellbeing and equity at all points of the system.
- Improve the physical health outcomes for people with mental health and addiction conditions.

Building the continuum / increasing access and choice

- Work in partnership with the Ministry, Māori, Pacific people, young people, people with lived experience, NGOs, primary and community organisations, and other stakeholders to plan an integrated approach to mental health, addiction and wellbeing and roll out new primary level responses from Budget 2019.
- Strengthen and increase focus on mental health promotion, prevention, identification and early intervention.
- Continue existing initiatives that contribute to primary mental health and addiction outcomes, and align with the future direction set by *He Ara Oranga,* including strengthening delivery of psychological therapies.
- Identify options to strengthen connections and build support across the full continuum of care, including in the primary and community mental health and addiction space.

Suicide prevention

- Contribute to the implementation of the Suicide Prevention Strategy, and any associated plans.
- Continue existing suicide prevention and postvention efforts to provide a range of activities such as mental health literacy and suicide prevention training, community-led prevention and postvention initiatives (ie, bereavement counselling) and integration of mental health and addiction services.

Crisis response

- Improve options for acute responses including improving crisis team responses and improved respite options, and work with the Ministry to plan future responses.

NGOs

- Identify how you will use cost pressure funding from Budget 2019 to ensure NGOs in your district are sustainable, particularly any providing AOD residential care, detoxification and continuing care.

Workforce

- Work in partnership with workforce centres to strengthen current workforces, including a focus on retention, recruitment and training.

This is an equitable outcomes action (EOA) focus area

(equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)

- Demonstrate a commitment to lived experience and whānau roles being supported and employed across all services.
- Support workforce development of the appropriate knowledge and skills to support people with mental health and addiction needs, for example through use of the Let's Get Real framework.

Mental Health and Wellbeing Commission

- Work collaboratively with any new Commission.

Forensics

- Work with the Ministry to improve and expand the capacity of forensic responses from Budget 2019.

Contribute, where appropriate, to the Forensic Framework project.

DHB activity	**Milestone**	**Measure**	**Government theme:** **Improving the well-being of New Zealanders and their families**	
Work with the Ministry of Health to implement Government's agreed actions following the Mental Health and Addiction Inquiry and implement relevant Budget 2019 initiatives. 1. Refresh the Mental Health and Addictions Leadership approach to ensure the inclusion of tangata whaiora, tangata whenua, clinicians from across the system, and community representatives with a strong emphasis on integration with the wider health system and with cross sector agencies **(EOA)**. 2. Mental Health and addictions leadership will co-design annual implementation priorities which: • Considers the Ministry of Health guidance and incorporates the key service priorities developed from the extensive local co-design process that was undertaken in 2017 to achieve more integrated MH&A system. • Outlines the actions that Nelson Marlborough Health are undertaking that contribute to the direction signalled by the Government in response to He Ara Oranga**)**. • Identifies opportunities to build on existing foundations and include actions in relation to improving and / or addressing all of the areas identified in the guidance above. • Recommends how agreed actions should be prioritised in a way that is consistent with NMH's key service priorities and is mindful of existing resource constraints. • Strengthens our integrated approach to holistic care and support for people within the wider health system through the NMH Models of Care Clinical Working Group, and with our cross sector partners through the Top of the South Impact Forum. 3. Provide to the Ministry of Health a summary of existing workforce development plans or programmes for both youth and adult forensic mental health services as part of working with the Ministry to improve the capacity of forensic responses. 4. Confirm the establishment of any new roles allocated to our service with respect to improving forensic responses during the 2019/20 financial year and include the identification and mitigation of risks to other	1. Mental Health Integrated Leadership approach is refreshed by Q2. 2. Annual implementation priorities identified by Q3. 2. Implementation progress and agreement of 2020/21 priorities begins in Q4. 3. Develop a workforce development plan for our system which incorporates forensic as part of this by Q4. 4. Summary provided to Ministry of Health in Q1.	1-4 Mental health of New Zealanders is improved 1. Integrated Leadership approach defined 2. Documented vision, key priorities and annual action plan. 3. Documented evaluation and monitoring process 4. New Priorities agreed for 2020/21 5. Workforce development plan developed and adopted	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
			System outcome We live longer in good health	**Government priority outcome** Make New Zealand the best place in the world to be a child
			System outcome We have improved quality of life	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering

essential services.	5. Ongoing			

Population mental health

- Outline actions to support healthier safer and more connected communities through better access to affordable, quality health care and better health outcomes for everyone. How will you improve population mental health and addiction by increasing uptake of treatment and support earlier in the course of mental illness and addiction, further integrating mental health, addiction and physical health care, and co-ordinating mental health care with wider social services, especially for priority populations including vulnerable children, youth, Māori and Pacific people.

DHBs must include actions in relation to improving the below focus areas (relevant actions may be cross referenced to the Inquiry response section):

- Options for early intervention across the primary care spectrum to help ensure early intervention and continuity of care.
- Improved options for acute responses including improving crisis team responses and improved respite options.
- Suicide prevention and postvention to provide a range of activities such as mental health literacy and suicide prevention training, community-led prevention and postvention initiatives (ie, bereavement counselling) and integration of mental health and addiction services.
- Actions in relation to Equally Well to improve the physical health outcomes for people with low prevalence mental health and addiction conditions.
- Improving access (MH01) and reducing waiting times (MH03).
- Ongoing commitment on reporting to PRIMHD.
- Ongoing commitment to transition/discharge plans and care plans for people using mental health and addiction services.

DHBs should include actions in relation to improving some of the below areas of focus:

- Supporting Parents Healthy Children (COPMIA) to support early intervention in the life course.
- Improving co-existing problems responses via improved integration and collaboration between other health and social services.
- Reducing inequities including reducing the rate of Māori under community treatment orders.
- Improving employment and education and training options for people with low prevalence conditions including, for example, Individual Placement Support.
- The implementation of models of care for addiction treatment, with particular reference to the Substance Addiction (Compulsory Assessment and Treatment) Act 2017.

This is an equitable outcomes action (EOA) focus area

(equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)

DHB activity	**Milestone**	**Measure**	**Government theme:**
1. Increase options for early intervention across the primary care spectrum to help ensure early intervention, continuity of care and enhanced integration of services by:	1b. All contracted services	1.Increase in Māori receiving primary care treatment **(EOA)**	**Improving the well-being of New Zealanders and their families**

1a. Expanding and promoting group therapy options and allowing both primary and secondary services to refer into sessions; 1b. Increasing access to community (NGO) services from primary care through adjusting eligibility criteria of contracted community services and providing resources to primary care about options available; 1c. Promote and facilitate The Plan and relevant mental health resources. 2. Undertake activities for suicide prevention and postvention including: 2a.Improving access to counselling and support for those bereaved by suicide 2b. Coordinating and support suicide prevention training across the district 2c. Developing community postvention groups in Nelson Marlborough communities that identify others at risk after a suicide and help to coordinate support 3. Improve co-existing problems responses via improved integration and collaboration between other health and social services by: 3a. Supporting evidence-based training opportunities for the health and social sector to upskill the workforce in their response to people with co-existing health problems. 4. Working towards an integrated IT system for mental health community providers. Steps that will be taken this year will be: 4a. Ensuring all external organisations with an appropriate need for information have access to Health Connect South for their clinicians; 4b. Ensuring those clinicians have received training on the system and on privacy; 4c. Ensuring all external organisations with an appropriate need for information have named accountable managers; 4d. Agreeing with all external organisations an audit plan to monitor access. 5. Improve the physical health outcomes for people with low prevalence mental health and addictions conditions under the Equally Well concept by: 5a. Providing 100 free GP appointments to 100 people with low prevalence mental health and/or addiction conditions 5b. Providing Hauora Direct assessments in Wahi Oranga (the mental health	have reviewed eligibility criteria. 1c. Review of The Plan resources and engagement at Q2. 2a Referral practice for counselling refreshed. 5a 100 free Equally Well GP appointments provided 6a. IPS further embedded in Marlborough across the various mental health and addiction practice areas. 6b Expansion plan developed 9. Programme adapted by Q2 with resources able to be shared with other DHBs.	1a.Number of group therapy sessions held and number of attendees 1c. Number of The Plan/resources delivered/provided 2b. MH04 reporting 2c Number of community postvention groups. 4a Number of external clinicians with access to HCS 4a Number of external clinicians using their access to HCS 4d Audit is up to date and reported back. 5b. Number of inpatients receiving Hauora Direct assessments (**EOA**)	**System outcome** We have health equity for Māori and other groups **System outcome** We live longer in good health **System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities **Government priority outcome** Make New Zealand the best place in the world to be a child **Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering

and addictions inpatient unit) **(EOA)** 6. Improve employment, education and training options for people with low prevalence conditions by: 6a. Embedding the Individual Placement Support (IPS) model in Marlborough across the various mental health and addiction practice areas; 6b. Develop an expansion plan to bring the model to the Nelson and Tasman specialist mental health and addictions teams; 6c. Promote WorkWell, workplace wellbeing to workplaces and business across the region *7.* Commit to ongoing reporting to PRIMHD, by: 7a. Establish data dictionaries and training resources 7b. Train clinicians and administrative staff in how to appropriately record and enter data 7c. Continue to improve access and visibility to data quality and performance reports 8. Improve early intervention opportunities for methamphetamine related harm by delivering training and support to frontline workers in our local cross sector partner organisations (e.g. Police, Housing NZ, MSD) and in health departments. This training is to enable front-line workers to identify methamphetamine use, provide brief interventions and refer to treatment as appropriate. 9. Adapt an evidence-based methamphetamine intensive outpatient programme for the New Zealand context and commence delivery of the programme to improve access and reduce waiting times for people seeking help for methamphetamine addiction. *Refer to Mental Health and Addictions Improvement Activities for activities planned for NMH's ongoing commitment to transition/discharge plans.*	9. Programme commenced by Q2.	6c. Number of workplaces engaged in WorkWell 6c. Number of workplaces wellbeing activities supported. 7a. Number of data dictionaries established 7a. Number of training resources created 7b. Number of trainings delivered per quarter 8. Number of trainings delivered.		

Mental health and addictions improvement activities

- In order to support an independent/high quality of life please outline your commitment to the HQSC mental health and addictions improvement activities with a continued focus on minimising restrictive care (including the aspirational goal of eliminating seclusion by 2020) and improving transitions and engagement with the next steps of the programme.

Please note the percentage and quality of transition plans forms part of the MH02 performance measure. The other three programmes that will be led by the HQSC over the life of the programme are; learning from serious adverse events and consumer experience, maximising physical health and improving medication management and prescribing issues. This programme will support standardised, evidence-based processes and practices for prescribing and management.

This is an equitable outcomes action (EOA) focus area

(equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)

DHB activity	Milestone	**Measure**	**Government theme:** **Improving the well-being of New Zealanders and their families**	
1. Continue to engage with the HQSC Mental Health and Addictions Improvement Activities, focusing on minimising restrictive care (including the aspirational goal of eliminating seclusion by 2020) and improving transitions.	1. Audit procedure in place to ensure all clients have up-to-date quality transition and wellness plans.	1-2. MH02		
	1-2. Discharge checklists are refreshed by Q4 to better reflect the process and ensure tangata whaiora and their families/ whānau are fully engaged in transition planning.	1. Readmissions to the inpatient units within 28 days of discharge for the same or related issue are 25 percent less than the 2018-2019 year (per quarter).	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
		1. Number of patients secluded less than 6 per month.	**System outcome** We live longer in good health	**Government priority outcome** Make New Zealand the best place in the world to be a child
2. Monitor the effectiveness of wellness and transition (discharge) planning for Māori by amending the current data analytical query to enable readmission rates to be broken down by ethnicity (Māori, non-Māori, total) **(EOA)**.	2. Data query amended by Q2; Re-analyse historical data using new query for previous 5 years by Q3; Report describing trends in readmission rates by ethnicity for previous five years (including caveats associated with data quality).		**System outcome** We have improved quality of life	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering

Addiction

- For those DHBs that are not currently meeting the PP8 addiction related waiting times targets (for total population or all population groups), please identify actions to improve performance to support an independent/high quality of life for people with addiction issues.
- Please outline for quarter one the existing and planned AOD services for your region including those for women, Maori and Pacific, older people, opioid substitution and criminal justice clients and LGBTIQ communities, ensuring equitable health for all New Zealanders. Please also outline how your DHB will ensure the quality of AOD services to support healthier New Zealanders live an independent and high quality of life. Noting that mental health and addictions services are a priority for Government please describe how your DHB is giving appropriate priority to meeting service demands within baseline funding.

Note: DHBs should take into account both DHB provided services and those that are DHB funded but provided by NGOs.

This is an equitable outcomes action (EOA) focus area

(equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)

DHB activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
1. Reduce harm caused by methamphetamine by engaging in a multi-agency work stream with Police, Housing New Zealand, NZTA, MSD, Corrections, Oranga Tamariki etc.	1. Cross-agency work plan agreed by Q1.		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
2. Improve local data on alcohol and drug use, to better inform local prioritisation of resources to best meet service demands within baseline funding.	2. Accurate data available to be analysed by Q2.			
3. Improve waiting times for specialist addiction services by: a) Supporting schools and whānau to respond to AOD issues; b) Training and supporting clinical mental health services in Marlborough to be able to respond to mild AOD issues; c) Ensuring top of scope practice in community, primary and specialist settings to maximise the resources available to respond to need across the AOD spectrum.	3b. Training on how to respond to mild AOD issues delivered to 90 percent of mental health clinicians in Marlborough by Q4	3. PP8 Waiting Times	**System outcome** We live longer in good health	**Government priority outcome** Make New Zealand the best place in the world to be a child
4. Reduce barriers to care for AOD patients in the community, by supporting community pharmacists to assist 30 OST clients overcome the financial, cultural and logistical barriers in accessing appropriate healthcare.	4. 30 people receiving OST opt in to programme.		**System outcome** We have improved quality of life	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering
5. Improve cultural responsiveness in our AOD service by integrating our Youth Intake meeting with Te Piki Oranga. This will ensure referrals are made where culturally appropriate and clinical supervision is provided to ensure cultural services are supported to work in top of scope **(EOA)**.		5. Number of referrals made during Youth Intake Meeting to TPO (**EOA)**.		

6. Provide a list of all existing and planned AOD services in your district (including DHB contracted NGO services)	6. List provided to MoH by Q1.			

Maternal mental health services

- Informed by the outcome of your 2018/19 stocktake of the primary maternal mental health service provision in your district, and the volumes of women accessing these services, please advise the actions you plan to take in 2019/20 to further improve access and to address any identified issues. Your plans should indicate how equity of access and outcomes for Māori and Pacific women will be addressed and measured.

This is an equitable outcomes action (EOA) focus area

(equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)

DHB activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
1.Establish an infant mental health programme and provide a stratified response that builds on existing services to provide the right level of support for those identified in need. Work with Te Piki Oranga to undertake this small-scale trial for particularly Māori as a means of increasing equitable access to mental health services and improving maternal and infant mental health **(EOA)**. 2. Launch Māori health funded initiative Tūhono, an intensive kaupapa Māori health programme for vulnerable families delivering enhanced wrap around support for pregnancy and parenting **(EOA).** 3. Establish a maternal mental health steering group to agree on local initiatives and enablers to support the wellbeing and mental health of mothers (and their infants) with mental illness, and oversee their implementation. 4. Provide maternal mental health training opportunities for DHB and community LMC midwives. 5. Develop an update to the WellChild app to add information about maternal and infant mental health. 6. Strengthen processes to consistently identify vulnerable children and mothers who need extra support - such as the before birth check, stronger Lead Maternity Carer (LMC) engagement, maternal Adverse Childhood Experiences (ACE) and Edinburgh (EPNS) scores - and ensure there are pathways to connect them with support services.	1.Infant mental health programme trial agreed by Q2 2. Referral pathways into Tūhono established from mental health and addiction services, Work and Income and other partners. 3. Steering group has identified local initiatives and enablers by Q2. 4. Training opportunities provided in multiple quarters. 5. Mental health update for the WellChild app available on App Stores (Android and iOS) by Q3. 6. Identification process in place by Q3 and 90% of women screened using the Edinburgh (EPNS) tool.	1.Mental health programme trial in place by Q3 2. 50 percent increase in number of Māori women engaged in pregnancy parenting programme from the 2017-2018 year. 3. Implementation of recommendations begins in Q3. 4. 25 percent increase in DHB midwives attending mental health training from the 2018-19 year. 5. Number of infant mental health updates downloaded by Q4. 6.A pathway for at risk parents to receive targeted support in place and initiated by Q3	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
			System outcome We live longer in good health	**Government priority outcome** Make New Zealand the best place in the world to be a child
			System outcome We have improved quality of life	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering

2.6 Improving wellbeing through prevention

Preventing ill health and promoting wellness is vital to improving the wellbeing of New Zealanders. As the population grows and ages, it is important to orient the health and disability system towards prevention. This preventive focus includes supporting people to live active and healthy lives, working with other agencies to address key determinants of health, and to identify and treat health concerns early in the life course.

This section details how Nelson Marlborough Health will continue to contribute to the government's priority outcome of improving wellbeing through prevention through cross-sectoral collaboration, and activities in the areas of climate change, waste disposal, drinking water, healthy food and drink, and reducing smoking.

Cross-sectoral collaboration 1. Please outline in your plan how the DHB has, and will continue to, demonstrate leadership in the collaboration between and integration of health and social services, especially housing.			**This is an equitable outcomes action (EOA) focus area** (equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)	
DHB activity	**Milestone**	**Measure**	**Government theme:** **Improving the well-being of New Zealanders and their families**	
1. Continue to demonstrate leadership in the collaboration between, and integration of, health and social services, especially housing through participation in the following forums: • Top of the South Impact Forum (TOSIF), in particular progressing the identified priorities of: ○ Addressing methamphetamine in our community through development of a cross-agency intelligence product that allows analyses by ethnic groups **(EOA)**.	1. Attendance at over 50 percent of meetings held by cross-sectoral forums and TOSIF to complete one	1. Minutes from forum meetings and minutes from TOSIF meetings	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities

○ Housing for vulnerable people (working with MSD) ○ Reducing family harm ○ Supporting young people • Regional Intersectoral Forum (RIF) ○ Social Pou (Mana & Mahi cadetship programme which places Maori beneficiaries into health sector employment). • Hauora Alliance – A South Island cross sector alliance for wellbeing (particularly improving breastfeeding and supporting the first 1,000 days work) • MSD/ACC/DHB forum • Top of the South Health Alliance (ToSHA) • FVARS – Cross-governance group that address family violence. • Warmer Healthier Homes Nelson-Marlborough insulation project (Nelson-Tasman Housing Trust) • Active transport forum (multi-party forum for those within the region who have an interest in the development and promotion of active transport) • Accessibility for All – A4A (examines the accessibility for everyone in the Tasman region, aiming to ensure that both public and private facilities and activities are inclusive) • Nelson Alcohol Accord • Marlborough Alcohol Governance Group (MAG) 2. Continue to work with local councils: • Facilitate the involvement of Tasman District and Nelson City Councils' in relevant NMH planning activities. • Advocate for health and wellbeing outcomes to be integral to local government strategies through consultation processes including early engagement where possible. • Participation in Tasman regional transport committee 3. Work with other agencies to identify vulnerable populations that could benefit from improved housing.	item from 2018/19 TOSIF work programme. 2. Planning meeting to be held annually with representatives from each council AND Number of submissions from NMH match number of requests to submit. 3. Data overlay project combining Energy Efficiency and Conservation Authority	2. Requests from NMH for submissions minus number of submissions from NMH. 3. ASH rates reduce.	**System outcome** We live longer in good health **System outcome** We have improved quality of life	**Government priority outcome** Make New Zealand the best place in the world to be a child **Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering

	(EECA) and hospital admissions data (NMDS) complete by Q4.			

Climate change

This work is a continuation of the climate change and waste disposal planning priorities from the Annual Plan Guidelines 2018/19, and is aligned with the Government's priority outcome of environmental sustainability. It is also related to the priority outcome of a strong public health system.

- Identify and undertake further areas for action (for example, via gaps identified in the 2018/19 stocktake of climate change actions) to positively mitigate or adapt to the effects of climate change and their impacts on health. Where appropriate and able, these should be underpinned by cost-benefit analysis of co-benefits and financial savings.
- As appropriate, identify actions that improve the use of environmental sustainability criteria in procurement processes

DHB activity	**Milestone**	**Measure**	**Government themes:** **Improving the well-being of New Zealanders and their families** **Build a productive, sustainable and inclusive economy** (priority outcome is: Transition to a Clean, Green and Carbon Neutral New Zealand)	
1. Implement the CEMARS programme by - measuring the baseline carbon footprint of NMH - developing an action plan to reduce carbon footprint - commencing work on actions identified in plan	1.Initial audit complete by Q1	1.Action plan complete by Q2 1. Baseline measure of NMH carbon footprint completed by Q3	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Transition to a clean, green carbon neutral new Zealand
2. Implement staff travel planning progressively across all NMH sites	2. Methodology for cost benefit analysis of co-benefits and financial savings completed by Q3	2. Report on changes on staff behavioural change on transport mode (walk, bike, public transport) by Q4		
3. Develop and implement a communications plan for staff to promote culture change; encourage behaviour change and keep them informed of initiatives and progress	2. Staff travel plan in place and implementation commenced by Q3. 3. Communication plan complete by Q3		**System outcome** We live longer in good health	
4. Help build capacity of regional and national sustainability networks,				

including South Island Public Health Partnership sustainability workstream, and Sustainable Health Sector Network 5. Explore methodologies for measuring and reporting the environmental sustainability of new business cases, including in the Models of Care programme. 6. Respond to the results of the EECA review to reduce electricity consumption	4. Contribute to regional networks annually. 5. Summary of methodologies and measures complete by Q3. 6. Respond by Q4	5. Methodology and process for measuring environmental sustainability of business cases established by Q4. 6. Reduced energy consumption.	**System outcome** We have improved quality of life	

Waste disposal

This work is a continuation of the climate change and waste disposal planning priorities from the Annual Plan Guidelines 2018/19, and is aligned with the Government's priority outcome of environmental sustainability. It is also related to the priority outcome of a strong public health system.

- Identify further areas for action (for example, via gaps identified in the 2018/19 stocktake of waste disposal actions) to support the environmental disposal of hospital and community (eg, pharmacy) waste products (including cytotoxic waste).

DHB activity	**Milestone**	**Measure**	**Government themes:** **Improving the well-being of New Zealanders and their families** **Build a productive, sustainable and inclusive economy** (priority outcome is: Transition to a Clean, Green and Carbon Neutral New Zealand)	
1. Improve current recycling efforts underway at Nelson Marlborough by identifying and addressing where additional support is required. 2. Implement the CEMARS programme by - developing an action plan to reduce waste - commencing work on actions identified in plan	1. Identify areas requiring additional support by Q1. 2. Action plan complete by Q2	1. Areas requiring additional support and at least one area is addressed by Q2 2. Work commenced on actions identified in plan by Q3	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Transition to a clean, green carbon neutral new Zealand
			System outcome We live longer in good health	

			System outcome We have improved quality of life	

Drinking water

- Provide actions the DHB will undertake to support their PHU to deliver and report on the drinking water activities in the environmental health exemplar.

This is an equitable outcomes action (EOA) focus area

(equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)

DHB activity	**Milestone**	**Measure**	**Government theme:** **Improving the well-being of New Zealanders and their families**	
1.Ensure sufficient capacity and capability is available within the drinking water team to meet requirements for workload, networking requirements and maintaining competencies with training. 2.Legal support for enforcement decisions will be available if required 3. Maintain iwi links via Te Waka Hāuora. Investigate opportunities to engage with marae regarding improving drinking water quality, even though they do not fit within DHB drinking water responsibilities **(EOA)**. 4.Consider a position paper on drinking water be developed 5.Maintain accreditation with an external quality system 6.Retain membership as part of the South Island Drinking Water Assessment Unit (SIDWAU) 7. Support government policy as it relates to fluoridation of public drinking water supplies	1. Drinking water staff are able to meet agreed contract outputs. 2. Legal advice guides appropriate enforcement action. 4.Ascertain benefit of producing a position statement on drinking water quality and health 5.Three-yearly accreditation is maintained for drinking water staff and their administration systems 6.Membership of the South Island Drinking Water Assessment Unit (SIDWAU) is maintained	1.100 percent Scope 1-4 reports are completed within the 20 working day deadline 2.Number of occasions when legal advice is provided when preparing files for enforcement action 3. Number of opportunities identified to engage with marae around drinking water by Q4. 5.100 percent of staff maintain IANZ accreditation	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Grow and share New Zealand's prosperity more fairly
			System outcome We live longer in good health	
			System outcome We have improved quality of life	

Healthy food and drink

Create supportive environments for healthy eating and health weight by undertaking the following activities:

- Commit to implementing Healthy Food and Drink Policies in DHBs that align with the National Healthy Food and Drink Policy.
- Commit to including a clause in your contracts with health provider organisations stipulating an expectation that they develop a Healthy Food and Drink Policy covering all food and drinks sold on site/s, and provided by their organisation to clients/service users/patients[3], staff and visitors under their jurisdiction. Any policy must align with the Healthy Food and Drink Policy for Organisations (https://www.health.govt.nz/publication/healthy-food-and-drink-policy-organisations).
- Commit to reporting in Q2 and Q4 on the number of contracts with a Healthy Food and Drink Policy, and as a proportion of total contracts.
- Work with your PHU to commit to reporting in Q2 and Q4 on the number of Early Learning Settings, primary, intermediate and secondary schools that have current 1) water-only (including plain milk) policies, and 2) healthy food policies. Healthy food policies should be consistent with the Ministry of Health's Eating and Activity Guidelines.

This is an equitable outcomes action (EOA) focus area

(equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)

DHB activity	Milestone	Measure	Government theme: **Improving the well-being of New Zealanders and their families**	
1. All DHB health provider contracts will include an expectation that they develop a Healthy Food and Drink Policy 2. Review the Healthy Food and Drink Policy adopted in April 2016, including compliance, effectiveness and opportunities for improvements 3. PHS promotes the Tap into Water programme across the region with particular attention to schools, sports clubs and events 4. Kaupapa Māori dietician service providing services to pregnant women and whānau with young children to reduce obesity rates among Māori **(EOA)** 5. Work with PHU to commit to reporting in Q2 and Q4 on the number of Early Learning Settings, primary, intermediate and secondary schools that have current 1) water-only (including plain milk) policies, and 2) healthy food policies. Healthy food policies should be consistent with the Ministry of Health's Eating and Activity Guidelines.	1. All health contracts have healthy eating clause from 1 July 2019 2. Review of Policy with recommendations by July 2019 3. Tap into Water resources and support are available and promoted by PHS to schools and sports clubs by July 2019 4. Service in place by Q1 19-20 5. Number of water only and healthy food policies in Early Learning Settings and schools in Q2 & Q4.	1. Number of contracts with a Healthy Food and Drink Policy, and as a proportion of total contracts in Q2 & Q4. 2. DHB Healthy Food & Drink Policy is being implementing effectively in 2019-20 3. Improvements are made based on review 4. Number of schools and sports clubs/events engaged in Tap into Water programme in 2019/20 4-5.Childhood obesity rates and oral health outcomes	**System outcome** We have health equity for Māori and other groups **System outcome** We live longer in good health **System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities **Government priority outcome** Make New Zealand the best place in the world to be a child **Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering

[3] Excluding inpatient meals and meals on wheels

Smokefree 2025

- Identify activities that advance progress towards the Smokefree 2025 goal, including supporting Ministry funded wrap-around stop smoking services for people who want to stop smoking and which address the needs of hāpu wāhine and Māori.

This is an equitable outcomes action (EOA) focus area

(equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)

DHB activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
1. Promote the Pēpi First programme to health providers, LMCs and other health professionals to increase referrals of pregnant women who smoke. Ensure referral pathways from Hapū Wānanga, Hauora Direct and other targeted health services **(EOA)**. 2.ABC training undertaken by healthcare workers in all areas of secondary care 3. Support council and local businesses with smokefree policies and smokefree environments such as outdoor dining areas. 4. Expand the Hauora Direct programme (a 360 degree health assessment, health service delivery and navigation programme for vulnerable populations that assesses and refers to stop smoking services. **(EOA)**. 5. Promote workplace group staff cessation 6. Attendance at local community events to provide smokefree information and raise profile of the local Stop Smoking Service 7. Deliver a Stop Smoking Service in the Murchison area 8. Funding of vaping for clients (and potentially partners) in Hapu Wananga as part of the stop smoking service	1.Promotion of Pēpi First to referrers occurs within each quarter 2.At least 90 percent training uptake in 19-20 4.Four pop-up assessment days in high needs communities by Q4 4.Dedicated Hauora Direct nursing resource in Māori Health, Victory Community and the Pasifika Trust by Q4 4. Integration of Hauora Direct into Health Care Home General Practices, Nikau House and the Mental Health Service by Q4 6. Attendance at community events promoting stop smoking services each quarter	1. 120 referrals received during the year 2.Improved referral rates to the Stop Smoking Service from secondary care 3.Increase in the number of businesses going smokefree and having smokefree outdoor dining 4.Increased referrals of high needs groups to the Stop Smoking Service 5. Number of business undertaking group cessation increases 6. Increase in self-referrals to the service in 19-20 7. Service available in 2019 8. Increase in quit rates of pregnant women (higher than 45%).	**System outcome** We have health equity for Māori and other groups **System outcome** We live longer in good health **System outcome** We have improved quality of life	**Government priority outcome** Support healthier, safer and more connected communities **Government priority outcome** Make New Zealand the best place in the world to be a child **Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering

Breast Screening

This is an equitable outcomes action (EOA) focus area

(equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)

Breast cancer is the most commonly diagnosed cancer among women in Aotearoa. BreastScreen Aotearoa (BSA) aims to reduce women's mortality and morbidity from breast cancer by identifying cancers at an early stage, allowing treatment to commence sooner than might otherwise have been possible. Women screened by BSA have a third lower risk of dying from breast cancer than women who are not screened.

Improving access to screening for wāhine Māori and Pacific women is a priority focus for BSA. The effect of the equity gap is especially significant because Māori and Pacific mortality rates from breast cancer are disproportionately higher than those of other women. More equitable outcomes could be achieved if more wāhine Māori and Pacific women were diagnosed at an earlier stage.

The National Screening Unit is implementing an Equity and Performance Matrix to the annual planning reporting process.

The Matrix measures both performance against a target and the equity gap between population groups notably, but not limited to, Māori and non-Māori.

The Ministry of Health, DHBs and Breast Screening Lead Providers all have an important role in ensuring that participation targets are achieved and in eliminating equity gaps between Maori and non-Māori, Pacific and non-Pacific/non-Māori.

DHBs will describe and implement initiatives that contribute to the achievement of national targets for BSA. All initiatives will demonstrate clear strategies for increasing health gains for priority groups and improving equitable participation and timely access to breast screening services.

ALL DHBs will describe actions to:

- Achieve participation of at least 70% of women aged 45-69 years in the most recent 24 month period.
- Ensure equity gaps are eliminated for priority group Pacific women.

Improvement activities must be supported by visible leadership, effective community engagement and engagement with BSA Lead Providers, and clear accountability for equity. Activities must be SMART ie, specific, measurable, achievable, realistic and have a time frame.

DHB activity	**Milestone**	**Measure**	**Government themes:** **Improving the well-being of New Zealanders and their families** **Build a productive, sustainable and inclusive economy** (priority outcome is: Transition to a Clean, Green and Carbon Neutral New Zealand)	
The BSA Lead Providers in Nelson Marlborough are Pacific Radiology (Nelson) and Wairau Hospital (Blenheim) with a mobile units at Te Awhina Marae (Motueka) and Golden Bay Medical Centre (Takaka). 1. Establish a Pacific nursing role within Hauora Direct to increase referrals of Pacific women to breast screening services. 2. Pacific nurse to explore novel mechanisms for identifying and reaching Pacific women with outstanding screening requirements. 3. Embed project 'double-up' within the community to encourage Māori, Pacific and other minority/vulnerable women the chance to undergo	1. Nursing role in place by Q2. 2. Number of referrals from Hauora Direct/Project Double Up by ethnicity (Māori & Pacific) Q2 & Q4. 3. Number of screens undertaken by Project Double Up by ethnicity (Māori & Pacific) in Q2 & Q4).	1-3. PV01-70% coverage for all ethnic groups and overall. 1-3. PV-01-Equity gaps for Pacific and Māori women are eliminated.	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities

screening for breast and cervical cancer simultaneously **(EOA).**			**System outcome** We live longer in good health	**Government priority outcome** Make New Zealand the best place in the world to be a child
			System outcome We have improved quality of life	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering

Cervical Screening

This is an equitable outcomes action (EOA) focus area

(equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)

Cervical cancer is one of the most preventable forms of cancer. Through cervical screening pre-cancerous cell changes can be identified and women offered treatment before the cells develop into cervical cancer. In New Zealand around 170 women are diagnosed with cervical cancer 50 women die from the disease each year. Since the beginning of the National Cervical Screening Programme (NCSP) in 1990 the incidence of cervical cancer in New Zealand has reduced by 60 percent and deaths by 70 percent.

Achieving equitable access is a key priority for the NCSP because participation rates for Māori, Pacific and Asian women and people living in our most deprived areas remain lower than other groups. A focus on equity is expected throughout the screening pathway.

The National Screening Unit is implementing an Equity and Performance Matrix to the annual planning reporting process. The Matrix measures both performance against a target and the equity gap between population groups notably, but not limited to, Māori and non-Māori.

ALL DHBs will set measurable participation and equity targets from baseline data and describe actions to:

- Achieve participation for at least 80% of women aged 25-69 years in the most recent 36 month period.
- Ensure equity gaps are eliminated for priority group women.

Improvement activities must be supported by visible leadership, effective community engagement, resources and clear accountability for equity. Activities must be SMART ie, specific, measurable, achievable, realistic and have a time frame.

DHB activity	**Milestone**	**Measure**	**Government themes:**
1. Establish a Pūkenga Manaaki role to identify and navigate priority women to receiving a smear	1.Pūkenga Manaaki in place by Q1 19-	1-3.80% screening coverage for all	**Improving the well-being of New Zealanders and their families**

2. Establish a network of outreach smearers to provide smears to individuals and run clinics for priority women. 3. Te Piki Oranga to provide opportunistic smears when they identify priority women who have not had a recent smear **(EOA)**.	20 2. Outreach smear-taker workforce in place by Q2 19-20 3.Contract in place with TPO by Q1 19-20	eligible women, including priority groups by June 2020	**Build a productive, sustainable and inclusive economy** (priority outcome is: Transition to a Clean, Green and Carbon Neutral New Zealand)	
			System outcome We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
			System outcome We live longer in good health	**Government priority outcome** Make New Zealand the best place in the world to be a child
			System outcome We have improved quality of life	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering

2.7 Better population health outcomes supported by a strong and equitable public health and disability system

Like most of New Zealand, residents of Nelson Marlborough are living longer, but also spending more time in poor health. This means we can expect strong demand for health services in the community, our hospitals, and other care settings.

Responding to this challenge requires effective and co-ordinated care in the community supported by strategic capital investment, workforce development, and joined-up service planning to maximise system resources and to improve health and increase equity. This section details the activities we will undertake to achieve this.

Engagement and obligations as a Treaty partner

The NZPHD Act specifies the DHBs Treaty of Waitangi obligations; please specify in the annual plan the processes the DHB uses to meet these obligations. This includes, but is not limited to, information on:

2. meeting the DHBs obligation to establish and maintain processes that enable Māori to participate in, and contribute to, strategies for Māori health improvement
3. meeting processes that enable Māori to participate in, and contribute to, strategies for Māori health improvement
4. fostering the development of Māori capacity for participating in the health and disability sector and for providing for the needs of Māori
5. building the capability of all DHB staff in Māori cultural competency and Te Tiriti o Waitangi.

This is an equitable outcomes action (EOA) focus area

(equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)

DHB activity	**Milestone**	**Measure**	**Government theme:** **Improving the well-being of New Zealanders and their families**	
1. Ensure that Māori, as a Treaty partner, have input through the IHB into planning and strategies that help guide the DHB's commitment to reducing health inequities for Māori within the Nelson Marlborough DHB district **(EOA)**. a. Two Māori appointments to the DHB Board attend board meetings and sub-committees to the board (eg, NMDHB Advisory Committee). b. Convene regular meetings between the Chair of the IHB and Chair of the DHB Board, Māori appointments to the board, CEO, and General Manager of Māori Health and Vulnerable Populations. c. IHB Chair minutes tabled at NMDHB meetings. 2. Develop a cultural competency programme for NMH staff that comprises of: o Te Tiriti O Waitangi o Tikanga best practice standards o Health inequities training o Basic introduction to Te reo Māori. 3. NMDHB undertakes cultural competency training/ Te Tiriti o Waitangi training.	1a Evidence that IHB has participated in the development of Annual Plan and SLM Improvement Plan. 1b Evidence of quarterly meetings occurring between IHB Chair, and DHB Chair and relevant parties. 1c IHB Chair minutes tabled at 100 percent of NMDHB meetings. 2. Cultural competency programme in place by Q2 2019/20. 3. 100 percent of NMDHB members completed training. 4. Evidence that two board-to-board meetings have been convened over a 12 month period. 5. Māori workforce development strategy developed by Q3.	1a-c Number of meetings attended, meetings minuted and programme of actions to target health inequities for Māori. 2. Total number of NMH staff in attendance at cultural competency programme. 2&3. Over 80 percent of participants indicate an increase in understanding of content presented at cultural competency training sessions. 6. More Māori employed by Nelson Marlborough Health at all levels of the organisation.	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
			System outcome We live longer in good health	**Government priority outcome** Make New Zealand the best place in the world to be a child
			System outcome We have improved quality of life	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering

4. Convene two board-to-board meetings between the DHB and the IHB per annum to discuss how to work together to reduce health inequities for Māori **(EOA).** 5. Focus on building Māori health workforce capacity and capability including developing a Māori workforce development strategy that attracts and retains Māori employees and leaders. 6. Inclusion of Māori representation at ED Governance Group Meetings				

Delivery of Whānau Ora

This is an equitable outcomes action (EOA) focus area

(equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)

DHBs are best placed to demonstrate, and action, system-level changes by delivering whānau-centred approaches to contribute to Māori health advancement and to achieve health equity.

Please identify the significant actions that the DHB will undertake in this planning year to:

- contribute to the strategic change for whānau ora approaches within the DHB systems and services, across the district, and to demonstrate meaningful activity moving towards improved service delivery
- support and to collaborate, including through investment, with the Whānau Ora Initiative and its Commissioning Agencies and partners, and to identify opportunities for alignment. (All Pacific priority DHBs need to also include Pasifika Futures in this activity).

DHB activity	Milestone	Measure	**Government theme:** **Improving the well-being of New Zealanders and their families**	
1. Develop and begin implementing a joint Public Health Service & Te Waka Hauora work programme with a focus on equity and Hauora Māori as a means of contributing to the strategic change for whānau ora approaches within Nelson Marlborough Health's systems and services **(EOA).** 2. Attend South Island Hauora Alliance meetings to identify opportunities for alignment and collaboration between Te Putahitanga o te Waipounamu and Nelson Marlborough Health, such as the Ngati Kuia initiative, Mokopuna Ora.	1. Joint work programme developed by Q2. 2. Nelson Marlborough Health represented at all meetings.	1. Joint work programme implemented by Q3. 2. Whānau are placed at the centre of decision-making and leading healthy lifestyles.	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
			System outcome We live longer in good health	**Government priority outcome** Make New Zealand the best place in the world to

				be a child
			System outcome We have improved quality of life	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering

Care Capacity Demand Management (CCDM)

- Please detail the actions that you will take towards implementing Care Capacity Demand Management (CCDM) for nursing by June 2021 in your annual plans.
- Please outline the most significant actions the DHB will undertake in 2019/20 to progress implementation of CCDM for nursing. Ensure the equitable outcomes actions (EOA) are clearly identified.

This is an equitable outcomes action (EOA) focus area

(equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)

DHB activity	**Milestone**	**Measure**	**Government theme:** **Improving the well-being of New Zealanders and their families**	
1. Workstreams are established and functioning and local CCDM Data Councils are being rolled out in all departments. 2. All patient acuity tool-using departments will have FTE calculations in place. 3. Develop a variance response management strategy to address peaks in demand when they occur as laid out by the Safe Staffing Healthy Workplace Unit. 4. Encourage CCDM Council to review the suitability of applying the FTE calculation software and acuity tools in different settings (eg, midwifery, community, mental health and whānau ora) **(EOA)**. 5. Encourage cultural appropriateness of Trendcare and	1. Data councils rolled out in all departments by Q2 for acuity-using areas and in other areas by Q4. 2. By Q4 2020. 3. Development of strategy underway by Q1 2019 and completed by June 2021. 4-5. Options for improvement/review identified and raised with CCDM Programme and/or Safe Staff and Healthy Workforce unit from Q1 2019. 6. Implement CCDM by 30 June 2021.	1-6.Improved patient care and working environments for nurses by ensuring appropriate levels of staffing. 1-6. Time allowed for holistic care to be delivered (including a whānau ora approach to patient care that treats the patient within the context of wider family and not just the individual) **(EOA)**. 4-6. Nursing care provided is culturally appropriate and responsive to the needs of Māori.	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
			System outcome We live longer in good health	**Government priority outcome** Make New Zealand the best place in the world to be a child

CCDM Programme to be reviewed by Safe Staff and Healthy Workforce unit. It is developed in Australia with no bi-cultural components and does not align with our commitment to the Treaty Principles **(EOA)**. 6. Prepare to respond to the national directive around the use of the Midwifery Staffing Standards (MERAS) as a guide for further developing Trendcare and CCDM for midwifery.			**System outcome** We have improved quality of life	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering

Disability

- Commit to ongoing training for frontline staff and clinicians that provides advice and information on what needs to be considered when interacting with a person with a disability. Report on what percentage of staff have completed the training by the end of quarter 4 2019/20.
- Outline in your plan how the DHB collects and manages patient information to ensure your staff know which patients have visual, hearing, physical and/or intellectual disabilities

This is an equitable outcomes action (EOA) focus area

(equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)

DHB activity	**Milestone**	**Measure**	**Government theme:** **Improving the well-being of New Zealanders and their families**	
1. Provide training opportunities for frontline staff and clinicians on what to consider when interacting with a person with a disability. Consider tools available to assist staff in their interactions **(EOA)**. 2. Participate in local cross-agency working groups to develop disability training in the community. 3. Improve the practice in our systems to better identify people who have specific communication needs due to visual, hearing, physical and/or intellectual disabilities. 4. General Manager of Māori Health and Vulnerable Populations to explore the possibility of establishing a Māori community home **(EOA)**.	2. First cross-agency working group meeting held.	1. % of staff who have completed training by Q4 2019/20 3. Number of DSS clients who have ED plans available electronically	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
			System outcome We live longer in good health	**Government priority outcome** Make New Zealand the best place in the world to be a child
			System outcome We have improved quality of life)	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering

Planned Care

Planned Care Vision: 'New Zealanders receive equitable and timely access to Planned Care Services in the most appropriate setting, which supports improved health outcomes'.

Planned Care is a broader concept than medical and surgical services traditionally known as Electives or Arranged services. Planned Care is patient centred and includes a range of treatments funded by DHBs delivered in both inpatient, outpatient, primary and community settings. It also includes selected early intervention programmes that can prevent or delay the need for more complex healthcare interventions.

Planned Care is centred around five key principles, which are built on the earlier principles of clarity, timeliness and fairness under the Elective Policy. The five principles for planned care are:

1. ***Equity** – People will get the healthcare that safely meets their needs, regardless of who they are or where they are.*
2. ***Access** – People can access the care they need in the right place, with the right health provider.*
3. ***Quality** - Services are appropriate, safe, effective, efficient, and respectful and support improved health.*
4. ***Timeliness** – People will receive care at the most appropriate time to support improved health and minimise ill-health, discomfort and distress.*
5. ***Experience** –People and their family or whānau work in partnership with healthcare providers to make informed choices and get care that responds to their needs, rights and preferences.*

DHBs need to outline the actions they will take in order to support the following:

Part One: Current Performance Actions

1. DHBs are required to outline what actions they will take to sustain or improve Planned Care delivery to meet increasing population health need and to maintain timely access to Planned Care services including Radiology Diagnostics and Elective services. Actions need to include how DHBs will enable delivery of the agreed level of Planned Care interventions; and ensure that patients wait no longer than four months for a First Specialist Assessment and Treatment. Delivery and improvements will be measured against the agreed Planned Care Measures, and quarterly qualitative reports.

Part Two: Three Year Plan for Planned Care

2. In 2019/20 DHBs are required to plan, design and start implementation of a Three Year Plan to improve Planned Care services. The plan is required to include a description of actions that demonstrate how DHBs will address the five Planned Care Priorities of:
    - *Gain an improved understanding of local health needs, with a specific focus on addressing unmet need, consumer's health preferences, and inequities that can be changed.*
    - *Balance national consistency and the local context*
    - *Support consumers to navigate their health journeys*
    - *Optimises sector capacity and capability and*
    - *Ensures the Planned Care Systems and supports are designed to be fit for the future. .*

DHBs are expected to engage with DHB Consumer Councils and other key stakeholders in the development of their plan.

This is an equitable outcomes action (EOA) focus area

(equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)

DHBs should be identified for both part one and two of this advice who in their population is experiencing inequities and include actions or strategies to be implemented to address the identified inequities.

<table>
<tr>
<td>DHB activity

<u>Part One: Current Performance Actions</u>

Timely access to planned care services including radiology, diagnostics and elective services will be sustained and improved through:

1. Understanding and addressing the impact of increased demand on services by developing individual service plans that prioritise existing resources and commit to monitoring and mitigating adverse patient outcomes.

2. Working with pre-admission services to quickly identify patients that are not fit and healthy 24-48 hours before planned surgery and substituting them with the next fit and healthy patient available on the waitlist.

3. Monitoring the delivery of planned care interventions against total planned care interventions, and where delivery falls below the plan, identifying and addressing barriers.

4. Continue with the Ophthalmology Service Model of Care changes to ensure patient follow up within acceptable clinical timeframes.

5. Continue to support the management of minor and intermediate skin lesions in primary care through referral of minor and intermediate skin lesions back to primary care and by liaising with the primary care working group to identify other pathways for these patients.

6. Ensuring all patients are seen and treated within the expected ESPI treatment timeframes by working with administrative and clinical staff to book people at the right time and utilise all resources across the district efficiently.

7. Monitor referral and access rates to Planned Care by ethnic group and where there are equity gaps investigate and address the barriers driving these (EOA).</td>
<td>Milestones

<u>Part one:</u>
1-6. The quarterly target number of planned care interventions is met for Q1, Q2, Q3, & Q4.
7. Equity gaps in referral rates and access to planned care narrow for Q1, Q2, Q3, & Q4</td>
<td>Measures

<u>Part one:</u>
Delivery of actions and improvement against Planned Care Measures expectations for Q1-Q4.</td>
<td colspan="2">Government theme:
Improving the well-being of New Zealanders and their families</td>
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<td></td>
<td></td>
<td></td>
<td>System outcome
We have improved quality of life
(health maintenance and independence)</td>
<td>Government priority outcome
Support healthier, safer and more connected communities</td>
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<td></td>
<td></td>
<td></td>
<td>System outcome
We have improved health equity
(healthy populations)</td>
<td>Government priority outcome
Make New Zealand the best place in the world to be a child</td>
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<td></td>
<td></td>
<td>System outcome
We live longer in good health
(prevention and early intervention)</td>
<td>Government priority outcome
Ensure everyone who is able to, is earning, learning, caring or volunteering</td>
</tr>
</table>

<u>Part Two: Three Year Plan for Planned Care</u> Plan, design and implement a Three Year Plan to improve Planned Care services	<u>Part two:</u> Q1: DHBs will provide an outline of their engagement, analysis and development activities for developing the Three Year Plan**.** Q2: DHBs will undertake analysis of changes that can be made to their Planned Care Services including consultation with DHB Consumer Councils and other key stakeholders. Q3: DHBs will submit their Three Year Plan to improve Planned Care Services Q4: DHBs provide the first update on actions taken to improved Planned Care	<u>Part two:</u> Q1: A plan is submitted that outlines the proposed approach to develop the Three Year Plan**.** Q2: A summary report outlining the outcomes of the analysis and consultation processes to understand local health needs, priorities and preferences. Q3: Submission of the Three Year Plan to improve Planned Care Services. Q4: An update is provided on actions outlined in the Three Year Plan to improve Planned Care Services.		

Acute Demand

Acute Data Capturing:

- Please provide a plan on how the DHB will implement SNOMED coding in Emergency Departments to submit to NNPAC by 2021. For example, this should include a description of the information technology actions and ED clinical staff training actions, milestones and timeframes.

Patient Flow:

- Please provide an action that improves patient flow for admitted patients
- Please provide an action that improves management of patients to ED with long-term conditions

This is an equitable outcomes action (EOA) focus area

(equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)

- Please provide an action focused on improving wait times for patients requiring mental health and addiction services who have presented to the ED
- Please provide an action to improve Māori patients experience in ED

DHB activity	**Milestone**	**Measure**	**Government theme:** **Improving the well-being of New Zealanders and their families**	
Acute Data Capturing 1. SNOMED is currently embedded in ED at a Glance (EDaaG) for the presenting complaint and diagnosis. o Following a small change to the EDaaG user interface, there will be training for ED doctors and nurse practitioners. o A background process will be implemented to extract the required presenting complaint, diagnosis and medical procedure information allowing upload to the NNPAC.	1. Training course completed by Q2 1. Extraction process implemented by Q3	1.Records in NNPAC	**System outcome** We have improved quality of life (health maintenance and independence)	**Government priority outcome** Support healthier, safer and more connected communities
Patient Flow 2. The Medical Assessment and Planning Unit (MAPU) will be implemented to improve flow for admitted patients and increase the achievement of the ED 6 hour target.	2. Implemented by Q4	2. ED six hour target measure	**System outcome** We have improved health equity (healthy populations)	**Government priority outcome** Make New Zealand the best place in the world to be a child
3. Opportunities for improving the management of patients presenting to ED with long-term conditions will be identified through auditing the current process for redirection to primary care; supporting both engagement with primary care and saving ED for Emergencies	3. Audit complete by Q3	3. Opportunities identified for improvement in the audit begin implementation in Q4.	**System outcome** We live longer in good health (prevention and early intervention)	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering
4. A CAT team will be based in ED afterhours and the scope of the Nelson Hospital social worker in mental health will be extended through an accreditation which will allow them to undertake mental health assessments. This will improve wait times for ED patients requiring mental health and addiction services **(EOA)**.	4.CAT team and scope extension in place by Q3	4. ED Wait times improved for patients requiring mental health and addiction services.		
5. To improve Māori experience of ED, cultural competency will be introduced as an assessment for all FACEMs within their continued professional development programme for their professional college, Australasian College of Emergency Medicine, ACEM. The following additional actions are also	5. Cultural competency assessment in place by Q3			

planned to improve Māori experience of ED **(EOA)**: ○ Introduce blue pillowcases for use under body parts apart from the head ○ Meal tables to be stickered as not for items other than food ○ Increase involvement of Māori liaison during ED attendance ○ Research projects with Iwi approval and inclusion of Māori related outcomes ○ Inclusion of Māori representation at governance meeting ○ Continued development of bilingual signage**.** ○ Inclusion of feedback from the National Advisory Group, examining ED inequities through the ED Governance Group	5. Additional actions to improve ED experience for Māori complete by Q4.	5.Service changes made		

Rural Health

Please outline in your plan how the DHB has considered the health needs and the factors affecting health outcomes for rural populations when making decisions regarding access to and sustainability of health services.

This is an equitable outcomes action (EOA) focus area

(equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)

DHB activity	**Milestone**	**Measure**	**Government theme:** **Improving the well-being of New Zealanders and their families**	
1. Undertake virtual appointments in rural areas to improve access for rural people to specialist services 2. Rural SLAT to review the definition and funding of rural practice to ensure it is fit for purpose. Nelson Marlborough Health's Rural SLAT is a	1.Virtual clinics enabled in two rural areas by Q2 2. Rural SLAT and ToSHA approve definition by Q2	1. Virtual appointments occurring for 3 speciality areas by Q3 2. Any funding changes in place by Q4	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities

clinically led, expert group to investigate the current service models and develop and advise our Alliance of plans for equitable, coordinated and sustainable rural health services across Nelson, Tasman and Marlborough			**System outcome** We live longer in good health	**Government priority outcome** Make New Zealand the best place in the world to be a child
3. Join Murchison Health Centre to Nelson Bays Primary Health to ensure equity of access to health services and a better understanding of the rural population due to better data collection	3. Murchison contracted to Nelson Bays Primary Health by Q1	3. Murchison residents accessing PHO services by Q1	**System outcome** We have improved quality of life)	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering
4. Improve access and interdisciplinary working by developing a health hub in Picton with General Practice, District Nursing, Public Health Nursing and Mental Health services operating from within the General Practice		4. Health hub established by Q2 19-20		
5. Undertake a sexual health review, with a key outcome to implement recommendations ensuring appropriate access to services in rural areas	5. Review completed by Q2	5. Recommendations implemented by Q4 19-20		
6. Expand the Hauora Direct programme (a 360 degree health assessment, health service delivery and navigation programme for vulnerable populations) **(EOA)**	6.One pop-up assessment day in rural high needs community by Q3 6.Delivery of Hauora Direct in two rural practices by Q4	6. Priority health measures are improved		

Healthy Ageing

Implement actions identified in the Healthy Ageing Strategy 2016 and contribute to the Government's priority of 'Improving the wellbeing of New Zealanders and their families', as follows:

- working with ACC, HQSC and the Ministry of Health to promote and increase enrolment in S&B programs and improvement of osteoporosis management especially in alliance with Primary Care as reflected in the associated "Live Stronger for Longer" Outcome Framework (This expectation aligns most closely to the Government's 'Prevention and Early Detection' priority outcome; and the Ageing Well and Acute and Restorative Care goals of the Healthy Ageing Strategy)
- aligning local DHB service specifications for home and community support services (HCSS) to the vision, principles, core components, measures and outcomes of the national framework for HCSS (This expectation aligns most closely to the Government's 'Health Maintenance and Independence' priority outcome; and the Living Well with Long-Term Conditions goal of the Healthy Ageing Strategy)

- In addition, please outline current activity to identify and address the drivers of acute demand for people 75 plus presenting at ED (or at lower ages for disadvantaged populations) (This expectation aligns most closely to the Government's 'Prevention and Early Detection' priority outcome; and the Acute and Restorative Care goal of the Healthy Ageing Strategy.)

This is an equitable outcomes action (EOA) focus area

(equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)

DHB activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
1. Support targeted case management of high risk community clients to reduce unnecessary acute admissions using intensive home-based support	1. 'At risk' clients identified by InterRAI profile and provided to NASC team	1. Reduction in acute hospital bed days for over 75s – Quarterly reporting as part of SLM Plan.	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
2. Promote and implement evidence-based models of care to improve the patient journey and experience for people with delirium	2. Form a cross-system delirium working group by Q2.	2. Improved management of deliriums and increase in recognition and quick diagnosis of deliriums across all settings - primary, secondary and community settings.	**System outcome** We live longer in good health	**Government priority outcome** Make New Zealand the best place in the world to be a child
3. Implement a process for culturally appropriate assessment for Kaumatua that improves access to services and which is aligned with the Meihana Model **(EOA)**.	3. A minimum of 5 joint assessments between Te Piki Oranga and NASC per quarter.	3. Increase in percentage of Māori accessing community support services	**System outcome** We have improved quality of life	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering
4. Review the System Level Measure Improvement Plan 2019-20 noting the drivers of acute hospital bed days, and where appropriate, work with the SLM Champions to implement the activities identified to specifically reduce acute demand among Māori **(EOA)**.	4. Activities noted in SLM Plan compliment those in Healthy Ageing work plans.			

Improving Quality

Identify actions to improve equity in outcomes and patient experience by demonstrating planned actions to:

- work to improve equity in outcomes as measured by the Atlas of Healthcare Variation (DHB to choose one domain from: gout, asthma, or diabetes)
- improve patient experience as measured by your DHB's lowest-scoring responses in the Health Quality & Safety Commission's national patient experience surveys.

Please ensure that the local measure included in your plan relates to the action in your plan.

Note: Please reference your jointly developed and agreed System Level Measure Improvement Plan that is attached as an Appendix.

System Level Measures

Implementation of the System Level Measures (SLMs) continues in 2019/20. The *Guide to Using the System Level Measures Framework for Quality Improvement* (SLM guide), which has been updated and should be used for the development of the Improvement Plans and should be used in conjunction with *The System Level Measures – Annual Plan guidance 19/20*.

Antimicrobial resistance

High quality health care needs to address the challenge posed by antimicrobial resistance to current and future care pathways. Hospitals, primary care and residential care settings all need to ensure that front-line infection prevention and control practices are implemented continuously, effectively and consistently.

DHBs need to continue to align their activities with the *New Zealand Antimicrobial Resistance Action Plan* (MoH 2017).

This is an equitable outcomes action (EOA) focus area

(equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)

DHB activity	**Milestone**	**Measure**	**Government theme:** **Improving the well-being of New Zealanders and their families**	
1. To improve equity outcomes and patient experience associated with Asthma, the Hauora Direct Programme (a comprehensive 360 degree health assessment targeting Māori and vulnerable populations which includes referrals to oral health, whare ora, and smokefree programmes PepiFirst and Te Ha will be implemented in two new community settings and offered to all wahine and whānau enrolled in the Hapu Wananga parenting education programme) (see Appendix B: SLM Improvement Plan) **(EOA)**	1.Reduce ASH rates for Māori age 0-4 years to <4000 by 30 June 2020	1.PH01 – SLM Improvement Plan	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
2. Address two questions from the in-patient experience survey: "Did a member of staff tell you about medication side effects to watch for when you went home?" AND "Do you feel you received enough information from the hospital on how to manage your condition after your discharge?", BY: • Implementing the use of the home safe checklist for all medical admissions and extending	2. Increase score by 5 percent on both questions. From average of 60 percent to average of 65 percent for both	2.In-patient experience survey results	**System outcome** We live longer in good health	**Government priority outcome** Make New Zealand the best place in the world to be a child

its use to surgical wards • Trialling facilitated discharge which will address the aspects of the patient understanding as above. 3. Increase the domain scores of Māori for the Primary Care patient experience survey (see Appendix B: SLM Improvement Plan) **(EOA)** 4. Ensure that front-line infection prevention and control practices are embedded continuously, effectively and consistently, and that they align with the NZ Antimicrobial Resistance Action Plan. 5. Address staff immunisation against communicable diseases, focus on MMR and pertussis this year, immunisations among staff working in high risk clinical environments. 6. Consistently meet HQSC targets for hand hygiene this year by identifying and addressing barriers to achieving HQSC targets in low performing service areas and further embedding the message that 'infection prevention is everyone's business' by empowering staff (and patients) to be proactive. 7. Primary care will ensure frontline infection prevention and control of antimicrobial resistance by improving the uptake of influenza vaccination in vulnerable populations, ensuring 'cocooning' children with chronic conditions and supporting mental health clients to access vaccination. (*refer to Pharmacy section for more details on actions, milestones and measures that support infection prevention in primary care*). 8. Offer support to age related residential care facilities through infection prevention education, advice and consultation, delivered via public health and clinical microbiologists.	questions. 3. Increase the domain scores of Māori respondents to the primary care survey by Q4. 4. Infection Prevention Programme reviewed annually. P&P reviewed 3 yearly. Audit programme in place. 5. Reduce the percentage of unimmunised staff working in high risk clinical environments by 5 percent 6.Completion of the online HH education module and HH compliance target = 80% 7. *Refer to pharmacy section* 8.All residential care facilities offered support by Q4	3.Primary care patient experience survey results 4. Antibiotic prescribing audits carried out by ID Specialist. Antibiotic prescribing guidelines. Antibiotic Utilisation P&P 6.HQSC QSM results for hand hygiene and Compliance audits 7. Uptake of vaccinations in vulnerable population8. Attendance at education sessions and contact with public health/clinical microbiologist for consultation on management of suspected outbreaks.	**System outcome** We have improved quality of life	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering

Cancer Services

Cancer is the leading cause of mortality in New Zealand, accounting for nearly one third of all deaths with 22,000 new cases diagnosed each year. Inequalities between Māori and non-Māori persist. Māori have a higher incidence of many cancers, are diagnosed with more advanced cancers, experience issues that impact on treatment options and are 1.7 times more likely to die from cancer than non-Māori New Zealanders.

This is an equitable outcomes action (EOA) focus area

(equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)

Key strategies and plans to help inform DHB Annual Plans are listed below:

New Zealand Cancer Plan

Cancer Health Information Strategy

National Radiation Oncology Plan

DHBs will describe and implement improvements in accordance with national strategies and be able to demonstrate initiatives that support key priority areas as outlined below. All initiatives will demonstrate clear strategies for addressing Māori health gain, equitable and timely access to services and the use of data to inform quality improvement across those initiatives.

DHBs will describe actions to:

- ensure equity of access to timely diagnosis and treatment for all patients on the Faster Cancer Treatment (FCT) pathway (e.g. system/service improvements to minimise breaches of the 62 day FCT target for patient or clinical consideration reasons)
- Each DHB is expected to identify two priority areas for quality improvement identified in the Bowel Cancer Quality Improvement Report 2019 (the Report). DHBs received the draft Report in October 2018. Each DHB is expected to review their results and identify two areas for service improvement that are focused on improving outcomes for people with bowel cancer in their DHB area. DHBs are required to provide evidence that priorities have been identified and will be addressed. These activities could include service improvement initiatives undertaken at a regional or national level; particularly where the DHB relies on the wider region to undertake improvements in the areas it has identified.
- Commit to working with the Ministry of Health to develop a Cancer Plan. Commit to implement and to deliver on the local actions from within the Cancer Plan.

DHB activity	**Milestone**	**Measure**	**Government theme:** **Improving the well-being of New Zealanders and their families**	
1. Kia ora E Te Iwi (KOETI) Māori cancer health literacy wananga are held across the district to improve equity of access and timely diagnosis **(EOA)**.	1.Three KOETI wananga are held across the district;	1.Survey evaluation identifies 100 percent of participants rate the event as being successful	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
2. Te Kete Kōrero booklet talking about cancer in plain language to be trialled and evaluated before wider introduction to enhance Māori engagement **(EOA**).	2. Introduced by Q1	2. Evaluated by Q3		

3. Wider involvement of Māori across layers of cancer services through embedding Poumannaaki as members of the oncology team **(EOA)** 4. Breast cancer patients completing chemotherapy will receive survivorship plans to improve quality of life and help them live well beyond cancer. 5. Introduce a quality improvement programme for bowel cancer focussing on colorectal survivorship plans to support transition to primary care. 6. Working group established considering equity matters for mental health and intellectual disability clients to identify and eliminate barriers to care thereby optimising the patient experience and journey. 7. Formalisation of the discharge process and handover from oncology nursing to primary practice. 8. Wider development of psychosocial services to enable people with cancer to engage with and transition through services with reduced distress and disruption to their lives. 9. Two priority areas for improvement identified in the draft Bowel Cancer Quality Improvement Report and the accompanying activities for service improvement at a regional level are: 9a. Increase equitable access and participation to NBSP for identified priority populations (i.e. Māori, Pacifica, Asian and NZDep. 9 & 10) through health promotion, outreach, transport and whānau support, prioritised access to diagnosis and treatment, courtesy calls to prevent DNAs and partnerships with Victory Community Centre and Red Cross. 9b. Improve the 30-day re-admission rate through ensuring adequate reporting and a streamlined process around presentations in ED after a colonoscopy (currently only captured for NBSP). 10. Work with the Ministry of Health to develop and implement a Cancer Plan and deliver on the local actions from within the Cancer Plan.	4&5.Processes fully developed Q 2 7. Process fully developed Q2 8. Stocktake of psychosocial supports Quarter 1 9a. Meet the 60% target for each priority population group. 9b.Monthly reports and feedback to the Endoscopy Users Group (EUG). 10. Develop, implement and deliver local actions by Q4.	3. Poumanaaki embedded by Q4. 4&5 Audit Q4 6. Barriers identified and removed by Q4. 7. Audit Q4 8. Implementation of extended psychosocial programme using all available resources. Quarter 4. 9. Improved outcomes for people with bowel cancer in Nelson Marlborough.	**System outcome** We live longer in good health **System outcome** We have improved quality of life)	**Government priority outcome** Make New Zealand the best place in the world to be a child **Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering

Bowel Screening

New Zealand has one of the highest rates of bowel cancer in the world. Bowel cancer is the second most common cause of cancer death in New Zealand, after lung cancer, with the third highest bowel cancer death rate in the OECD for women and the sixth highest for men. The National Bowel Screening Programme aims to reduce the mortality rate from bowel cancer by diagnosing and treating cancers at an earlier more treatable stage. Early identification and removal of precancerous advanced bowel adenomas aims to reduce bowel cancer incidence over time.

Achieving equitable access is a key priority for the bowel screening programme because participation rates for Maori, Pacific and people living in our most deprived areas remain lower than other groups.

The National Screening Unit is implementing an Equity and Performance Matrix in the annual planning reporting process.

The Matrix measures both performance against a target and the equity gap between population groups notably, but not limited to, Māori and non-Māori.

The Ministry of Health, DHBs and the National Coordination Centre all have an important role in ensuring that participation targets are achieved and in eliminating equity gaps between Maori and non-Māori, Pacific and non-Pacific/non-Māori.

It is important that diagnostic colonoscopy wait times are not negatively impacted when the bowel screening programme is implemented. To monitor and manage the diagnostic colonoscopy (urgent, non-urgent and surveillance) wait time indicators the National Bowel Screening Programme adopted the 2018/19 Elective Funding and Performance Policy. The Policy's escalation process has been adapted to include an Amber zone (tolerance period) and to enable alignment with DHB non-financial quarterly reporting requirements.

<u>All DHBs will describe actions to:</u>

- Ensure diagnostic colonoscopy wait time indicators are consistently met; this requires active management of demand, capacity and capability.

<u>DHBs providing the National Bowel Screening Programme will describe actions to:</u>

- Implement initiatives that contribute to the achievement of national targets for NBSP. All initiatives will demonstrate clear strategies for increasing health gains for priority groups and improving equitable participation and timely access to services.
- Ensure screening colonoscopy wait time indicators (indicator 306: time to first offered diagnostic assessment) is consistently met.
- Achieve participation of at least 60% of people aged 60-74 years in the most recent 24 month period.
- Ensure participation equity gaps are eliminated for priority groups.

Improvement activities must be supported by visible leadership, effective community engagement, and clear accountability for equity. Activities must be SMART ie, specific, measurable, achievable, realistic and have a time frame.

This is an equitable outcomes action (EOA) focus area

(equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)

<table>
<tr>
<td>DHB activity

<u>Wait time indicators are consistently met</u>

1. Increase workforce capacity to meet demand for endoscopy and NBSP service delivery by changes in weekly scheduling with districtwide allocation of resources, backfill of SMO resource and use of locum resources

2. Introduce electronic triaging to help improve efficiency of triage; including the collection of key demographic and clinical information to help prioritise patients.

3. Increase capability (and equitable access) by introducing a speciality clinical nurse endoscopy role in Wairau.

<u>Equitable Access</u>

4. Ensuring equitable access to screening throughout the South Island via district-wide prioritisation of elective referrals and the continued alignment of agreed health pathways.

5. Continue partnership with PHOs and primary care for timely referral, coordination and management of NBSP participation and pathway.

7. To ensure equitable access for Māori & Pacific, we will work in close partnership with the Te Waka Hauora Maori Health services team at NMH, participate in the Maori Health and Wellness Strategic Framework (MHWSF), continue our partnership/alliance with local Marae and other Māori/Pacific settings (e.g. Te Piki Oranga, Pacific Trust) to provide health education and outreach activities), protect through the application of He Oranga Maori Best Practice, and continue to participate towards designing health services fit for the future through the “Models of Care ‘Towards Equity’ Work stream”

8. To ensure equitable access for Maori, Asian People, refugees, and NZDep. 9&10 we will continue to raise community awareness among Eligible People in Top of the South with main focus on priority population through roadshow and individual visits (EOA).</td>
<td>Milestone

1. Workforce capacity sufficient to deal with demand from Q3.

2. Collection of relevant patient monitoring data (incl. Histopathology, Laboratory, and Diagnostic Services, information on stages of diagnosis and treatment services) and its entry into - BSP+ completed within expected NBSP timeframes. 100% of screening colonoscopy results (excluding histopathology) are notified to the NBSP Register within 5 working days after the procedure,

3. Nurse led consent in place by Q3 and speciality clinical nurse endoscopy role/NBSP nurse workforce in place by Q2

4-9. New waiting time initiatives in place, including coordination, collection, recording and reporting by ethnicity to review equity and achievement of NBSP KPIs in place by Q3.

4-8. To have no significant variation in participation and access to NBSP between priority population groups and the remainder of the eligible population by Q2.

5. Equitable service provision across both Nelson and Marlborough sites by Q2.

7. Kia ora E Te Iwi (KOETI) Māori Cancer health literacy wananga to be held across the district for Māori, Pacifica and NZDep 9 &10 to promote the NBSP and increase awareness and uptake of screening to priority groups; by Q2

8. Roadshow to promote NBSP to be concluded by Q2</td>
<td>Measure

1. Number of endoscopy sessions across district increasing to meet demand by Q4.

1-9. SS15 Improving waiting times for Colonoscopy Performance Measure.

2 60% of the eligible population participates in the NBSP Q1-Q4

2. Systems set up to capture stage of cancer in a minimum of 90% of all screening cancers; by Q2 NBSP target: the percentage of adenomas reported as high-grade dysplasia is less than or equal to 10%

2. E-Triaging in place; by Q3. Electronic booking and waitlist tool in place by Q4

4-5. Formalised NBSP pathways are mapped, agreed and service improvements prioritised by Q1

5 & 6. All Eligible People identified with bowel cancer are referred for treatment in accordance with the NBSP Quality Standards</td>
<td colspan="2">Government theme:

Improving the well-being of New Zealanders and their families

System outcome

We have health equity for Māori and other groups

Government priority outcome

Support healthier, safer and more connected communities

System outcome

We live longer in good health

Government priority outcome

Make New Zealand the best place in the world to be a child

System outcome

We have improved quality of life)

Government priority outcome

Ensure everyone who is able to, is earning, learning, caring or volunteering</td>
</tr>
</table>

9. National Bowel Screening Programme indicator 306 will be reported to measure screening colonoscopy performance	9.New BSP+ software is successfully implemented to enhance the effectiveness of NBSP reporting and audit purposes by Q4 9.Participation in South Island evaluation; from Q1 to Q4			

Workforce

In responding to this priority area please cross-reference to Section four: Stewardship - Workforce section

DHB workforce priorities

Set out any workforce actions, specific to your DHB that you intend to work on in the 2019/20 planning year. Outline how these actions relate to both a strong public health system and EOA focus area actions. Ensure that you have considered workforce actions for the priority areas in your plan, especially mental health and child health.

Any workforce actions should be mindful of:

- Ongoing responsibilities for the upskilling, education and training of health work forces
- The population health need that initiatives are designed to address
- The desired health outcomes the initiatives will help to address, including equitable outcomes for populations
- An assessment of how the initiatives align with the priority areas of strong fiscal management, strong public health system, and primary care
- Evidence that consideration has been given to making best use of the service delivery mechanisms that make best use of interdisciplinary teams to support health workforces in their roles across primary, secondary and tertiary settings.

DHBs are expected to develop a sustainable approach to nursing career pathways.

- In 2019-20, it is expected that DHBs will develop actions that support equitable funding for professional development for nurse practitioners.

Workforce Diversity

This action area builds upon actions set out in the 2018/19 Regional Services Plans to better understand the workforce intelligence gathered at local, regional and national levels and how this intelligence assists DHBs in workforce planning.

DHBs will work in collaboration with DHB Shared Services and, where appropriate, with the Ministry of Health to:

- identify workforce data and intelligence that is collected across services and DHB areas, understanding workforce trends to inform workforce planning
- understand the workforce data and intelligence requirements that best supports DHBs in order to undertake evidence-based workforce planning
- support your responsibility to upskilll, provide education and train health work forces
- provide training placements and support transition to practice for eligible health work force graduates and employees. Planning must include PGY1, PGY2 and CBA placements, and how requirements for nursing, allied health, scientific and technical health work forces in training and employment will be met
- form alliances with training bodies such as educational institutes (including secondary and tertiary), professional colleges, responsible authorities, and other professional societies to ensure that we have a well trained workforce.

This is an equitable outcomes action (EOA) focus area

(equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)

Examples of equity actions that could be included in your plan:

- **increase Māori participation and retention in health workforces and ensure that Māori have equitable access to training opportunities as others**
- **build cultural competence across the whole health workforce**
- **increase participation of Pacific people in health workforces**
- **form alliances with educational institutes (including secondary and tertiary) and local iwi to identify and implement best practices to achieve Māori health workforces that matches the proportion of Māori in the population.**

Health Literacy

The purpose of the actions set out in this advice is to build upon the health literacy review that your DHB completed in the 2018/19 planning year towards developing a health literate organisation.

As a result of the health literacy review, and if you do not have one already in place, develop a Health Literacy Action Plan that describes the service improvements you plan to make in the short, medium and long term.

Outline any actions within the Health Literacy Action Plan that support a health system focus on:

- services being easy to access and navigate
- effective health worker communication
- clear and relevant health messages that empower everyone to make informed choices.

Where health literacy actions are set out in other sections of the annual plan ensure that these are considered within the Health Literacy Action Plan, as well as briefly cross-referencing these actions in this section.

DHB activity	**Milestone**	**Measure**	**Government theme:** **Improving the well-being of New Zealanders and their families**	
<u>DHB Workforce Priorities</u> 1. Develop leaders within the Nelson Marlborough Health system to support the development of a culture that creates a flexible and sustainable workforce as a key enabler of the models of care for the future 2. Improve attraction and retention of a skilled workforce by: 2a Identifying succession plans for key positions 2b Training managers in recruitment 3.Creating an organisational development strategy to support the development of the workforce of the future needed to implement new models of care by: 3a. Identifying the key competencies to meet MOH future workforce profile 3b. Identifying the key principles to inform job design of the future for NMH. 3c. Identifying the key competencies to meet MOH future workforce profile 3d. Identifying the key principles to inform job design of the future for NMH. 3c. Continuing to develop high quality prevocational medical training and education with increasing placements for trainee interns and community based attachments. 3d. Planning for learning and development facilities during site development projects.	1. Identifying current and future leaders by Q1. 1. Leadership development framework in place by Q3. 2a. Plans for key positions identified by Q2 2b. All managers undertaken recruitment training by Q4 3a. Key competencies developed by Q4 3a. Identification of the key principles to inform job design of the future for NMH by Q2 4.Service levels defined	6. Increasing numbers of employees identifying as Māori. 7. Pilot in place by Q4 9. Sustainable approach to nursing career pathways implemented by Q4.	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
			System outcome We live longer in good health	**Government priority outcome** Make New Zealand the best place in the world to be a child
			System outcome We have improved quality of life	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering

4. Strengthening the delivery of human resource management services to health service leaders. 5.Effectively managing a challenging industrial relations environment 6. Attract and retain Māori employees and leaders within NMH by: 6a. implementing a Maori workforce development strategy in nursing, midwifery and allied health **(EOA)** 6b. incorporating cultural competency into orientation processes **(EOA)** 7. Provide training placements and support transition to practice for eligible health workforce graduates and employees by reviewing the Waitemata approach and piloting a new graduate AHST programme in Wairau for allied health. 8. Continue to form alliances with training bodies, including Careerforce and Te Pou. 9. Develop actions that support equitable funding for professional development for nurse practitioners <u>Workforce Diversity</u> 10. Reviewing quarterly HWIP data to identify future workforce challenges and trends within the health sector that will impact on NMH's ability to meet future health outcomes <u>Health Literacy</u> 11. Develop a Health Literacy Action Plan that describes the service improvements we plan to make in the short, medium and long term to support a health system focus on: • services being easy to access and navigate • effective health worker communication • clear and relevant health messages that empower everyone to make informed choices.	with business 5.Employment relations strategy written 6a. Māori workforce development strategy by Q3 6b.Cultural competence aspects included in orientation processes by Q3 7. Approach reviewed by Q3 8. Alliance in place by Q4 9. Actions developed by Q2 10. Workforce challenges and trends identified by Q2 11.Health Literacy Action Plan developed by Q4			

Data and Digital

In responding to this priority area please cross-reference to Section four: Stewardship - IT section

All DHBs:

- Demonstrate how you are improving equity in your current and future digital systems/investments [see #2]
- Indicate plans for complying with approved standards and architecture in all future systems/investment [see #1 & #5]
- Indicate plans for the provision of health services (such as public health, mental health, child wellbeing, primary care) via digital technology across the health system; for example telehealth, integrated care and working remotely. [see #2
- Explain how your IT Plan is aligned with the Regional ISSP including your risk mitigation. [see all actions]
- Demonstrate where you are aligning with national/regional initiatives and those leveraging investments. [see all actions]
- Demonstrate how you plan to implement Application Portfolio Management including the lifecycle for IT systems i.e. planned upgrades, support, licence renewal, etc. [see stewardship section]
- Submit quarterly reports on the DHB ICT Investment Portfolio to Data and Digital to support decision making and to maximise the value of sector ICT investment. [see below]

Demonstrate how you will incorporate IT security maturity improvement across all your digital systems. [see stewardship section]

Guidance for Nelson-Marlborough DHB:

- Indicate plans for the implementation of RSPI
- Indicate plans for the telehealth initiatives that were identified and scoped in 18/19

This is an equitable outcomes action (EOA) focus area

(equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)

DHB activity	Milestone	Measure	Government theme: **Improving the well-being of New Zealanders and their families**	
1. Contribute to the South Island Regional Service Provider Index managed by the South Island Alliance Programme Office 2. Development of video consultation pilots to establish the required technology/infrastructure to enable remote health consultation in rural communities and non-hospital settings **(EOA)**. 3. Implement Shared Care Plans to support the Health Care Homes programme. 4. Implement decisions made by the Board around the Finance, Procurement and Information Management (FPIM) business case. 5. Plan migration to the Microsoft Office 365	1. Q1: Approve funding indicated in the Regional Health Service Programme 2019-2020 2. Q1: Pilot 1 – Virtual acute care consultation between ED and Golden Bay. Q2: Pilot 2 – Mental health support including acute care between MH and Murchison Health Centre. Q3: Pilot 3 – Awatere Valley residents' access to Marlborough GPs. 3. Q2 -3: Shared Advanced and Acute Care Plans are available to community and secondary health professionals via the existing Health Connect South clinical portal. 4. Q1: Decision made by the Board.	1. Funding allocated. Further measures to be advised by the regional programme team. 2. Reduction in travel time; improve timely access to expertise and health advice; reduced environmental cost; rural based clinicians improve access to continuing education and professional development. 3. Health professionals involved in a patient's circle of care can create, view and edit a shared care plan to improve prevention and early intervention. 4. Planned programme of work to implement	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
			System outcome We live longer in good health	**Government priority outcome** Make New Zealand the best place in the world to be a child
			System outcome	**Government priority**

platform, to improve security and enhance team collaboration, in conjunction with the South Island region. 6. Submit reports on the DHB ICT Investment Portfolio to Data and Digital	Q3: Plan programme of work to implement decision and follow up actions. 5. Q3: MS Exchange online migration complete 6. Reports submitted in Q1, Q2, Q3 & Q4.	the FPIM accepted by the Board. 5. Reduction is infrastructure as a service costs; all qualifying mailboxes are online. 6. Supported decision making and maximised value of sector ICT investment	We have improved quality of life	**outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering

Collective Improvement Programme

- Commit to supporting a collective improvement programme.

This is an equitable outcomes action (EOA) focus area

(equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)

DHB activity	**Milestone**	**Measure**	**Government theme:** **Improving the well-being of New Zealanders and their families**	
1. Identify an existing collective improvement programme to support or an area that would benefit from the establishment of a collective improvement programme (ie, where improvement is required to address equity gaps for Māori). **(EOA)** 2. Identify how the DHB will support the collective improvement programme (if one already exists) or develop a project plan including actions, milestones and measures for the development of a new collective improvement programme (if such a programme is not already in place). 3. Begin implementing any activities identified by the existing collective improvement programme or newly established programme.	1.Collective Improvement Programme to support identified by Q2 2. Nature of support identified in a report or project plan by Q3 3. Implementation of support activities begins in Q4.	Understanding of the value of collective improvement programmes is increased within the organisation.	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
			System outcome We live longer in good health	**Government priority outcome** Make New Zealand the best place in the world to be a child
			System outcome We have improved quality of life	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering

Delivery of Regional Service Plan (RSP) priorities and relevant national service plans

- Identify any significant actions the DHB is undertaking to deliver on the Regional Service Plan.

Please provide actions for the following:

Implementation of the New Zealand Framework for Dementia Care

- Provide input into a regional stocktake of dementia services and related activity, which will be completed and provided to the Ministry by the end of quarter two (via the S12 measure).
- Using the stocktake, work with your regional colleagues to identify and develop an approach to progress your DHB's priority areas for implementing the Framework by the end of quarter four.
- Report on work to progress the implementation of the New Zealand Framework for Dementia Care in quarters three and four.

Hepatitis C

- DHBs are asked to identify their role in supporting the delivery of the regional hepatitis C work and objectives. Action include for example how DHBs will:
    - work in collaboration with other DHBs in the region to implement the hepatitis C clinical pathway
    - work in an integrated way to increase access to care and promote primary care prescribing of the new pangenotypic hepatitis C treatments.

This is an equitable outcomes action (EOA) focus area

(equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)

DHB activity	**Milestone**	**Measure**	**Government theme:** **Improving the well-being of New Zealanders and their families**	
Implementation of the New Zealand Framework for Dementia Care 1. Provide input into a regional stocktake of dementia services and related activity • Jointly finalise a circulation list and share the dementia stocktake survey. Encourage all relevant groups to participate and complete the stocktake within the timeframe. 2. Work with regional colleagues to Identify and develop an approach to progress our priority areas of implementing the Framework. 3. Implement the New Zealand Framework for Dementia Care **Hepatitis C**	1. Participate in SI refining of MOH stocktake questions Q1. 2. Participate in SI discussions to use the Stocktake report to agree priorities and action to progress the NZ Dementia Framework Q4. 2. Report on	1.S12 – Regional stocktake provide to MoH by Q2	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
			System outcome We live longer in good health	**Government priority outcome** Make New Zealand the best place in the world to be a child

4. Ensure education, awareness, referral, testing, access and follow up for individuals with hepatitis c in line with the agreed regional plan. 5. NMH Hepatitis C services ensure the following populations are reached: those who have ever injected drugs; ever received a tattoo or body piercing using unsterile equipment; had a blood transfusion before 1992, ever lived in a high risk country; ever been in prison or born to a mother with hepatitis c 6. Work with Primary Care to ensure the majority of treatment services for individuals with Hepatitis C are within primary care. 7. Monitor that Māori are receiving treatment for Hep C in line with population expectations **(EOA)**.	implementation progress in Q3 & Q4. 4. Regional plan agreed by Q1 19-20	5. deliver treatment services to a threshold equal to at least 80% of the national average on a population basis 6-7. At risk populations are tested, managed and treated 7. PHARMAC reports reflect the majority of prescribing being within primary care	**System outcome** We have improved quality of life)	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering

2.8 Better population health outcomes supported by primary health care

Primary health care is a priority work programme for Government, the Ministry of Health and District Health Boards.

An affordable effective primary care system is essential to achieving the objectives of a strong public health system. Primary care is the means through which the health system can decrease use of expensive secondary health services, better manage and lower the incidence of long-term conditions, increase use of illness-preventing behaviours and treatments, and thereby increase people's ability to participate in work and education.

Primary health care is earlier, safer, cheaper, and better connected to people's daily routines.

However, the primary health care system does not serve all people equitably. Some people are avoiding or delaying engaging with primary care services because of cost. There is also the potential for a different primary care model to better suit people's lives and better integrate across health disciplines and facilities, thereby improving health outcomes. This section details the activities Nelson Marlborough Health intends to undertake in 2019/20 to move towards a different model of care and improve health outcomes.

Primary health care integration

DHBs are expected to continue to work with their district alliances on integration including (but not limited to):

- ensure clear accountability throughout the entire alliance structure. Annual Plans must include a description of this accountability cascade from PHO and DHB Boards to the Alliance Leadership Team and then to individual Service Level Alliance Teams including decision making, reporting, budget to support the alliance and total budget available to the ALT for service planning and delivery.
- strengthening their alliance *(eg, appointing an independent chair, establishing an alliance programme office, expanding the funding currently considered by the alliance)*
- broadening the membership of their alliance *(eg, pharmacy, maternity, public health, WCTO providers, mental health providers, ambulance)*
- developing services, based on robust analytics, that reconfigure current services and address equity gaps
- describe at least one action you are taking with your rural Service Level Alliance Team to develop resilient rural primary care services.

In addition, please identify actions you are undertaking in the 2019/20 year to:

- assist in the utilisation of other workforces in primary health care settings, particularly the use of nurses and pharmacists in rural areas.
- improves access to primary care services, particularly for high needs patients.

Note: *Some or all of the actions in this section may form part of your System Level Measure Improvement Plan. If this is the case it is not necessary to provide that information here but rather indicate that the assessor should refer to the SLM Improvement Plan.*

This is an equitable outcomes action (EOA) focus area

(equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)

At least one action in this section must address identified equity gaps

DHB activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
1. Begin implementation of the Health Care Home (HCH) model in 8 further general practices.	1.Expressions of interest for second tranche of HCH by Q2	1.8 practices developed implementation plans by Q4	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
2.Planned care virtual consultations are being undertaken to support rural primary care services	2.Virtual consults enabled at 3 rural areas by Q2	2.Virtual consults undertaken by general practice, mental health and ED by Q4		
3. Enable primary care to coordinate access for patients to health services in the local community by trialling a "clustering" approach in collaboration with the initial Health Care Home (HCH) practices.	3.Shared care plans enabled by Q2 19-20	3.Three clusters of health providers agree a system of coordinated care by Q3 19-20	**System outcome** We live longer in good health	**Government priority outcome** Make New Zealand the best place in the world to be a child
4. Develop an integrated health data system accessible by primary and secondary care to support agile transformation of services.	4. Data analysis capacity extended by Q1 19-20	4. Tableau workbooks integrating data available Q3	**System outcome** We have improved quality of life	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or
5.Expand the Hauora Direct programme (a 360 degree health	5.Four pop-up assessment days in high	5.Improved performance for priority		

assessment, health service delivery and navigation programme for vulnerable populations) **(EOA)** 6.Develop a workforce development plan that will ensure a sustainable pipeline of primary workforce health workers and future leaders and to develop the workforce to work at top of scope, be cultural competent and to adopt multidisciplinary ways of working 7.Improve primary care access to specialist advice • Creating a contact directory for specialists and general practice • Establish new ways of working to increase access to advice and support interdisciplinary team working 8. Nelson Marlborough Health already has a strong district alliance with a broad membership and will continue to work with their district alliances on integration. Instead of a 'programme office' the Models of Care Programme is the mechanism for clinical transformational change. 9. Marlborough Primary Health, Nelson Bays Primary Health, Te Piki Oranga and Nelson Marlborough Health will work according to their Health Alliance Charter[4] which details expectations of the purpose, roles, accountabilities of the partners and working groups. 10. Rural SLAT to investigate the feasibility of a Nelson Marlborough rural training hub	needs communities by Q4 5.Dedicated Hauora Direct nursing resources in Maori Health , Victory Community and the Pasifica Trust by Q3 5.Integration of Hauora Direct into Health Care Home general practices and mental health by Q4 7. Contact directory for specialists and general practice available Q4 7. Interdisciplinary meetings occurring in HCH practices by Q4 8. Approval of business cases by Q1. 10. Feasibility determined by Q4	health measures in high needs groups 6.Plan developed by Q3 19-20 7.Reduced acute demand 7. Implementation plans completed by Q2. 10. Resilient rural primary care services.		volunteering

[4] https://www.nmdhb.govt.nz/assets/ToSHA-Alliance-Charter-and-Alliance-Agreement.pdf

Pharmacy

- Continue to support the vision of the Pharmacy Action Plan and the Integrated Community Pharmacy Services Agreement (ICPSA) by working with pharmacists, the public, primary care and the wider health care team to commission integrated local services that prioritise local need and support equitable health outcomes.
- Support the work to enable the separation of dispensing into separate ICPSA schedules (medicine and supply and clinical advice) by June 2020.
- Commit to developing and reporting by quarter three local strategies that support pharmacy and other immunisation providers to work together to improve influenza vaccination rates in Māori, Pacific and Asian people over 65 years of age, for implementation from 1 April 2020 (start date for the annual influenza immunisation programme).
- Commit to reporting the outcomes of these local strategies to improve influenza vaccination rates in quarter two of the following financial year.

We recommend that you work with your district alliance System Level Measure (SLM) team(s) to investigate if influenza vaccination rates for those populations should be part of the SLM Improvement Plan. In particular those working groups developing actions for Acute hospital bed days and Patient experience of care SLMs. If the vaccination rates of these populations are seen to impact any of these SLMs, specific actions to improve influenza rates could be part of your SLM Improvement Plan.

This is an equitable outcomes action (EOA) focus area

(equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)

DHB activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
1. Develop a community pharmacy strategy and quality plan that reflects the Pharmacy Action Plan (PAP) and the goals of the ICPSA which has addressing inequity as a key component. There is currently a moratorium in place that prevents applications for new pharmacy contracts and it is envisaged future applicants will need to demonstrate how their location and services will improve equity. For instance, variations in individual pharmacy contracts (ICPSA) for pharmacies that provide services to vulnerable populations (eg, refugees, rural) may require interpreter services and broader health system navigation.	1. Consultation complete by December 2019.	1. Strategy agreed by 31 Dec 2019.	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
2. Pharmaceutical Services Manager, using their community pharmacy background and knowledge, will support national work on splitting schedules 1 & 2 (subject to legislation allowing split to occur).	2. Meeting organised by TAS to progress before end 2019.	2. Attendance at national meetings.	**System outcome** We live longer in good health	**Government priority outcome** Make New Zealand the best place in the world to be a child
3. Request pharmacists to offer influenza vaccinations to Māori, Pacific, Asian ethnic groups, pregnant women, and those over 65 yrs old (eg, when at risk population groups come to pick up scripts) in order to reduce rates of Ambulatory Sensitive Hospitalisations (ASH) and acute hospital bed days **(EOA).**	3. Emails sent to pharmacies.	3. Feedback from providers to Pharmaceuticals Manager on enablers and barriers to service.	**System outcome** We have improved quality of life	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering
4. Identify novel methods of improving influenza vaccination rates among Māori,				

Pacifica and Asian populations; ensuring availability meets their needs as part of the System Level Measures Improvement Plan 2019/20.	4. Local strategies identified by Q3 2019 and outcomes identified by Q2 2020.	. 3. Proportion of each ethnic group receiving a vaccination from a pharmacy. 4. Acute hospital bed day rates for over 65 year olds		

Diabetes and other long-term conditions

- Identify the most significant actions the DHB will take across the sector to strengthen public health promotion to focus on the prevention of diabetes and other long term conditions.
- Identify how the DHB will ensure all people with diabetes will have equitable access to culturally appropriate diabetes self-management education (DSME) and support services and how the DHB will measure programme outcomes or evaluate the effectiveness of the DSME.
- Monitor PHO/practice level data to improve equitable service provision and inform quality improvement.
- Improve early risk assessment and risk factor management efforts for people with high and moderate cardiovascular disease risk by supporting the spread of best practice from those producing the best and most equitable health outcomes.

This is an equitable outcomes action (EOA) focus area

(equity focus and clear actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs)

DHB activity	**Milestone**	**Measure**	**Government theme:** **Improving the well-being of New Zealanders and their families**	
1.Work with schools to implement the 'water only schools' programme		1.Increase in schools with a water only policy by Q4		
2. Work with schools and organisations to introduce the 'tap into water' campaign to reduce sugary drinks.		2.Schools and organisations take up the 'tap into water' campaign	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities
3. Work with schools and sports teams on the healthy snacks and lunches programme aiming to reduce sugary options.		3.Schools and teams implement the programme by Q4 4.Improved access to self-management by	**System outcome** We live longer in good health	**Government priority outcome** Make New Zealand the best place in the world to be a child

4. Deliver culturally appropriate diabetes self-management education programme supported by culturally relevant resources to build health literacy **(EOA)**. 5. Deliver funded cardiovascular risk assessment for Māori Men aged 35-44 years. 6. Trial in Marlborough PHO a report to general practice giving clinical information of patients who have had a DAR to use as a reflective tool to review care 7. Expand the Hauora Direct programme (a 360 degree health assessment, health service delivery and navigation programme for vulnerable populations which identifies diabetes and prediabetes and ensures referral to care and self-management programmes) 8.Develop an integrated long term conditions self-management programme 9. Establish a multidisciplinary team to work at single day events in high needs communities to focus on five key priority health areas including CVD and diabetes. 10.Diabetes awareness talks given to local organisations, church groups, Marae and Pasifika communities 11.Free “out of hours” community pre-diabetes group education sessions to those identified with, or at risk of pre-diabetes 12. Trial a new initiative (“Focus”) in Nelson to expand current pre-diabetes group education sessions to include anyone who may be at risk of LTC’s (weight issues, high CVD risk score, mental health etc.) 13. Informal diabetes kōrero information sessions piggy-backed on to TPO activity programmes such as “Noho Pakari”, or TPO clinics such as podiatry	4.Programmes delivered within each quarter 5.Free programme delivered from Q1 7.Four pop-up assessment days in high needs communities by Q4 7.Dedicated Hauora Direct nursing resources in Māori Health , Victory Community and the Pasifica Trust by Q3 7.Integration of Hauora Direct into Health Care Home General Practices and mental health by Q4 9. Two MDT events held by Q3 10.Talks delivered each quarter 11.Out of hours sessions provided 12.Those at risk of LTCs attend	high needs groups 5.Increase in Māori Men aged 35-44 screened 6. Report delivered to practices by Q2 19-20 7.High needs groups have increased screening rates 8.Proposal for redesigned programme by Q4 19-20 9. High needs groups access MDT groups 10.Increased awareness in high needs groups 11.Increased attendance at education sessions 12 Participants have greater knowledge to self-manage 13..Participants have greater knowledge to self-manage	**System outcome** We have improved quality of life	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering

clinics. 14. Diabetes information provided as part of the train the trainer-style programme “Healthy Living”, delivered to Red Cross navigators supporting former refugees (high risk of diabetes).	‘Focus’ 13.Diabetes information integrated with other programmes by Q2 14.Diabetes information delivered by Red Cross navigators			

2.9 Financial Performance Summary

(Please refer to Part B: Statement of Performance Expectations for details)

Section Three: Service Configuration

3.1 Service Coverage

There are no identified significant service coverage exceptions identified for 2019/20.

Responsibility for service coverage is shared between DHBs and the Ministry of Health. DHBs are responsible for taking appropriate action to ensure that service coverage is delivered for their population, including populations that may have high or differing needs, such as Māori, Pacific and vulnerable populations.

Nelson Marlborough DHB may, pursuant to section 25 of the New Zealand Public Health and Disability Act 2000, negotiate and enter into, or amend, any current agreement for the provision or the procurement of services.

3.2 Service Change

As the needs of our community evolve, our services need to change to meet those needs. We must also ensure we manage service delivery as effectively and as efficiently as possible. Changes to services are always carefully considered, not only for the benefits they bring, but also the impact they might have on other stakeholders.

The table below signals potential services changes during the 2019/20 year.

CHANGE	DESCRIPTION	BENEFITS OF CHANGE	CHANGE FOR LOCAL, REGIONAL OR NATIONAL REASONS
Models of Care Programme	• Nelson Marlborough Health System transformation	• Local people and clinicians will work together, planning, transforming and building health and health services that will offer the right care, at the right time, by the right team in the right location	• Local (within the context of national and international change)
Mental Health & Addictions (MH&A)	• Implement actions following service review	• Improved integration between services • Refresh residential care to better match community need • Strengthen after-hours responsiveness for all ages • Increase access to respite services • Review and co-design new primary mental health services	• Local

CHANGE	DESCRIPTION	BENEFITS OF CHANGE	CHANGE FOR LOCAL, REGIONAL OR NATIONAL REASONS
Health Promotion & Public Health	• One Health Promotion plan / service	• Increased clarity and effectiveness of Health Promotion • Reduced duplication • Value for money	• Local
Palliative Care Review	• District wide model	• Consistent model across the region and a district wide service • Improved efficiency and value for money	• Local
Pharmacy	• National contract	• NMH will work towards different contracting arrangements for the provision of community pharmacist services by working with consumers and other stakeholders within the framework of the new contract to develop and agree local service options, including potential options for consumer-focused pharmacist service delivery, with wider community- based inter-disciplinary teams and a review of and possible re-modelling of the Community Pharmacy Anti-coagulation Management service to allow for increased patient numbers to access this service.	• National
Bowel Screening Service	• National screening programme	• Lives saved by detecting bowel cancer at an early stage when it can often be more successfully treated	• National
Sleep Apnoea	• Local contract	• Improved efficiency and value for money	• Local

Service Issues

There are no identified significant service issues for 2019/20. However:

- NMH continues to have a large number of people for follow-up appointments who have not been seen in the timeframes originally allocated. At times this has resulted in adverse patient outcomes (e.g. ophthalmology)
- NMH has a number of small but crucial services (e.g. neurology, haematology, oncology) which are under substantial pressure because of high levels of referrals and often single senior staff members so sustainability is under threat

- Like almost all other Intensive Care Units (ICU) in New Zealand, NMH is under pressure. Last winter was particularly challenging as we neither had the staff nor space to care for patients, but no other ICU was able to take them

Section Four: Stewardship

4.1 Managing our Business

Partnership with Public Health Unit

As part of their stewardship role DHBs have statutory responsibilities to improve, promote and protect the health of people and communities. Nelson Marlborough Health are committed to working in partnership with our public health unit and will continue supporting their work in health promotion/improvement services, delivering services that enhance the effectiveness of prevention activities in other parts of the health system, and in their undertaking of regulatory functions.

Organisational performance management

Nelson Marlborough Health's performance is assessed on both financial and non-financial measures, which are measured and reported at Board and Executive levels of the organisation. These are reported daily, weekly, fortnightly or monthly as appropriate.

Funding and financial management

Nelson Marlborough Health's key financial indicator is operating expenditure. This is assessed against and reported through Nelson Marlborough Health's performance management process to the Board and Executive Leadership Team every month. Further information about Nelson Marlborough Health's planned financial position for 2019/20 and out years is contained in the section 4 Financial Performance Summary.

Investment and asset management

Nelson Marlborough Health is committed to advancing and maturing its asset management planning with a view to a more strategic approach to asset maintenance, replacement and investment. A revised Asset Management Plan (AMP) is under development and will be informed by the National Asset Management Plan currently being developed by the Ministry of Health. The AMP reflects the joint approach taken by all DHBs and current best practice.

Shared service arrangements and ownership interests

Nelson Marlborough Health does not hold any controlling interests in a subsidiary company. The DHB does not intend to acquire shares or interests in other companies, trusts or partnerships at this time.

Risk management

Nelson Marlborough Health has a formal risk management and reporting system which utilises the Quantate risk management system and monthly reporting to the Executive Leadership Team and quarterly reporting to the Audit and Risk Committee. The DHB is committed to managing risk in accordance with the process set out in the Australian/New Zealand Joint Standard on Risk Management (AS/NZS ISO 31000:2009).

Quality assurance and improvement

Nelson Marlborough Health's approach to quality assurance and improvement is in line with the New Zealand Triple Aim: improved quality, safety and experience of care, improved health and equity for all populations, and, best value for public health system resources. Contracted services are aligned with national quality standards and auditing of contracted providers includes quality audits.

4.2 Building Capability

This section outlines the capabilities that Nelson Marlborough Health will need over the next three to five years, and plans to support improvements in capability.

Capital and infrastructure development

The most significant capital and infrastructure investment for Nelson Marlborough Health will be the rebuild of Nelson Hospital. The current unsuitable design of buildings and infrastructure is impacting on the quality of care, hindering new ways of working and constraining capacity. Some buildings at Nelson Hospital are in poor condition, putting health, safety and ongoing service delivery at risk. The way the healthcare system works at present is restricting the sector's ability to meet current and emerging health care needs and increasing demand. The four-stage Better Business Case planning process was estimated to take two-three years. The draft Indicative Business Case was approved in May 2019, and was submitted to the regional investment committee, Ministry of Health and Treasury. An updated IBC is expected to be submitted to the MOH in April 2020. The further business cases will be developed over the next two to three years before construction begins on the multi-million dollar improvements.

Information technology and communications systems

The list of new key projects for the coming year are outlined in the DHB Activity table in section 2. Nelson Marlborough Health IT projects are aimed at supporting regional and national health objectives of closer to home integrated care, equity, and early intervention. A focus is also applied to reducing technical debt, improving the robustness of our infrastructure, and maximising current investments.

As part of our regional application portfolio, projects continuing into the year ahead and described in the 2018-2021 South Island Health Service Plan as regional enablers, are:

- With CDHB, prioritise and implement further SI PICS foundation functionality.
- Develop mental health care plans in Health Connect South, and mental health specific data collection forms in SI PICS.
- Complete the eTriage implementation, which adds online triage functionality onto eReferrals received in Health Connect South (HCS).
- Replace the local install of WinDOSE with the regional instance of ePharmacy, as part of the eMedicines roadmap.
- Complete the radiology eOrdering roll-out, which enables ordering and signing off radiology tests and results online.

- Roll-out eObservations (Patientrack) hospital wide. This application supports zero paper EWS, observations, progress notes, nursing, allied health and medical assessments, checklists, handover documents and summaries.

In addition, Nelson Marlborough Health continues to expand the scope of eRecords (scanned documents) as an enabler for a complete electronic health record in conjunction with HCS and HealthOne.

Application portfolio management for existing information assets is managed through an annual rolling programme of CAPEX requests, for example replacing older PCs, adding new licences due to growth, and an ongoing programme to upgrade software that is reaching end-of-life.

Nelson Marlborough Health is committed to constructively engaging with the Ministry and other health sector members in the establishment of a programme of IT security maturity activities. This includes reporting on activities in the ICT operational assurance plan and the Health Information Security Framework (HISF) to the audit & risk committee. An independent audit of HISF compliance was completed in 2018.

Workforce

During the 2019/20 year NMH will be focusing on understanding the culture and leadership profile needed to have a workforce equipped to deliver to future models of care. This will involve developing an understanding of the way in which jobs of the future will be designed, how interdisciplinary teams will work, and the type of leadership that will be needed.

An organisational development strategy will be created to support these objectives and resourcing within the organisational development function will be organised to deliver accordingly.

To continue our kaupapa of increasing the development of our Māori workforce, NMH will continue developing and implementing strategies to attract, retain and support Māori employees. Alongside this, a focus on growing cultural competence in the general workforce will continue through the orientation and professional development of employees.

NMH has a number of initiatives in place to engage with union stakeholders. The bipartite meetings, joint consultative committee and staff engagement working together forums will continue enabling workforce challenges to be considered collectively.

Co-operative developments

Nelson Marlborough Health works and collaborates with a number of external organisations and entities, including:

- Nelson Marlborough Health is a member of the South Island Alliance which enables the region's five DHBs to work collaboratively to develop more innovative and efficient health services than could be achieved independently
- The Top of the South Health Alliance (ToSHA) is comprised of Nelson Marlborough Health, Nelson Bays PHO, Kimi Hauora Marlborough PHO, and Te Piki Oranga, and is our key vehicle for effecting transformational health system change
- Our relationship with the tangata whenua of our district is expressed through the partnership with the Iwi Health Board and joint agreement titled 'He Kawenata'

- The Top of the South Impact Forum (ToSIF) is a cross-sector alliance of senior leaders from sectors such as health, police, education, welfare, housing, and local government
- NZ Health Partnerships Limited has the broad aim to enable DHBs to collectively maximise shared services opportunities for the benefit of the sector, and Nelson Marlborough Health is committed to supporting NZHP's work and the local implementation of business cases
- The Nelson Marlborough Hospitals' Charitable Trust (trading as The Care Foundation) holds trust funds for the benefit of public hospitals
- The Marlborough Hospital Equipment Trust provides equipment and other items from public donations raised by Trust
- Churchill Private Hospital Trust provides private medical and surgical services in Marlborough
- Nelson Marlborough Health has an agreement with Pacific Radiology to provide a joint MRI service from the Nelson and Wairau hospital sites
- Nelson Marlborough Health has an agreement with Christchurch Radiology Group to provide a visiting radiology service at Wairau Hospital site
- Top of the South Cardiology Limited has an agreement with Nelson Marlborough Health to provide private cardiology services from Nelson Hospital
- Nelson Marlborough Health is a partner in the Golden Bay Health Alliance for an Integrated Family Health Centre with Nelson Bays Primary Health Trust and Golden Bay Community Health Trust – Te Hauora O Mohua Trust.

Section Five: Performance Measures

5.1 2019/20 Performance Measures

The health and disability system has been asked to focus on the following priorities:

- Improving child wellbeing
- Improving mental wellbeing
- Improving wellbeing through prevention.
- Better population health outcomes supported by strong and equitable public health services
- Better population health outcomes supported by primary health care.

The DHB monitoring framework and accountability measures have been updated for 2019/20 to provide a line of sight between DHB activity and the health system priorities that will support delivery of the Government's priority goals for New Zealand and the health system vision and outcomes, within a system that has a foundation of financial, clinical and service sustainability and strong governance.

Performance measure		Expectation		
CW01	Children caries free at 5 years of age	Year 1	62%	
		Year 2	62%	
CW02	Oral health: Mean DMFT score at school year 8	Year 1	0.80	
		Year 2	0.80	
CW03	Improving the number of children enrolled and accessing the Community Oral health service	Children (0-4) enrolled	Year 1	≥95%
			Year 2	≥95%
		Children (0-12)not examined according to planned recall	Year 1	≤10%
			Year 2	≤10%
CW04	Utilisation of DHB funded dental services by adolescents from School Year 9 up to and including 17 years	Year 1	≥85%	
		Year 2	≥85%	
CW05	Immunisation coverage at eight months of age and 5 years of age, immunisation coverage for human papilloma virus (HPV) and influenza immunisation at age 65 years and over.	95% of eight-month-olds fully immunised.		
		95% of five olds have completed all age-appropriate immunisations due between birth and five year of age.		
		75% of girls and boys fully immunised – HPV vaccine.		
		75% of 65+ year olds immunised – flu vaccine.		
CW06	Child Health (Breastfeeding)	70% of infants are exclusively or fully breastfed at three months.		

CW07	Newborn enrolment with General Practice	55% of newborns enrolled in General Practice by 6 weeks of age.	
		85% of newborns enrolled in General Practice by 3 months of age.	
CW08	Increased immunisation at two years	95% of two-year-olds have completed all age-appropriate immunisations due between birth and age two years,	
CW09	Better help for smokers to quit (maternity)	90 percent of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking.	
CW10	Raising healthy kids	95% of obese children identified in the Before School Check (B4SC) programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions.	
CW11	Supporting child wellbeing	Provide report as per measure definition	
CW12	Youth mental health initiatives	Initiative 1: Report on implementation of school based health services (SBHS) in decile one to three secondary schools, teen parent units and alternative education facilities and actions undertaken to implement *Youth Health Care in Secondary Schools: A framework for continuous quality improvement* in each school (or group of schools) with SBHS.	
		Initiative 3: Youth Primary Mental Health.	
		Initiative 5: Improve the responsiveness of primary care to youth. Report on actions to ensure high performance of the youth service level alliance team (SLAT) (or equivalent) and actions of the SLAT to improve health of the DHB's youth population.	
CW13	Reducing rheumatic fever	Reducing the Incidence of First Episode Rheumatic Fever to <=0.2 per 100,000	
MH01	Improving the health status of people with severe mental illness through improved access	Age (0-19) Maori, other & total	4.2% (Maori, other & total)
		Age (20-64) Maori, other & total	6.5% (Maori), 4.6% (other & total)
		Age (65+) Maori, other &total	0.9% (Maori, other & total)
MH02	Improving mental health services using wellness and transition (discharge) planning	95% of clients discharged will have a quality transition or wellness plan.	
		95% of audited files meet accepted good practice.	
MH03	Shorter waits for non-urgent mental health and addiction services	Mental health provider arm	80% of people seen within 3 weeks.
			95% of people seen within 8 weeks.
		Addictions (Provider Arm and NGO)	80% of people seen within 3 weeks.
			95% of people seen within 8 weeks.
MH04	Rising to the Challenge: The Mental Health and Addiction Service Development Plan	Provide reports as specified	

MH05	Reduce the rate of Māori under the Mental Health Act: section 29 community treatment orders	Reduce the rate of Māori under the Mental Health Act (s29) by at least 10% by the end of the reporting year.		
MH06	Output delivery against plan	Volume delivery for specialist Mental Health and Addiction services is within 5% variance (+/-) of planned volumes for services measured by FTE; 5% variance (+/-) of a clinically safe occupancy rate of 85% for inpatient services measured by available bed day; actual expenditure on the delivery of programmes or places is within 5% (+/-) of the year-to-date plan.		
PV01	Improving breast screening coverage and rescreening	70% coverage for all ethnic groups and overall.		
PV02	Improving cervical Screening coverage	80% coverage for all ethnic groups and overall.		
SS01	Faster cancer treatment – 31 day indicator	85% of patients receive their first cancer treatment (or other management) within 31 days from date of decision-to-treat.		
SS02	Ensuring delivery of Regional Service Plans	Provide reports as specified		
SS03	Ensuring delivery of Service Coverage	Provide reports as specified		
SS04	Delivery of actions to improve Wrap Around Services for Older People	Provide reports as specified		
SS05	Ambulatory sensitive hospitalisations (ASH adult)	Total 2,465/100,000		
SS06	Better help for smokers to quit in public hospitals (previous health target)	95% of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking.	Only applies to specified DHBs	
SS07	Planned Care Measures	Planned Care Measure 1: *Planned Care Interventions*		11,835
		Planned Care Measure 2: *Elective Service Patient Flow Indicators*	ESPI 1	100% (all) services report Yes (that more than 90% of referrals within the service are processed in 15 calendar days or less)
			ESPI 2	0% – no patients are waiting over four months for FSA
			ESPI 3	0% - zero patients in Active Review with a priority score above the actual Treatment Threshold (aTT)
			ESPI 5	0% - zero patients are waiting over 120 days

				for treatment
			ESPI 8	100% - all patients were prioritised using an approved national or nationally recognised prioritisation tool
		Planned Care Measure 3: *Diagnostics waiting times*	Coronary Angiography	95% of patients with accepted referrals for elective coronary angiography will receive their procedure within 3 months (90 days)
			Computed Tomography (CT)	95% of patients with accepted referrals for CT scans will receive their scan, and the scan results are reported, within 6 weeks (42 days).
			Magnetic Resonance Imaging (MRI)	90% of patients with accepted referrals for MRI scans will receive their scan, and the scan results are reported, within 6 weeks (42 days).
		Planned Care Measure 4: *Ophthalmology Follow-up Waiting Times*	No patient will wait more than or equal to 50% longer than the intended time for their appointment. The 'intended time for their appointment' is the recommendation made by the responsible clinician of the timeframe in which the patient should next be reviewed by the ophthalmology service.	
	(Only the Five Cardiac units are required to report for this measure so does not apply to Nelson Marlborough))	Planned Care Measure 5: *Cardiac Urgency Waiting Times*	All patients (both acute and elective) will receive their cardiac surgery within the urgency timeframe based on their clinical urgency. Please note that this deliverable does not apply to Nelson Marlborough.	
		Planned Care Measure 6: *Acute Readmissions*	Rate is required to be a specific percentage and below the March 2019 benchmark	11.3% (standardised rate).
SS08	Planned care three year plan	Provide reports as specified		
SS09	Improving the quality of identity data within the National Health Index (NHI) and data submitted to National Collections	Focus Area 1: Improving the quality of data within the NHI	New NHI registration in error (duplication)	>1% and ≤3%
			Recording of non-specific ethnicity in new NHI registration	>0.5% and < or equal to 2%
			Update of specific ethnicity value in existing NHI record with a non-specific value	>0.5% and < or equal to 2%

			Validated addresses excluding overseas, unknown and dot (.) in line 1	>76% and < or equal to 85%
			Invalid NHI data updates	Still to be confirmed.
		Focus Area 2: Improving the quality of data submitted to National Collections	NPF collection has accurate dates and links to NNPAC, NBRS and NMDS for FSA and planned inpatient procedures.	Greater than or equal to 90% and less than95 %
			National Collections completeness	Greater than or equal to 94.5% and less than 97.5 %
			Assessment of data reported to the NMDS	Greater than or equal to 75%
		Focus Area 3: Improving the quality of the Programme for the Integration of Mental Health data (PRIMHD)		Provide reports as specified
SS10	Shorter stays in Emergency Departments	95% of patients will be admitted, discharged or transferred from an emergency department (ED) within six hours.		
SS11	Faster Cancer Treatment (62 days)	90% of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks.		
SS12	Engagement and obligations as a Treaty partner	Reports provided and obligations met as specified		
SS13	Improved management for long term conditions (CVD, Acute heart health, Diabetes, and Stroke)	Focus Area 1: Long term conditions	Report on actions to: Support people with LTC to self-manage and build health literacy.	
		Focus Area 2: Diabetes services	Report on the progress made in self-assessing diabetes services against the *Quality Standards for Diabetes Care.*	
			Ascertainment: target 95-105% and no inequity HbA1c<64mmols: target 60% and no inequity No HbA1c result: target 7-8% and no inequity	
		Focus Area 3: Cardiovascular health	Provide reports as specified	
		Focus Area 4: Acute heart service	**Indicator 1: Door to cath** - Door to cath within 3 days for >70% of ACS patients undergoing coronary angiogram**.**	
			Indicator 2a: Registry completion- >95% of patients presenting with Acute Coronary Syndrome who undergo coronary angiography have completion of ANZACS QI ACS	

			and Cath/PCI registry data collection within 30 days of discharge and **Indicator 2b:** ≥ 99% within 3 months.
			Indicator 3: ACS LVEF assessment- ≥85% of ACS patients who undergo coronary angiogram have pre-discharge assessment of LVEF (ie have had an echocardiogram or LVgram).
			Indicator 4: Composite Post ACS Secondary Prevention Medication Indicator - in the absence of a documented contraindication/intolerance >85% of ACS patients who undergo coronary angiogram should be prescribed, at discharge - - Aspirin*, a 2nd anti-platelet agent*, statin and an ACEI/ARB (4 classes), and - LVEF<40% should also be on a beta-blocker (5-classes). ** An anticoagulant can be substituted for one (but not both) of the two anti-platelet agents.*
			Indicator 5: Device registry completion- ≥ 99% of patients who have pacemaker or implantable cardiac defibrillator implantation/replacement have completion of ANZACS QI Device forms within 2 months of the procedure.
		Focus Area 5: Stroke services	**Indicator 1** ASU: 80% of stroke patients admitted to a stroke unit or organised stroke service, with a demonstrated stroke pathway
			Indicator 2 Thrombolysis: 10% of potentially eligible stroke patients thrombolysed 24/7
			Indicator 3: In-patient rehabilitation: 80% patients admitted with acute stroke who are transferred to in-patient rehabilitation services are transferred within 7 days of acute admission
			Indicator 4: Community rehabilitation: 60 % of patients referred for community rehabilitation are seen face to face by a member of the community rehabilitation team within 7 calendar days of hospital discharge.
SS15	Improving waiting times for Colonoscopy	90% of people accepted for an urgent diagnostic colonoscopy receive (or are waiting for) their procedure 14 calendar days or less 100% within 30 days or less.	
		70% of people accepted for a non-urgent diagnostic colonoscopy will receive (or are waiting for) their procedure in 42 calendar days or less, 100% within 90 days or less.	
		70% of people waiting for a surveillance colonoscopy receive (or are waiting for) their	

		procedure in 84 calendar days or less of the planned date, 100% within 120 days or less.		
		95% of participants who returned a positive FIT have a first offered diagnostic date that is within 45 calendar days of their FIT result being recorded in the NBSP IT system.		
SS16	Delivery of collective improvement plan	Deliverable tbc		
SS17	Delivery of Whānau ora	Provide reports as specified		
PH01	Delivery of actions to improve system integration and SLMs	Provide reports as specified		
PH02	Improving the quality of ethnicity data collection in PHO and NHI registers	Provide reports as specified		
PH03	Access to Care (PHO Enrolments)	Meet and/or maintain the national average enrolment rate of 90%.		
PH04	Primary health care :Better help for smokers to quit (primary care)	90% of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months		
Annual plan actions – status update reports		Provide reports as specified		

Part B: Statement of Performance Expectations including Financial Performance

Section 1: Statement of Performance Expectations

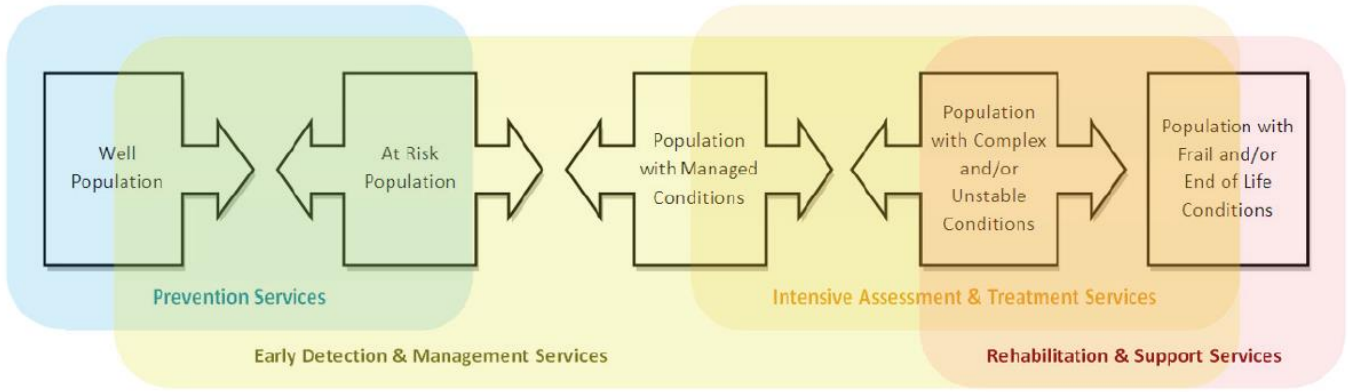
We aim to provide the best healthcare and achieve the best health outcomes for our community, and we need to monitor our performance to evaluate the effectiveness of the decisions we make on behalf of our population, and ensure we are achieving the outcomes required for our community.

To be able to provide a representative picture of performance, our services ('outputs') have been grouped into four 'output classes' that are a logical fit with the stages of the continuum of care and are applicable to all DHBs:

- Prevention Services;
- Early Detection and Management Services;
- Intensive Assessment and Treatment Services; and
- Rehabilitation and Support Services.

Figure 1. Scope of DHB Operations – Output Classes against the Continuum of Care.

Our outputs cover the full continuum of care for our population.



There is no single over-arching measure for each output class because we use performance measures and targets that reflect volume (V), quality (Q), timeliness (T), and service coverage (C). The output measures chosen cover the activities with the potential to make the greatest contribution to the health of our community in the short term, and support the longer-term outcome measures.

Baseline data from the previous year has been provided to show we have set targets that challenge us to provide the best possible service to our community, and build on our previous successes (or areas where we know we need to do better).

Achieving Health Equity

All of the measures will be reported by ethnicity to ensure we maintain our focus and are on track to achieve equitable health outcomes for the people of Nelson Marlborough and ensure all people live well, get well and stay well.

3.2 Output classes

Prevention Services

Output Class Description

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

Significance for the DHB

New Zealand is experiencing a growing prevalence of long-term conditions such as diabetes and cardiovascular disease, which are major causes of poor health and account for a significant number of presentations in primary care and admissions to hospital and specialist services. With an ageing population, the burden of long-term conditions will increase.

By improving environments and raising awareness, these prevention services support people to make healthier choices, reducing major risk factors that contribute to long-term conditions and delaying or reducing the impact of these conditions. Tobacco smoking, drug and alcohol misuse, inactivity, poor nutrition, and rising obesity rates are major and common contributors to a number of the most prevalent long-term conditions. These risk factors are preventable through a supportive environment, improved awareness and greater personal responsibility for health and

wellbeing. Prevention services support people to address any risk factors that contribute to both acute events (e.g. alcohol-related injury), as well as long-term conditions development (e.g. obesity, diabetes).

High health need and at-risk population groups (Māori, low socio-economic, disabled people and those with mental health issues) who are more likely to be exposed to environments less conducive to making healthier choices are a focus. Preventative services are our best opportunity to target improvements in the health of these high need populations, to reduce inequalities in health status and improve population health outcomes.

Outputs: Short Term Performance Measures 2019-20

Measures **Quality (Q) – Quantity (V) – Coverage (C) – Timeliness (T)**	**Notes**	**Actual 2017/18**	**Target 2018/19**	**Target 2019/20**	**Target 2020/21**	**Target 2021/22**
Percentage of enrolled women (20-69) who had a cervical smear in the last 3 years [SS08]	V	81%	>85%	>80%	>80%	>80%
Percentage of enrolled high-needs women (20-69) who had a cervical smear in the last 3 years [SS08]	V	71%	>85%	>80%	>80%	>80%
Percentage of women (45-65) having mammography within 2 years [SS07]	V	80%	>80%	>70%	>70%	>70%
Percentage of newborn hearing screening completed within 1/12 birth	V	99%	>95%	>99%	>99%	>99%
Percentage of two year old children fully vaccinated (PP21)	C	89%	>95%	>95%	>95%	>95%
Percentage of over 65 year olds vaccinated for seasonal influenza (PP21)	V	61%	>75%	>75%	>75%	>75%

Percentage of eligible children receiving Before (B4) School Checks	V	103%	100%	100%	100%	100%
Number of clients seen by the primary mental health service - youth	Q	579	NEW	>580	>580	>580
Number of clients seen by the primary mental health service - adults	Q	3231	NEW	>3300	>3300	>3300
Shorter waits for non-urgent mental health services for 0-19 year olds: 80% of people seen within 3 weeks [MH03]	T	New	>80%	>80%	>80%	>80%

Early Detection and Management Services

Output Class Description

- 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.

Significance for the DHB

New Zealand is experiencing an increasing rate of long-term conditions, so called because once diagnosed people usually have them for the rest of their lives. Examples include diabetes and cardiovascular disease, and some population groups suffer from these conditions more than others.

By promoting regular engagement with health services we support people to maintain good health through earlier detection and management services based in the community. These

services provide an opportunity to intervene in less invasive and more cost-effective ways, and reduce the burden of long-term conditions through supported self-management (avoidance of complications, acute illness and crises). These services deliver coordination of care, ultimately supporting people to maintain good health.

Outputs: Short Term Performance Measures 2019-20

Measures **Quality (Q) – Quantity (V) – Coverage (C) – Timeliness (T)**	**Notes**	**Actual 2017/18**	**Target 2018/19**	**Target 2019/20**	**Target 2020/21**	**Target 2021/22**
Percentage of people in the district enrolled with PHO – Nelson	C	99%	>99%	100%	100%	100%
Percentage of people in the district enrolled with PHO – Marlborough	C	97%	>99%	>99%	>99%	>99%
Utilisation of DHB-funded dental services by adolescents (School Year 9 up to and including age 17 years) [CW05]	C, V	New	>85%	>85%	>85%	>85%
Percentage of children <5 years enrolled in DHB funded dental services [CW03]	C	86%	85%	>=95%	>=95%	>=95%
Percentage of secondary care patients whose medicines are reconciled on admission	C,Q	48%	>25%	>50%	>50%	>50%
Percentage of people provided with a CT scan within 42 days of referral	T	81%	100%	95%	95%	95%
Percentage of people provided with an MRI scan within 42 days of referral	T	48%	100%	95%	95%	95%
Supporting Parents; Healthy Children: Information about parenting and children's needs is included in the initial assessment and wellbeing plan	C	New	100%	100%	100%	100%

Measures Quality (Q) – Quantity (V) – Coverage (C) – Timeliness (T)	Notes	Actual 2017/18	Target 2018/19	Target 2019/20	Target 2020/21	Target 2021/22
for adults with a mental health and / or addiction issue as applicable						
Post-discharge community care for mental health inpatients: Follow-up within 7 days	Q T	New	100%	100%	100%	100%

Intensive Assessment & Treatment Services

Output Class Description

- 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 specialised equipment such as a 'hospital'. These services are generally complex and provided by healthcare professionals that work closely together.
- They include:
  - Ambulatory services (including outpatient, district nursing and day services) across the range of secondary preventive, diagnostic, therapeutic, and rehabilitative services
  - Inpatient services (acute and elective streams) including diagnostic, therapeutic and rehabilitative services
  - Emergency Department services including triage, diagnostic, therapeutic and disposition services
- On a continuum of care these services are at the complex end of treatment services and focussed on individuals.

Significance for the DHB

Equitable, timely access to intensive assessment and treatment can significantly improve people's quality of life either through early intervention (e.g. removal of an obstructed gallbladder to prevent repeat attacks of abdominal pain) or through corrective action (i.e. major joint replacements to relieve pain and improve activity). Responsive services and timely treatment services also support improvements across the whole system and give people confidence that complex intervention will be available when needed. As an owner and provider of these services,

the DHB is also concerned with the quality of the services being provided. Quality improvement in service delivery, systems and processes will improve patient safety, reduce the number of events causing injury or harm, and provide improved outcomes for people in our services. Adverse events and delays in treatment, as well as causing harm to patients, drive unnecessary costs and redirect resources away from other services. Quality improvement in service delivery, systems and processes will improve patient safety, reduce readmission rates, and better support people to recover from complex illness and / or maximise their quality of life.

Government has set clear expectations for the delivery of elective service volumes, a reduction in waiting times for treatments, and increased clinical leadership to improve the quality of care. To meet these expectations we are introducing innovative clinically led service delivery models and reducing waiting time within our hospital services.

Outputs: Short Term Performance Measures 2019-20

Measures **Quality (Q) – Quantity (V) – Coverage (C) – Timeliness (T)**	**Notes**	**Actual 2017/18**	**Target 2018/19**	**Target 2019/20**	**Target 2020/21**	**Target 2021/22**
Acute inpatient average length of stay (days)	Q	2.30	<2.30	2.30	2.30	2.30
Percentage of elective and arranged surgery undertaken on a day case basis	Q	66%	>68%	>68%	>68%	>68%
Percentage of people receiving their elective & arranged surgery on day of admission	Q	99%	>98%	>99%	>99%	>99%
Percentage of total deliveries in primary birthing units	Q V	5%	>7%	>7%	>7%	>7%
Women registering with an LMC by week 12 of their pregnancy	T	80%	>80%	>80%	>80%	>80%

Standardised Intervention Rate for major joint replacement	V	26 per 10,000	>21 per 10,000	>21 per 10,000	>21 per 10,000	>21 per 10,000
Standardised Intervention Rate for cataract procedures	V	29 per 10,000	>27 per 10,000	>27 per 10,000	>27 per 10,000	>27 per 10,000
Reduce seclusion events per month	Q, V	New	<4	<4	<4	<4

Rehabilitation and Support Services

Output Class Description

- 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.

Significance for the DHB

Services that support people to manage their needs and live well, safely and independently in their own homes are considered to provide a much higher quality of life. As a result, people stay active and positively connected to their communities. People whose needs are adequately met will also be less dependent on hospital and residential services and less likely to experience acute illness, crisis or deterioration of their conditions. Even when returning to full health is not possible, timely access to responsive support services enables people to maximise function and independence.

In preventing deterioration and acute illness or crisis, these services have a major impact on the sustainability of hospital and specialist services and on the wider health system in general by reducing acute demand, unnecessary ED presentation, and the need for more complex intervention. These services also support the flow of patients and improved recovery after an acute illness or hospital admission – helping to reduce readmission rates and supporting people to recover from complex illness and/or maximise their quality of life.

Living in aged residential care has been associated with more rapid functional decline than 'ageing in place' and is a more expensive option. Resources can be better utilised providing appropriate

levels of support to people to help them stay in their own homes and to moderate the need for residential care and hospital services.

Nelson Marlborough Health has taken a restorative approach and has introduced individual packages of care to better meet people's needs, including complex packages of care for people assessed as eligible for residential care who would rather remain in their own homes. With an ageing population, it is vital that we ascertain the effectiveness of services in this area and we use the InterRAI (International Residential Assessment Instrument) tool to ensure people receive support services that best meet their needs and, where possible, support them to regain maximum functional independence.

Outputs: Short Term Performance Measures 2019-20

Measures **Quality (Q) – Quantity (V) – Coverage (C) – Timeliness (T)**	**Notes**	**Actual 2017/18**	**Target 2018/19**	**Target 2019/20**	**Target 2020/21**	**Target 2021/22**
The percentage of people in aged residential care by facility and by DHB who have a subsequent interRAI long term care facility (LTCF) assessment completed within 230 days of the previous assessment	Q	86%	>80%	>86%	>86%	>86%
Percentage of older people living in ARC	C	4%	<4%	<4%	<4%	<4%
Improving Mental Health services using transition (discharge) planning and employment: Child and Youth with a transition (discharge) plan. [MH02]	Q	90%	>95%	>95%	>95%	>95%

Section 2: Financial Performance

Introduction

Nelson Marlborough Health (NMH) has displayed a strong commitment in the last few years to operating within its means whilst delivering its operational commitments, the Government's expectations and the Board's priorities.

The past few years have seen NMH absorb a number of significant cost increases that were well in excess of increases in revenue. In this context, delivery of a surplus position has been a significant achievement that NMH is committed to continuing. This is a key commitment for NMH and we have a strong record of financial delivery whilst remaining focussed on good patient outcomes. Whilst we expect that new challenges will emerge in 2019/20 and the following years, we remain in good shape to face these challenges.

Although we are reporting a deficit operating result for the first two years covered by this Plan the intention for NMH is to continue to target a better than breakeven operating result as we move toward the redevelopment of the Nelson Hospital.

The risks to achieving this position, changes that must be made and challenges to overcome are outlined through this section of the Plan.

At the time of writing fiscal budgets have not been agreed with the Ministry of Health and Minister of Health and are subject to change.

Financial Performance Summary

The NMH is committed to living within its means by delivering a breakeven operating financial result whilst maintaining a tight level of fiscal control over cost pressures. However the cost pressures within the health sector over the last and the next two financial years mean that we are reporting a deficit position. The prospective financial statements presented later in this Plan show that NMH has a strong pathway back to a small surplus position within our operating surplus – effectively this is our 'business as usual' fiscal result. We have shown separately, the costs and associated savings arising from the investments within the Models of Care transformation programme – this shows that an additional year is required to deliver an organisational net surplus across the organisation

Critically, to ensure the health system is financially sustainable, we are focussed on making the whole of system work properly and achieving the best possible outcomes for our investment. This is work that NMH has been focussing on, and investing in, over recent years to meet the challenges faced across the health system.

Constraining Our Cost Growth

Constraining cost growth has been critical to our success in delivering surpluses in recent years and remains a key focus for the financial management disciplines into the future. If the pressure that an increasing share of our funding continues to be directed into meeting the growing cost of providing services, our ability to maintain current levels of service delivery will be at risk whilst placing restrictions in our ability to invest in new equipment, technology and new initiatives that allow us to meet future demand levels.

It is also critical that we continue to reorient and rebalance our health system. By being more effective and improving the quality of the care we provide, we reduce rework and duplication, avoid unnecessary costs and expenditure and do more with our current resources. We are also able to improve the management of the pressure of acute demand growth, maintain the resilience and viability of services and build on productivity gains already achieved through increasing the integration of services across the system.

NMH has already committed to a number of mechanisms and strategies to constrain cost growth and rebalance our health system. We will continue to focus on these initiatives, which have contributed to our considerable past success and given us a level of resilience that will be vital in the coming year:

a) Reducing unwarranted variation, duplication and waste from the system;

b) Doing the basics well and understanding our core business;

c) Investing in clinical leadership and clinical input into operational processes and decision-making;

d) Developing workforce capacity and supporting less traditional and integrated workforce models;

e) Realigning service expenditure to better manage the pressure of demand growth; and

f) Supporting unified systems to shared resources and systems.

An important expectation of DHBs is for them to work together and collaborate nationally and with our regional neighbours.

Regionally we continue with the implementation of the regional services planning. Its outcomes are reflected in this plan. Many information systems and technology projects are being delivered as regional projects and we are progressing with a greater focus on regional procurement initiatives.

NMH is committed to supporting NZHP's work and the local implementation of the initiatives agreed by the collective DHBs. Estimates have been included in the finances in respect of these initiatives.

Assumptions

In preparing our forecasts the following key assumptions have been made:

a) NMH's funding allocations will increase at no less than the indicative funding advice from the Ministry of Health. Core funding received for the out year revenue will increase by the same nominal dollar value as received for 2019/20 in line with MOH requirements.

b) Revenue and expenditure have been budgeted on current Government policy settings and known health service initiatives.

c) MECA settlements have been budgeted at levels equivalent to or not less than the NZNO MECA that occurred in the 2018/19 financial year. Settlements in excess of the amount budgeted are assumed to be cost neutral with the additional costs covered by additional Government funding.

d) Expenditure in relation to the Supporting Equitable Pay for Care and Support Workers settlement, including the costs associated with the revaluation of employee entitlements for the DHB staff covered by the settlement will be fully funded.

e) No additional compliance costs have been budgeted, as it is assumed these will be cost neutral or fully funded. It is also assumed that the impact of any legislative changes, sector reorganisation or service devolvement (during the term of this Plan) will be cost neutral or fully funded.

f) Any revaluation of land and buildings will not materially impact the carrying value or the associated depreciation costs.

g) IDF volumes and prices are at the levels identified by the Ministry of Health and advised within the Funding Envelope adjusted for expected reductions in volumes.

h) Staff vacancies (existing and as they occur in future) will be reassessed to ensure the positions are still required, affordable and alternatives explored before vacancies are filled. Improved employee management can be achieved with emphasis in areas such as sick leave, discretionary leave, staff training and staff recruitment/turnover.

i) External provider increases will be made within available funding levels, after allowance for committed and demand-driven funding.

j) Price increases agreed collaboratively by DHBs for national contracts and any regional collaborative initiatives will be within available funding levels and will be sustainable.

k) Any increase in treatment related expenditure and supplies is maintained at affordable and sustainable levels and the introduction of new drugs or technology will be funded by efficiencies within the service.

l) All other expense increases including volume growth will be managed within uncommitted funds available or deferred.

m) The DHB will meet the mental health ring fence expectations.

At the time of writing this Plan we are waiting on a number of final funding levels for a range of MOH contracts. Therefore there may be material implications to the fiscal projections included within this Plan that cannot be determined until all the funding advice is available.

Asset Planning and Sustainable Investment

Asset management planning

NMH is committed to advancing and maturing its asset management planning with a view to a more strategic approach to asset maintenance, replacement and investment. A revised Asset Management Plan (AMP) is under development and will be informed by the National Asset Management Plan currently being developed by the MOH. The AMP reflects the joint approach taken by all DHBs and current best practice.

Capital Expenditure

NMH has significant capital expenditure committed over the coming years. Based on NMH's fiscal position, we estimate that we will fund an annual total of $8.7M of general capital expenditure across the three years within this Plan. In addition, investment is allowed for major or strategic projects including the commencement of the Nelson hospital development. With this level of capital investment, the remaining capital expenditure funding available will be very tight. To manage this level of capital expenditure will require discipline and focus on the DHB's key priorities.

Business Cases

The NMH understands that approval of this Plan is not approval of any specific capital business case. Some business cases will still be subject to a separate approval process that includes the Ministry of Health and Treasury officials prior to a recommendation being made to the Minister of Health.

The Board also requires management to obtain final approval in accordance with delegations prior to purchase or development commencing.

NMH is aware of several business case initiatives in varying stages of development at the time of writing. The draft Indicative Business Case (IBC) for the Nelson Hospital Development was submitted to the MOH in June 2019 and a further iteration of the IBC is expected to be submitted in April. NMH expects to commence work on the Detailed Business Case in the 2020/21 financial year.

Asset Valuation

NMH completed a full revaluation of its property and building assets at 30 June 2018 in line with generally accepted accounting practice requirements with the next revaluation due in June 2023.

Debt and Equity

Over the last two years the MOH and Treasury, along with all DHBs undertook a review of the core debt facilities within DHBs. This resulted in the core debt portfolio of DHBs being converted to Equity in February 2017 leaving the DHB with no core debt. For NMH this lead to the conversion of $55.5M of debt being converted to Equity.

In addition to the core debt facilities NMH has a number of finance lease facilities covering a range of clinical equipment and information technology assets. We do not have the option to purchase the asset at the end of the leased term and no restrictions are placed on us by any of the financing lease arrangements.

NMH has a finance lease arrangement relating to the Golden Bay Community Health Centre ("GBCHC"). This relates to the 35-year lease arrangement entered into by NMH to lease the GBCHC from the Golden Bay Community Health Trust. We have in turn sub-leased the GBCHC to the Nelson Bays Primary Health Trust. Further disclosures on this arrangement were made in our 2014/15 Annual Report.

Additional Information and Explanations

Disposal of Land and Other Assets

NMH actively reviews assets to ensure that it has no surplus assets. No significant assets are scheduled for disposal during the period covered by this Plan as a result of being declared surplus except land declared surplus adjacent to the Wairau hospital site. At the time of writing we are progressing with the requirements to complete the disposal in line with the requirements for the disposal of surplus Crown land. The approval of the Minister of Health is required prior to the DHB disposing of land. The disposal process is a protective mechanism governed by various legislative and policy requirements.

Activities for Which Compensation is Sought

No compensation is sought for activities sought by the Crown in accordance with Section 41(D) of the Public Finance Act.

Acquisition of Shares

Before NMH or any associate or subsidiary subscribes for, purchases, or otherwise acquires shares in any company or other organisation, the Board will consult the responsible Minister/s and obtain their approval.

Accounting Policies

The accounting policies adopted are consistent with those disclosed in the 2017/18 Annual Report which can be found on the NMH website.

Prospective Financial Statements

The projected financial statements for NMH are shown on the following pages. The actual results achieved for the period covered by the financial projections are likely to vary from the information presented, and the variations may be material. The financial projections comply with section 142(1) of the Crown Entities Act 2004 and are compliant with Generally Accepted Accounting Principles (GAAP). The information may not be appropriate for any other purpose.

The statement of prospective financial performance, as shown below, shows the 2019/20 financial year plus the following three financial years to reflect the current pathway determined for the MOC programme. The remaining financial statements, however, are show the prospective financial results for the 2019/20 and the following two financial years in line with statutory requirements.

STATEMENT OF PROSPECTIVE FINANCIAL PERFORMANCE

	2017/18 Actual $000	2018/19 Forecast $000	2019/20 Projection $000	2020/21 Projection $000	2021/22 Projection $000	2022/23 Projection $000
Revenue	**498,254**	**525,939**	**551,156**	**564,481**	**577,887**	**591,651**
Operating Expenditure						
Workforce costs	188,697	206,782	222,820	230,057	237,530	245,247
Outsourced services	16,352	18,047	18,642	18,828	19,016	19,207
Clinical Supplies	38,606	41,146	38,812	39,242	39,677	40,116
Infrastructure and Non-clinical supplies	27,199	37,807	28,894	26,144	23,538	24,510
External providers	160,237	171,003	173,772	177,595	181,502	185,494
Inter-district flows	45,330	46,977	46,890	47,922	48,976	50,054
Interest	346	332	352	356	359	363
Depreciation & amortisation	11,888	13,036	15,056	15,056	15,056	15,056
Capital charge	9,376	11,072	10,460	10,564	10,670	10,777
Total expenditure	**498,031**	**546,202**	**555,698**	565,764	576,324	590,824
Operating surplus/(deficit)	**223**	**(20,263)**	**(4,542)**	(1,283)	1,563	827
Impairment of intangible assets	(2,255)	(302)				
Operating surplus/(deficit) after impairments	**(2,032)**	**(20,565)**	**(4,542)**	**(1,283)**	**1,563**	**827**
MOC initiatives operating expenditure			(1,500)	(4,271)	(5,372)	(4,856)
MOC initiatives operating savings				1,125	3,203	4,029
Net surplus/(deficit)	**(2,032)**	**(20,565)**	**(6,042)**	**(4,429)**	**(606)**	**0**
Other comprehensive revenue or expenses						
Item that will be reclassified to surplus/(deficit):						
Financial assets at fair value through other comprehensive revenue and expense						
Items that will not be reclassified to surplus/(deficit):						
Gain/(Loss) on property revaluation	33,262					
(Impairment)/revaluation of property, plant & equipment						
Total other comprehensive revenue or expenses	33,262	0	0	0	0	0
Total comprehensive income	**31,230**	**(20,565)**	**(6,042)**	**(4,429)**	**(606)**	**0**

STATEMENT OF PROSPECTIVE MOVEMENTS IN EQUITY

	2017/18 Actual $000	2018/19 Forecast $000	2019/20 Projection $000	2020/21 Projection $000	2021/22 Projection $000
Equity at beginning of the year	**156,838**	**187,521**	**166,409**	**159,820**	**154,844**
Comprehensive income					
Net surplus/(deficit)	(2,032)	(20,565)	(6,042)	(4,429)	(606)
Other comprehensive income	33,262	0	0	0	0
Total comprehensive income	**31,230**	**(20,565)**	**(6,042)**	**(4,429)**	**(606)**
Owner transactions					
Equity injections					
Equity repayments	(547)	(547)	(547)	(547)	(547)
Total owner transactions	**(547)**	**(547)**	**(547)**	**(547)**	**(547)**
Equity at end of the year	**187,521**	**166,409**	**159,820**	**154,844**	**153,691**

STATEMENT OF PROSPECTIVE FINANCIAL POSITION

	2017/18 Actual $000	2018/19 Forecast $000	2019/20 Projection $000	2020/21 Projection $000	2021/22 Projection $000
Non current assets					
Property, plant & equipment	197,886	197,681	191,115	184,549	177,983
Intangible assets	10,376	11,509	10,518	9,528	8,538
Prepayments	55	36	36	36	36
Other financial assets	1,707	1,715	1,715	1,715	1,715
Total non current assets	**210,024**	**210,941**	**203,384**	**195,828**	**188,272**
Current assets					
Cash & cash equivalents	18,468	6,315	6,508	10,325	18,343
Other cash deposits	19,950	21,284	21,284	21,284	21,284
Debtors & other receivables	18,021	19,222	19,222	19,222	19,222
Inventories	2,715	2,742	2,742	2,742	2,742
Prepayments	414	1,188	1,188	1,188	1,188
Assets held for sale	465	465	465	465	465
Total current assets	**60,033**	**51,216**	**51,409**	**55,226**	**63,244**
Total assets	**270,057**	**262,157**	**254,793**	**251,054**	**251,516**
Equity					
Crown equity	82,467	81,920	81,373	80,826	80,279
Revaluation reserve	86,476	86,476	86,476	86,476	86,476
Retained earnings	18,579	(1,986)	(8,028)	(12,457)	(13,063)
Total equity	**187,522**	**166,410**	**159,821**	**154,845**	**153,692**
Non current liabilities					
Interest bearing loans & borrowings	8,172	7,664	7,664	7,184	6,704
Employee entitlements	9,406	9,870	9,870	9,870	9,870
Total non current liabilities	**17,578**	**17,534**	**17,534**	**17,054**	**16,574**
Current liabilities					
Creditors & other payables	30,142	47,932	47,158	48,875	50,970
Employee benefits	33,851	29,330	29,330	29,330	29,330
Interest bearing loans & borrowings	490	501	500	500	500
Provisions	474	450	450	450	450
Total current liabilities	**64,957**	**78,213**	**77,438**	**79,155**	**81,250**
Total liabilities	**82,535**	**95,747**	**94,972**	**96,209**	**97,824**
Total equity & liabilities	**270,057**	**262,157**	**254,793**	**251,054**	**251,516**

STATEMENT OF PROSPECTIVE CASH FLOWS

	2017/18 Actual $000	2018/19 Forecast $000	2019/20 Projection $000	2020/21 Projection $000	2021/22 Projection $000
Cash flows from operating activities					
Receipts from Ministry of Health & patients	491,902	523,143	551,152	564,476	577,883
Interest received	1,745	1,550	1,700	1,720	1,741
Payments to employees	(181,248)	(190,504)	(217,489)	(228,034)	(235,486)
Payments to suppliers	(292,272)	(318,522)	(316,311)	(314,898)	(316,923)
Capital charge paid	(9,376)	(11,073)	(10,460)	(10,564)	(10,670)
Interest paid	0	0	0	0	0
Net GST paid	547	(174)	0	0	0
Net cash inflow from operating activities	**11,298**	**4,420**	**8,592**	**12,700**	**16,545**
Cash flows from investing activities					
Sale of property, plant & equipment	107	103	0	0	0
Cash inflow on maturity of investments	0	0	0	0	0
Acquisition of property, plant & equipment	(10,646)	(11,678)	(6,500)	(6,500)	(6,500)
Acquisition of intangible assets	(2,415)	(2,289)	(1,000)	(1,000)	(1,000)
Acquisition of investments	585	(1,334)	0	0	0
Net cash inflow / (outflow) from investing activities	**(12,369)**	**(15,198)**	**(7,500)**	**(7,500)**	**(7,500)**
Cash flows from financing activities					
Loans raised	0	0	0	0	0
Finance leases raised	0	0	0	0	0
Equity injections	0	0	0	0	0
Equity repaid	(547)	(547)	(547)	(547)	(547)
Repayment of borrowings	(1,475)	(828)	(352)	(836)	(480)
Repayment of finance lease liabilities	0	0	0	0	0
Net cash outflow from financing activities	**(2,022)**	**(1,375)**	**(899)**	**(1,383)**	**(1,027)**
Net increase/(decrease) in cash & cash equivalents	**(3,093)**	**(12,153)**	**193**	**3,817**	**8,018**
Cash & cash equivalents at 1 July	21,561	18,468	6,315	6,508	10,325
Cash & cash equivalents at 30 June	**18,468**	**6,315**	**6,508**	**10,325**	**18,343**

SUMMARY OF REVENUE & EXPENSES BY OUTPUT CLASS

	2017/18 Actual $000	2018/19 Forecast $000	2019/20 Projection $000	2020/21 Projection $000	2021/22 Projection $000
Revenue					
Prevention services	8,226	8,683	9,099	9,319	9,540
Early detection & management services	123,542	130,406	136,659	139,962	143,286
Intensive assessment & treatment services	261,177	275,690	288,908	295,893	302,920
Support services	105,309	111,161	116,491	119,307	122,140
Total revenue	**498,254**	**525,939**	**551,156**	**564,481**	**577,887**
Expenses					
Prevention services	7,752	8,205	8,590	8,780	8,978
Early detection & management services	119,544	126,400	129,509	132,166	134,898
Intensive assessment & treatment services	264,714	300,125	303,211	308,237	313,606
Support services	106,021	111,472	114,389	116,581	118,843
Total expenses	**498,031**	**546,202**	**555,698**	**565,764**	**576,324**
Net contribution					
Prevention services	474	478	509	539	562
Early detection & management services	3,998	4,006	7,150	7,797	8,389
Intensive assessment & treatment services	(3,537)	(24,435)	(14,303)	(12,344)	(10,686)
Support services	(712)	(311)	2,102	2,726	3,298
Net surplus / (deficit)	**223**	**(20,263)**	**(4,542)**	**(1,283)**	**1,563**

STATEMENT OF PROSPECTIVE FINANCIAL PERFORMANCE - PREVENTION SERVICES

	2017/18 Actual $000	2018/19 Forecast $000	2019/20 Projection $000	2020/21 Projection $000	2021/22 Projection $000
Income	**8,226**	**8,683**	**9,099**	**9,319**	**9,540**
Operating Expenditure					
Workforce costs	4,438	**4,863**	**5,240**	**5,410**	**5,586**
Other operating costs	971	**844**	**811**	**776**	**741**
External providers & inter district flows	2,343	**2,498**	**2,538**	**2,594**	**2,651**
Total expenditure	**7,752**	**8,205**	**8,590**	**8,780**	**8,978**
Net surplus / (deficit)	**474**	**478**	**509**	**539**	**562**

STATEMENT OF PROSPECTIVE FINANCIAL PERFORMANCE - EARLY DETECTION AND MANAGEMENT SERVICES

	2017/18 Actual $000	2018/19 Forecast $000	2019/20 Projection $000	2020/21 Projection $000	2021/22 Projection $000
Income	**123,542**	**130,406**	**136,659**	**139,962**	**143,286**
Operating Expenditure					
Workforce costs	21,823	23,915	25,769	26,606	27,471
Other operating costs	8,477	7,370	7,084	6,777	6,472
External providers & inter district flows	89,244	95,116	96,656	98,782	100,955
Total expenditure	**119,544**	**126,400**	**129,509**	**132,166**	**134,898**
Net surplus / (deficit)	**3,998**	**4,006**	**7,150**	**7,797**	**8,389**

STATEMENT OF PROSPECTIVE FINANCIAL PERFORMANCE - INTENSIVE ASSESSMENT AND TREATMENT SERVICES

	2017/18 Actual $000	2018/19 Forecast $000	2019/20 Projection $000	2020/21 Projection $000	2021/22 Projection $000
Income	**261,177**	**275,690**	**288,908**	**295,893**	**302,920**
Operating Expenditure					
Workforce costs	137,678	150,873	162,574	167,855	173,307
Other operating costs	82,765	103,180	94,666	93,400	92,282
External providers & inter district flows	44,272	46,073	45,971	46,983	48,016
Total expenditure	**264,714**	**300,125**	**303,211**	**308,237**	**313,606**
Net surplus / (deficit)	**(3,537)**	**(24,435)**	**(14,303)**	**(12,344)**	**(10,686)**

STATEMENT OF PROSPECTIVE FINANCIAL PERFORMANCE - SUPPORT SERVICES

	2017/18 Actual $000	2018/19 Forecast $000	2019/20 Projection $000	2020/21 Projection $000	2021/22 Projection $000
Income	**105,309**	111,161	**116,491**	**119,307**	**122,140**
Operating Expenditure					
Workforce costs	24,759	27,132	29,236	30,185	31,166
Other operating costs	11,554	10,046	9,655	9,237	8,821
External providers & inter district flows	69,708	74,294	75,497	77,158	78,856
Total expenditure	**106,021**	**111,472**	**114,389**	**116,581**	**118,843**
Net surplus / (deficit)	**(712)**	**(311)**	**2,102**	**2,726**	**3,298**

Appendix A: Priorities Matrix

See next page

All people live well, get well, stay well

Nelson Marlborough Health Key Priorities to June 2020

Priority

Achieve health equity: Improve health status of those currently disadvantaged, particularly Māori

Drive efficient, effective, safe & sustainable healthcare: Support clinical governance, innovation & invest to improve

One Team: Achieve joined-up care and wellbeing across health, local authority and social services

Workforce: Develop the right workforce capacity,culture, capability & configuration

Information Technology: Support better information sharing, efficiency and effectiveness

Facility Development: Plan for a redevelopment of Nelson Hospital

ONGOING SERVICE DELIVERY: Continue to provide efficient, effective and safe health care every day

Te Tiriti o Waitangi / The Treaty of Waitangi

Māori Health	Mental Health & Disability	Primary & Community	Oral Health	Youth Health	Invest in Children	Service Improvement
•Embed Hauora Direct (vulnerable population assessments) •Establish Hapū Wānanga •Strengthen Whare Ora •Progress initiatives related to working towards equity workstream.	•Strengthen the stepped care model •Strengthen our response and preparedness for Enabling Good Lives system transformation •Implement Government agreed actions following the MH&A Inquiry •Reduce harm caused by methamphetamine	•Advance Health Care Home •Improve access to health professional advice •Strengthen care coordination in alignment with general practice / locality clusters •Maximise the role of community pharmacy	•Improve equity of enrolment & utilisation of oral health services	•Strengthen school based health services •Promote and facilitate *The Plan* to encourage sensible attitudes to alcohol •Use Youth Advisory Panel to support future service improvements and development •Ensure young people feel safe and supported by health services	• Ensure every child is a wanted child and child wellbeing is everyone's business •Contribute to the First 1000 days – vulnerable children are identified, pilot implemented in Motueka with linked community teams, •Parents are provided support	•Improve acute demand management across the system •Improve patient flow •Improve perioperative efficiency •Implement a Nelson-Wairau service delivery model •Maximise support for those living with dementia •Improve cooperation to benefit people whose health and/or disability needs fall between current services. •Improve pathway of the deteriorating patient

•Ensure NMH has a workforce that will support new models of care by:

1. Producing a workforce development plan that promotes staff wellbeing, a positive culture, and is clinically led with an emphasis on education, growing our own; and matching workforce to demand
2. Focussing on building Māori health workforce capacity and capability
3. Developing a workforce strategy aligning to the national workforce strategy and including attracting and retaining Māori employees and leaders

•To enable above initiatives, expand the shared care information platform for both hospital and community, and implement virtual health pilots.
•Create health intelligence systems and a culture to inform data-driven quality improvement.
•Continue to implement the Regional Service Provider Index across the South Island, and further SIPICS foundation functionality.
•Improve the resilience and security of the hospital digital infrastructure, including migration to Microsoft Office 365

•Complete the various planning stages for a redevelopment of Nelson Hospital in line with the requirements determined through the Models of Care programme and future demand projections:

- Determine interim facility requirements to address capacity and other constraints in the period until a new facility has been completed
- Submission of the Indicative Business Case and response to any review by the Ministry of Health and Treasury
- Commencement of the Detailed Business Case and detailed design phases

Deliver within our available resources

Minimise our environmental impact

Focus on experience of care and support

Models of Care

Five year programme of transformational change that will inspire new models of care to drive:

- Innovation
- Improved access and patient centred services
- Population wellbeing and equitable outcomes
- Coordination and integration of people, information and systems

Ten projects comprise the programme:

1. Towards Equity: Extension of Hauora Direct
2. Health Care Home Tranche 2
3. Contribution to the First 1,000 Days
4. Acute Demand: Medical Admissions & Planning Unit
5. Strengthening Coordinated Care
6. Virtual Health
7. Access to timely advice
8. Shared Information Platform
9. Workforce Development
10. Health Intelligence

Kaiao te tīni, ka ora te mano, ka noho ora te nuinga

Appendix B System Level Measures Improvement Plan

Nelson Marlborough Health System

Improvement Plan for System Level Outcomes 2019-20

Executive Summary

The Top of the South Health Alliance (ToSHA) is committed to improving the health of everyone in the Nelson Marlborough region. To do this, and to support the implementation of the refreshed New Zealand Health Strategy, we have jointly developed an Improvement Plan for System Level Outcome Measures.

The organisations involved in the development and/or implementation of this plan are:

- Nelson Marlborough District Health Board
- Nelson Bays Primary Health
- Marlborough Primary Health Organisation
- Te Piki Oranga (other Well Child providers are engaged at quarterly forums)
- Youth Service Level Alliance Team (SLAT)

Purpose

This document shows how the System Level Measures Improvement Plan 2019/20 will build on progress and continue to improve health outcomes across the Nelson Marlborough region.

The plan includes:

- Specific improvement milestones that show improvement for each of the six system level measures (SLMs).
- Brief descriptions of activities to be undertaken by alliance partners (primary, secondary, and community) to achieve the milestones.
- Contributory measures for each of the SLMs chosen to monitor local progress against the activities.

- Signatures of all district alliance partners to demonstrate an integrated and partnership approach to the development and implementation of the improvement plan.

Background

System Level Measures are outcome focused measures that provide a framework for continuous quality improvement and system integration. They are set nationally and focus on children, youth and vulnerable populations. System Level Measures aim to improve health outcomes for people by supporting District Health Boards to work in collaboration with health system partners (primary, community and hospital).

The six System Level Measures are:

1. ambulatory sensitive hospitalisation (ASH) rates for 0–4 year olds **(keeping children out of hospital)**
2. acute hospital bed days per capita **(using health resources effectively)**
3. patient experience of care **(person-centred care)**
4. amenable mortality rates **(prevention and early detection)**
5. babies living in smokefree homes **(a healthy start)**
6. youth access to and utilisation of youth appropriate health services **(youth are healthy, safe and supported)**

Process & Approach

The Alliance appointed a group to oversee the development of the System Level Measures Improvement Plan 2019/20. This group is comprised of senior staff members from across the organisations involved (Table 1). The group convened to review the data relating to each of the System Level Measures. Where equity gaps were apparent, the group focussed their improvement milestone, quality improvement activities, and contributory measures specifically on addressing these gaps.

Each System Level Measure has been assigned a Quality Improvement Champion. The Champions have strong existing networks, work with senior managers and clinical leaders to review Nelson Marlborough-specific data for each of the measures. The Champions shared the draft System Level Measures Plan with their stakeholders for feedback from areas relevant to outcomes and activities.

Progress against this plan will be overseen, and advice provided as needed on strategic direction, by the ToSHA committee. We, the Chief Executives of the Top of the South Health Alliance, pledge our commitment to the delivery of this improvement plan.

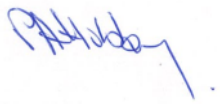
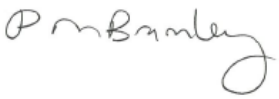
Signature	*Signature*	*Signature*	*Signature*
			
Beth Tester	Angela Francis	Anne Hobby	Peter Bramley
Chief Executive	Chief Executive	Tumuaki / General Manager	Chief Executive
Marlborough Primary Health	Nelson Bays Primary Health	Te Piki Oranga	Nelson Marlborough Health

Table 1: System Level Measures Improvement Group and Champions

Name	Organisation	Role	SLM Champion
Angela Francis	Nelson Bays PHO	Chief Executive	-
Karen Winton	Nelson Bays PHO	General Manager Health Services	-
Glenis Bell	Nelson Bays PHO	Health Promotion Manager	-
Beth Tester	Marlborough PHO	Chief Executive	-
Anne Hobby	Te Piki Oranga	Tumuaki / General Manager	-
Sonny Alesana	Te Piki Oranga	Te Pou Taki / Cultural Advisor and Rangatahi Pou Tangata / Service Champion Youth	-
Jane Kinsey	Nelson Marlborough Health	General Manager Mental Health, Addictions and Disability Support Services	Youth Access to and Utilisation of Youth-appropriate Health Services (10-24 year olds): Sexual and Reproductive Health.
Elizabeth Wood	Mapua Health Centre; and Nelson Marlborough	General Practitioner; and Clinical Director Community & Chair of	Patient Experience of Care

	Health	Clinical Governance	
Donna Addidle	Nelson Marlborough Health	Clinical Director for Women, Child & Youth, RMO Management	Youth Access to and Utilisation of Youth-appropriate Health Services (10-24 year olds): Sexual and Reproductive Health.
Cathy O'Malley	Nelson Marlborough Health	General Manager Strategy Primary & Community	Amenable Mortality
Nick Baker	Nelson Marlborough Health	Paediatrician & Chief Medical Officer	
Ditre Tamatea	Nelson Marlborough Health	General Manager for Māori & Vulnerable Populations	Ambulatory Sensitive Hospitalisations (0-4 years)
Debbie Fisher	Nelson Marlborough Health	Operations Manager / Associate Director Of Midwifery	Babies in Smoke free homes
Pamela Kiesanowski	Nelson Marlborough Health	Director of Nursing & Midwifery	Acute Hospital Bed Days
Lexie OShea	Nelson Marlborough Health	General Manager Clinical Services	Acute Hospital Bed Days

Keeping children out of hospital

Ambulatory Sensitive Hospitalisation (ASH) rates in 0–4 year olds seeks to reduce admission rates to hospital for a set of diseases and conditions that are potentially avoidable through prevention or management in primary care.

The overall non-standardised ASH rate for 0-4 year olds in Nelson Marlborough has continued to remain stable at 3,857 per 100,000 population in 2018 compared with 3,861 in the previous year, and remains lower than the national total. However, the rate for tamariki identifying as Māori has increased by 14.9% from 4,205 per 100,000 population in September 2017 to 4,831 in September 2018. In terms of ASH Events, this equates to a rise from 74 events for Māori in 2017 to 86 events in 2018. Meanwhile, the rates for non-Māori and non-Pacific populations has continued to decrease.

Ambulatory Sensitive Hospitalisation rates for Māori children in Nelson-Marlborough are driven by dental conditions (1,404 per 100,000 population), upper and ENT respiratory infections (1,011 per 100,000 population) and asthma (955, per 100,000 population). Consumption of sugary drinks, access to oral health care and primary care, exposure to second-hand smoke, and poor housing are known drivers associated with these conditions.

National Measure	Ambulatory Sensitive Hospitalisations (ASH) rate per 100,000 population, for 0 - 4 year olds.
Local Milestone	ASH rates for Māori children aged 0-4 years fall 10% by 30 June 2020 (from 4,831 in 2018 to 4,000 by 30 June 2020)

Activities	Contributory Measures
• The **Hauora Direct Programme** (a comprehensive 360 degree health assessment targeting Māori and vulnerable populations which includes referrals to oral health, whare ora, and smokefree programmes PepiFirst and Te Ha) will be: ▪ implemented in two new community settings ▪ completed daily through additional nursing resource in the Pacific Trust and Victory community centre, ▪ integrated into the Mental Health Service, (Nikau House), ▪ piloted in General Practice, ▪ offered to all wahine and whanau enrolled in the Hapu Wananga parenting education	• Hospital admissions for children aged five years with a primary diagnosis of asthma (Measures Library) • Total number of people who have undertaken Hauora Direct assessment recorded by ethnicity • Total number of interventions and referrals

programme, and ▪ active in referring tamariki to the kaupapa Māori Oral Health navigation service with Te Piki Oranga	
• Deliver oral health education programme called **"First Smiles**" for 0-5 years to preschools, Kohanga Reo, Young Adult School, Plunket, and Hapu Wanaga Programmes to increase oral health literacy in the community.	•Increase Māori children caries free at 5 years of age (by ethnicity and deprivation level) (Measures Library) • CW01 Children caries free at 5 years of age (Y1:63%, Y2:64%) • Hospital admissions for children aged five years with dental caries as primary diagnosis (Measures Library) • Pre-school children enrolled in publicly funded child oral health service (Measures Library) • CW03: Improving the number of children enrolled and accessing the Community Oral Health service. • Percentage of early childhood education providers with water only policies
• **Implement Water only policies** and a **Sugar-free campaign** targeting schools and early childhood centres by quarter 3 to increase oral health literacy in the community.	

Using Health Resources Effectively

Acute hospital bed days per capita measures the use of hospital resources, predominantly relating to adults and older people. Effective management of long-term illnesses and disease prevention in primary care prior to hospitalisation and the provision of effective care in the community after discharge have the potential to reduce hospital bed days. For example, access to primary care, streamlined diagnostic and treatment processes, discharge planning and community based health and restorative care. Good communication between clinicians across the health care continuum is vital.

The age standardised acute hospital beds rate for Nelson Marlborough Health for the year to December 2018 was 232 per 1,000 population. Rates remain higher for Māori (275 per 1,000 population) and Pacific peoples (253 per 1,000 population) and for those aged over 75 years. The main drivers of overall acute hospital bed days in Nelson Marlborough are events associated with stroke and other cerebrovascular conditions (DRG B70) and respiratory infections/inflammations (E62). For Māori, the conditions driving the acute hospital bed days rate also include heart failure and shock (DRGF62) and cellulitis/bacterial skin infections (DRG J64).

National Measure	Acute hospital bed days rate per 1,000 population domiciled within a DHB
Local Milestone	Reduce the age standardised acute hospital bed days rate for Māori from 275 per 1,000 population to 232 per 1,000 population by 30 June 2020

Activities	Contributory Measures
• Rollout the Health Care Home (HCH) model in a further 8 General Practices to improve access to enhanced primary and community care. • Adopt proactive shared care planning to support complex patients.	• Shared care plans enabled in tranche one practices by Q2 19-20 • Tranche two practices (8 practices) developed year one implementation plans (4 practices by Q2; 4 practices by Q4) • Number of shared care plans developed
• Advance the primary care response to mental health through locality based care coordination in collaboration with the initial Health Care Home (HCH) practices (a key component of which address Māori).	• MH01 – improve health status of people with severe mental illness through improved access. • Average bed night occupancy in a mental health and addiction service organisation • Overnight admissions to the mental health and addiction service organisation
• Identify novel methods of improving influenza vaccination rates among Māori, Pacifica and Asian populations; ensuring availability meets their needs.	• Local strategies identified by Q3 2019 and outcomes identified by Q2 2020 as per Annual Plan 2019/20.

Person-centred care

The **patient experience of care measurement tools in primary and secondary care** give insight into how patients experience the health care system, and how integrated their care was. Evidence suggests that patient experience is positively associated with adherence to recommended medication and treatments, engagement in preventive care such as screening services and immunisations and ability to use health resources available effectively.

This measure provides information about how people experience health care and may highlight areas that Nelson Marlborough Health needs to have a greater focus on, such as health literacy and communication.

Primary care

The average response rate to the primary care survey between Q4 2017 and Q3 2019 was 24% for practices in Nelson Marlborough. However, the response rate for Māori in Nelson Marlborough Health was lower than overall rates - ~ 15% for Marlborough practices and ~17% in Nelson practices. While the Alliance will continue efforts to improve these response rates, we have decided to focus new activities on improving the domain scores. In Q4 2018, Nelson Marlborough Health's total scores across partnership (7.7), communication (8.5), coordination (8.5) and physical & emotional needs (8.4) were all significantly higher or not significantly different from the national average. However, with the exception of communication (7.9), the scores for Māori were significantly lower than the national average across all domains (partnership -6.7, coordination 7.6, and physical & emotional needs – 7.9). We have therefore focussed our activities on addressing these equity gaps (see table below).

Secondary care

With respect to secondary care, and the the inpatient survey, Nelson Marlbourgh Health has identified communication and coordination as domains in which we could improve. In particular, patients have indicated that they could be better informed about medication side-effects upon discharge and receive more information from the hospital on how to manage their condition after discharge. This corresponds to the responses received to the survey questions:

- Did a member of staff tell you about medication side effects to watch for when you went home?
- And do you feel you received enough information from the hospital on how to manage your condition after your discharge?

The response rate for the inpatient hospital survey in Q4 2018 was around 23%. The results from this survey showed that 61% of patients reported receiving enough information on medication side-effects to watch for when they went home from hospital. For the same quarter, 66% of patients responded receiving enough information from the hospital on how to manage their condition after discharge. These results are comparable with the New Zealand average.

National Measure	Primary care survey and Hospital inpatient survey scores for four domains: Communication, Partnership, Coordination, Physical and Emotional needs.

Local Milestone	• Improve the survey scores of Māori across all four domains of the primary care survey by 30 June 2020. • 70% of respondents to the inpatient hospital survey report receiving enough information on medication side effects and condition management upon discharge from hospital by 30 June 2020.

Activities	Contributory Measures
• PHOs to undertake an audit of patient experience survey results to identify practices needing support to improve survey scores of patients identified as Māori.	• Practices requiring support identified through audit by Q2
• PHOs to work with identified practices, using a quality improvement process, to increase domain score results of patients identifying as Māori.	• Work with identified practices to improve scores for patients identifying as Māori underway by Q3.
• NMH hospital pharmacists will be attempting to streamline the creation of "Yellow Cards" so that more patients receive these before discharge.	• Process for creating yellow cards streamlined by Q2
• Continue to implement the use of the home safe checklist for all medical admissions and extend use to surgical wards.	• Percentage of discharges receiving the home safe checklist
• Trial of clinical criteria discharge which will address the aspects of the patient understanding as above.	• Clinical discharge implemented by quarter 4
• Implement a standardised discharge summary whereby the patient information is the first item on the summary (after the diagnosis)	• Implement standardised discharge summary by Quarter 3
• Primary care practices and community pharmacists to inform the patient that further information on medication, including unwanted effects, can be found inside the box or at http://www.medsafe.co.nz/"	• Email sent by Quarter 2
• Primary care practices and community pharmacists to provide pamphlets, print-outs and information that help patients manage their condition when they get	• Email sent by Quarter 2

home and know when and where to seek further help	

Prevention and early detection

Amenable mortality is a measure of the effectiveness of health care-based prevention programmes, early detection of illnesses, effective management of long-term conditions and equitable access to health care. It is a measure of premature deaths that could have been avoided through effective health interventions at an individual or population level. Health care service improvement across the system, including access to diagnostic and secondary care services, may lead to a reduction in amenable mortality.

Nationally, amenable mortality rates for Māori and Pacific peoples tend to be higher than for other population groups. We can assume this is the case for Nelson Marlborough also, even though we are unable to confirm this due to small numbers. In Nelson Marlborough Health the amenable mortality rate in 2015 was 67.7 per 100,000, with the main contributing conditions being coronary artery disease (43 deaths), chronic obstructive pulmonary disease (COPD) (21 deaths) and suicide (19 deaths).

Coronary artery disease is thought to begin with damage or injury to the inner layer of a coronary artery, sometimes as early as childhood. The damage may be caused by various factors, including:

- Smoking
- High blood pressure
- High cholesterol
- Diabetes or insulin resistance
- Sedentary lifestyle

In order to address amenable mortality, and specifically amenable mortality from coronary artery disease, it will be important to implement activities that address the above risk factors.

National Measure	Deaths under age 75 years ('premature' deaths) from causes classified as amenable to health care (there is currently a list of 35 causes)
Local Milestone	Reduce amenable mortality rates for Māori to zero by 30 June 2023

Activities	Contributory Measures
• Deliver culturally appropriate diabetes self-management options supported by culturally relevant resources that include a health literacy lens to empower self-management skills.	• High needs populations are accessing self-management support options • HbA1c test results (Measures Library) • SS13: Improved management for long term conditions (CVD, Acute heart health, Diabetes, and Stroke)
• New coordinated approach towards Cardiovascular Risk Assessment for Māori Men aged 35-44 years.	• SS13, Focus area 3: Cardiovascular Health – 90% of eligible Maori men in the PHO aged 35-44 years will have had their CVD risk assessed in the past 5 years)

	• Proportion of people with CVDRA >20% who are dispensed appropriate medications (rather than just how many people got a CVDRA as there is a risk of overservicing people at low risk and not changing anything for those at high risk).
• Enable primary care to coordinate access for patients with high health and social needs (including Māori) to health services in the local community by demonstrating a "clustering" approach in collaboration with the initial Health Care Home (HCH) practices.	• Tranche one shared care plans enabled by Q2 19-20 • Three clusters of health providers agree a system of coordinated care by Q3 19-20 • SS13: Focus area 1: Long term conditions: Report on actions to: Support people with LTC to self-manage and build health literacy • SS06 Better help for smokers to quit in public hospitals (95% of hospital patients who smoke are seen by a health practitioner in public hospital).
• Implement the First 1,000 days programme of work to begin influencing the known risk factors for coronary disease, COPD and suicide. This includes the establishment of a maternal mental health steering group to agree on local initiatives that support vulnerable mothers to provide their children the best physical, mental and emotional start to life.	• Implementation of infant mental health programme • CW10 Raising Healthy Kids (95% of obese children identified in B4SC programme offered a referral to health professional)

Healthy start

Babies living in smokefree homes aims to reduce the rate of infant exposure to cigarette smoke by focussing attention beyond maternal smoking to the home and family/whanau environment (ie, a healthy start). The measure aligns with the first core contact which is when the handover from maternity to Well Child Tamariki Ora (WCTO) providers and general practitioners occurs.

Smoking during pregnancy and exposure to smoking in early childhood strongly influence pregnancy and early childhood health outcomes. This measure promotes the roles which collectively service providers play in the infants' life and the many opportunities for smoking interventions to occur. It also enables the health sector to connect infants and their family/whanau with maternity and childhood health care such as immunisation.

This measure was revised by the Ministry of Health on 31 October 2018 (numerator and denominator definitions changed). This resulted in all registered births being recorded in the denominator, not just those enrolled with/contacted by the WCTO provider. This means that the proportion of babies living in "smoking" houses according to the new measure could be due to EITHER:

- living in a household where someone smokes OR
- having not received a WCTO provider visit/enrolment

Therefore, to increase the proportion of babies recorded as living in smokefree homes, we also need to increase the proportion of registered births enrolled with WCTO providers (and ensure this data is being captured/reported to the Ministry of Health). In Nelson Marlborough for the year to December 2017, only 74% of registered births were enrolled with a WCTO provider and only 54% of newborns in Nelson Marlborough could be confirmed as living in smokefree households at six weeks postnatal.

National Measure	Babies living in a smokefree household at six weeks postnatal (up to 56 days of age).
Local Milestone	66% of households are smokefree at six weeks postnatal by 30 June 2020

Activities	Contributory Measures
• Improve enrolment of newborns with WCTO providers by implementing automatic enrolment of newborns to multiple health services including General Practice, Oral Health and WCTO services.	• Newborns enrolled in a Primary Health Organisation by three months (Measures Library) • Proportion of newborns enrolled with WCTO provider • Infants who have received all WCTO core contacts due in their first year (Measures Library) • CW07 – Newborn enrolment with General

	Practice – 55% of newborns enrolled in GP by 6 weeks of age, 85% of newborns enrolled in General Practice by 3 months of age.
• Promote the Motueka Primary Maternity Unit and Wairau Maternity Centre through antenatal education, Hapu Wananga maternity services, and by publishing information and videos on the NMH website and on social media (eg YouTube).	• Pregnant women registered with a Lead Maternity Carer within the first trimester of pregnancy (Measures Library)
• Deliver one education session each quarter to LMC midwives to ensure workforce has awareness, confidence and capacity to assess and refer to Pepi first	• Increased referrals to Pepi First and Te Ha from Healthy Homes, Whare Ora, and LMC Midwives • CW09 – Better help for smokers to quit (maternity): 90% of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking. • Babies whose families-whanau referred from their Lead Maternity Carer to a WCTO provider (Measures Library) • Smoking data set is shared at WCTO forums • Smokefree home status evaluated post birth through safe sleep device provision programme at 6 week follow up.
• Share updated data set with key stakeholders at the WCTO forums and inform programmes such as Healthy Homes and Whare Ora to develop targeted referral to Pepi First.	
• Pilot vaping as a quit smoking aid with hapu wahine and whanau enrolled in Hapu Wananga programme. and whanau referred from Hapu Wananga to Pepi First programme	

Youth are healthy, safe and supported

The **youth access to and utilisation of youth appropriate health services** SLM is made up of five domains with corresponding outcomes and national health indicators. The Alliance was expected to choose at least one domain and use the corresponding national indicator to set their improvement milestone. Nelson Marlborough Health chose the 'sexual and reproductive health' domain with the intent of achieving the outcome of young people managing their sexual and reproductive health safely and receiving youth-friendly care. The national indicator for this outcome is chlamydia testing coverage for 15-24 year olds.

It is common practice to offer sexually active youth STI testing upon visiting a general practice or a sexual health clinic. Chlamydia is one of the infections that is screened for as part of this testing. In this way, chlamydia testing coverage for 15-24 year olds not only indicates coverage of STI testing, but can also be used as an indicator of the ability of young people to receive youth-friendly care and manage their sexual and reproductive health safely.

In 2016, a substantially higher proportion of 20-24 year olds in Nelson Marlborough had received STI testing than 15 to 19 year olds and this was true for both sexes and across all ethnic groups. However, females aged 20-24 years were more likely to have been tested (35.7%) than males (9.1%). Similar equity gaps in coverage on the basis of sex exist for those aged 15-19 years and persist for all ethnic groups. Coverage rates for Māori youth of all ages are comparable, or greater than Pacific peoples and youth identifying as European or other. Meanwhile, Asian youth experience the lowest coverage rates (only 3.4% of males and 14.3% of females aged 20-24 years had been tested).

Outcome	Young people manage their sexual and reproductive health safely and receive youth-friendly care
National Measure	Chlamydia testing coverage for 15-24 year olds
Local Milestone	Increase the percentage of males aged 20-24 years being tested for Chlamydia from 9.1% in 2016 to at least 35.7% (ie, bring male rates in line with female rates) by 30 June 2020.

Activities	Contributory Measures
• Resource and reinstate the Youth Advisory Panel to provide advice on youth targeted services, communications and resources.	• Unmet Need for Health Services reported by Youth (Measures Library)
• Undertake a review of sexual health services by Q1 to ensure they are consistent with the principles, obligations and aims of the New Zealand Health Strategy 2000, including that they are non-judgemental and responsive to diversity in society, gender, age, ethnicity, sexual	• Review identifying issues, and exploring options for improving the delivery of sexual health services completed by Q1 • Youth immunized with the HPV vaccine • Contraceptive dispensing (Measures Library) • CW05 Immunisation coverage for HPV – 75%

orientation and sexual practices.	of girls fully immunised with HPV vaccine. • Begin implementing any youth-specific recommendations from the review of sexual health services by Q4.
• Upskill sexual health nurses to be able to provide HPV vaccinations at the sexual health service.	• Youth immunized with the HPV vaccine (by sex, ethnicity)

Appendix C: Public Health Unit Plan

Nelson Marlborough Health
TE WAIORA

Public Health Service Plan 2019/2020

CONTENTS

1. INTRODUCTION

a. Keeping our people well

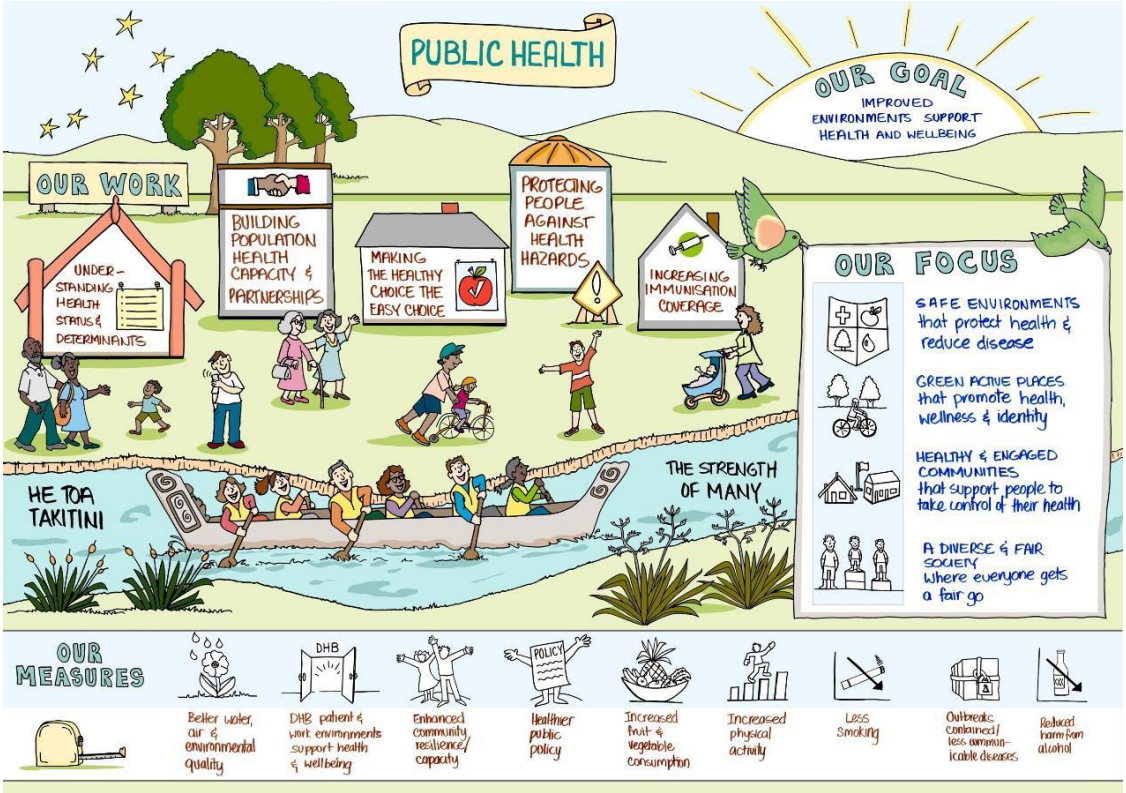
Public health is the part of our health system that works to keep our people well. Our goal is to improve, promote and protect the health and wellbeing of populations and to reduce inequities. Our key strategies are based on the five core public health functions[1]:

1. Information: sharing evidence about our people's health & wellbeing (and how to improve it)
2. Capacity-building: helping agencies to work together for health
3. Health promotion: working with communities to make healthy choices easier
4. Health protection: using the law to protect people's health
5. Supporting preventive care: supporting our health system to provide preventive care to everyone who needs it (e.g. immunisation, stop smoking).

The principles of public health work are: focusing on the health of **communities** rather than individuals; influencing **health determinants**; prioritising improvements in **Māori health**; reducing **health disparities**; basing practice on the best available **evidence**; building effective **partnerships** across the health sector and other sectors; and remaining **responsive** to new and emerging health threats.

Public health takes a life course perspective, noting that action to meet our goal must begin before birth and continue over the life span.

This plan describes how we will work to keep our people well in 2019-20.



[1] Williams D, Garbut B, Peters J. Core Public Health Functions for New Zealand. NZMJ 128 (1418) 2015. https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2015/vo-128-no-1418-24-july-2015/6592

b. National context and priorities.

Guidance for public health unit planning is included in the Ministry of Health's *2019/20 DHB Annual Plan and Priorities Guidance*. It acknowledges the value of PHU work and the importance of PHUs' role in supporting greater integration of public health action and effort. PHU annual plans are to be included as Appendix C of DHB annual plans.

The Director-General's key message for strengthening public health action is to increase collaboration and integration to address determinants of health and achieve health equity and wellbeing.

The Government priorities included are: improving Maori health, achieving equity in health and wellness, child and youth wellbeing, mental health, and primary health care.

c. Regional context and priorities

The five South Island DHBs together form the South Island Alliance, which is committed to the vision of "A connected and equitable South Island health, social and environmental system that supports all people to be well and healthy".

NMPHS 's principal role in regional activity is as a member of the South Island Alliance's South Island Public Health Partnership Workstream (SI PHP), which aims to "Improve, promote and protect the health and well-being of populations and reduce inequities".

The SIPHP has identified the following regional priorities for public health in 2019-2020:

- Collective impact and partnerships
- Cross-sector capacity development and initiatives to improve outcomes in the first 1,000 days
- Partnership with Te Herenga Hauora to improve Māori health
- Facilitating a health promoting health system
- An emphasis throughout on a "Health in All Policies" approach, including to the social determinants, influencing oral health, safe and warm homes, and environmental sustainability
- Strategic and operational alignment of South Island public health units
- Consistent and coordinated regional strategic and operational approaches to: drinking water; community resilience and psycho-social well-being; a sustainable on call/after-hours system for South Island health protection services; and regional approaches to both alcohol harm reduction and the promotion of healthy eating and active lifestyles.

d. Nelson Marlborough Health priorities

The key areas of focus for 2019-20 are those which NMH believe will impact the determinants of health, health equity and ultimately wellbeing. They include:

- recognising the importance of cultural connectedness for health and how integrating the principles of the Treaty of Waitangi can lead to increased equity and improved health outcomes
- focussing on improving the health of Māori through Maori-specific and mainstream services
- promoting child wellbeing, with a cross sector approach to the first 1000 days at local and regional (via Hauora Alliance) levels
- improving youth health through strengthening school-based health services, using the Youth Advisory panel to support future service improvements and development, and promoting The Plan to encourage sensible attitudes to alcohol

- reviewing and improving access to mental health and addiction services, including responding to findings from the Mental Health & Addictions Inquiry.
- improving equity of enrolment and utilisation of oral health services
- increasing access to primary healthcare through advancing Health Care Home, improving access to professional advice, strengthening care coordination, and maximising the role of pharmacy
- a joined up and coordinated cross-sector programme approach to key issues in the region, particularly on housing, youth, refugees and migrants.
- addressing the challenges of managing acute demand, supporting the growing population living with dementia and improving co-operation to support people requiring multisystem responses to meet their needs
- actions the DHB will undertake to support their PHU to deliver and report on the drinking water activities in the environmental health exemplar

e. Statutory responsibilities

As a public health unit, NM PHS employs and trains medical officers of health, health protection officers, and other public health statutory officers. Our staff fulfil a range of statutory responsibilities and requirements as set out in the national Public Health Service Specifications. This includes meeting statutory reporting requirements.

f. Working in partnership

In addition to our partnership with the other South Island Public Health Units, our work is based on strong partnerships with other parts of our health system and with other key agencies, including:

- Top of the South Impact Forum
- Top of the South Health Alliance
- Models of Care Programme Team
- Hauora Alliance at a South Island level with the focus on 'The first 1000 Days'
- Marlborough District Council, Nelson City Council and Tasman District Council, including the Regional Transport Committee
- Te Piki Oranga
- Kimi Hauora Wairau, Nelson Bays Primary Health
- Housing and Health forums including: Te Whare Ora, Warmer Healthier Homes, MHUD on the social housing register, CRESA research project on older people
- MSD/ACC/NMH Partnership Group
- Marlborough Alcohol Governance Group and Alcohol Forum Nelson/Tasman

g. Key challenges/ priorities for keeping our people well

- To bring increased effort and contribution to the equity and Hauora Maori agenda within the Nelson Marlborough health system
- In the context of the New Zealand wide response to ensure improvement in the quality of drinking water in Nelson Marlborough
- To bring greater profile and action to the Healthy Eating Active Lifestyle programme within the Nelson Marlborough health system

- To ensure a wellness component is acted on within the Model of Care Programme in Nelson Marlborough
- To support the development of a strong and visible response to environmental sustainability across all planning, services and infrastructure of Nelson Marlborough Health
- Be ready to respond when there is a national policy lead on stronger actions to reduce alcohol related harm

h. Quality improvement

The following key components of health excellence will be managed by our Public health Operational Team in 2019-20:

- The Treaty of Waitangi
- Leadership (including culture & communications)
- Strategy
- Partnerships
- Workforce
- Operations
- Results

i. Reporting

- We will provide full details of statutory activities required by the Ministry of Health.
- We will provide formal reports to the Ministry of Health and our DHBs in January and July. Reports will relate to the priorities and outcomes described in this plan, and will outline key achievements for the previous six months and describe any challenges and emerging issues.

2. SURVEILLANCE / MONITORING

"Tracking and sharing data to inform public health action"

Our key surveillance/monitoring priorities for 2019-20 are:

- To monitoring and report on communicable diseases trends & outbreaks
- To ensure surveillance & monitoring to support other identified priority areas
- To initiate a Council relationship mapping exercise starting with the Tasman District Council

The surveillance/monitoring **outcomes** we work towards are:

- Prompt identification and analysis of emerging communicable disease trends, clusters & outbreaks.
- Robust population health information available for decision making.

3. EVIDENCE / RESEARCH / EVALUATION

"Providing evidence and evaluation for public health action"

Our key evidence/research/evaluation priorities for 2019-20 are:

- To provide evidence to support emerging priorities
- To evaluate Public Health interventions with a focus on health promotion programmes
- To review evidence for supporting existing workstreams
- To support, with emerging evidence, the development of the joint Public Health Service/Te Waka Hauora service plan, using equity and Hauora Maori lens

The evidence/research/evaluation **outcomes** we work towards are:

- Population health interventions are based on best available evidence and advice
- Robust evaluation for public health initiatives

4. HEALTHY PUBLIC POLICY

"Supporting development of health-promoting policies and approaches in other agencies"

Our key healthy public policy priorities for 2019-20 are:

- To support and coordinate development of a HiAP approach to local council policies and the Top of the South Impact Forum
- To continue to work with Councils on shared areas of interest including Travel Demand Management and the Future Development Strategy for Nelson/Tasman

The healthy public policy **outcomes** we work towards are policies, practices and environments support health and wellbeing, improve Māori health, and reduce disparities

5. HEALTH-PROMOTING HEALTH SYSTEM

"Supporting development of health-promoting policies and approaches across our Nelson Marlborough health system"

Our key health-promoting health system priorities for 2019-20 are:

- Support and contribute to the Models of Care Programme with a particular focus on the development of a wellness stream
- To support our health system in making the healthy choice the easy choice for patients, families, staff and visitors particularly through a review of compliance with and effectiveness of the NMH Healthy Eating for Staff and Visitors Policy
- To develop and begin implementation of a joint PHS/ Te Waka Hauora work programme with a focus on equity and Hauora Maori

The health-promoting health system **outcomes** we work towards are policies, practices and environments in healthcare settings support health and wellbeing, improve Māori health, and reduce disparities.

6. SUPPORTING COMMUNITY ACTION

"Supporting communities to improve their health"

Our key supporting community action priorities for 2019-20 are:

- To work with schools, sports teams and other organisations to introduce the 'tap into water' campaign to reduce sugary drinks.
- To work with schools and sports teams on the healthy snacks and lunches programme aiming to reduce sugary options.
- To undertake regulatory functions required under the Smokefree Environments Act 1990

The supporting community action **outcomes** we work towards are:

- Workplaces, Marae and other community settings support healthy choices and behaviours.
- Effective community action supports healthy choices and behaviours.
- Social housing improves health outcomes.

7. EDUCATION SETTINGS

"Supporting our children and young people to learn well and be well"

Our key supporting education setting priorities for 2019-20 are:

- To work with schools & early childhood education to implement the 'water only' programme
- Work alongside schools to support the health aspirations of their school communities with a focus on Maori, Pacific and decile 1-4 schools.
- To support the implementation of programmes that promote active transport e.g. bikes in schools
- Increase the capacity and capability of coaches on health and wellbeing to create a holistic approach and consistent messaging in schools and sports clubs.

The education setting **outcomes** we work towards are:

- Education settings make the healthy choice the easy choice for students, whānau and staff.
- Education settings have the skills and resources to enable students to learn well and be well.

8. COMMUNICABLE DISEASE CONTROL

"Preventing and reducing spread of communicable diseases"

Our key communicable disease control priorities for 2019-20 are:

- Notifiable disease follow up
- Maintain Border health surveillance
- Promote infection prevention/control & immunisation in various settings eg DOC camps, refugees, health care, schools
- Initiate the development of integrated South Island procedures and protocols

The communicable disease control **outcomes** we work towards are:

- Reduced spread of communicable diseases.
- Outbreaks rapidly identified and controlled.
- Protection against introduction of communicable diseases into NZ.
- Improved immunisation rates.

9. HEALTHY PHYSICAL ENVIRONMENT

"Improving the quality and safety of our physical environment"

Our key physical environment priorities for 2019-20 are:

- Work with local authorities to improve drinking water quality
- Consider a NMH position paper on drinking water be developed
- Support government policy as it relates to fluoridation of public drinking water supplies
- To contribute to intersectorial work to improve housing quality.
- Managing the risk of VTAs

The healthy physical environment **outcomes** we work towards are:

- Improved air quality.
- Improved quality and safety of drinking water.
- Improved quality and safety of recreational water.
- Improved safeguards and reduced exposure to sewage and other hazardous substances.
- Urban environments support connectivity, mental health, and physical activity.

10. EMERGENCY PREPAREDNESS

"Minimising the public health impact of any emergency"

Our key emergency preparedness priorities for 2019-20 are:

- Participate in emergency response exercises
- Ensure staff have appropriate emergency response training
- Consider the development of an Emergency Response Plan for natural disasters

The supporting emergency preparedness **outcomes** we work towards are:

- Plans, training and relationships in place.
- Public health impact of any emergencies mitigated.

11. SUSTAINABILITY

"Increasing environmental sustainability practices"

Our key sustainability priorities for 2019-20 are:

- To provide a background research paper on the potential health effects of climate change on vulnerable populations in Nelson Marlborough
- Contribute to the implementation of the CEMARS programme by NMH
- Contribute to the implementation of NMH staff travel planning
- Contribute to the development of an environmental sustainability stream within the Models of Care Programme

The sustainability **outcome** we work towards is reduced environmental impact within and outside our health system.

12. SMOKING CESSATION SUPPORT

"Supporting smokers to quit"

Our key smoking cessation support priorities for 2019-20 are:

- Promote the Pēpi First program to health providers, LMCs and other health professionals to increase referrals of pregnant women who smoke. Ensure referral pathways from Hapū Wānanga, Hauora Direct and other targeted health services.
- Support council and local businesses with smokefree policies and smokefree environments such as outdoor dining areas
- To support vaping as a cessation tool as per MoH guidance

The smoking cessation support **outcome** we work towards is for more smokers to stop smoking.

13. WELLBEING AND MENTAL HEALTH PROMOTION

"Improving mental health and wellbeing"

Our key wellbeing and mental health promotion priorities for 2019-20 are*:*

- Promote the WorkWell to workplaces and business across the region
- Raising the awareness of the importance of mental health & wellbeing – wellbeing & resilience

The wellbeing and mental health promotion **outcome** we work towards is co-ordinated intersectoral action to improve mental health and wellbeing.

14. ALCOHOL HARM REDUCTION

"Reducing alcohol-related harm"

Our key alcohol priorities for 2019-20 are:

- Facilitate training of Maori Wardens on Alcohol Harm Reduction in the community
- Encourage delayed drinking through promotion and use of The Plan
- Encourage alcohol free pregnancies

The alcohol harm reduction **outcomes** we work towards are:

- Effective working relationships with other agencies and organisations to reduce alcohol harm.
- Reduced risk of alcohol harm at premises and events.
- A culture that encourages a responsible approach to alcohol.