TE WAIORA Nelson Marlborough Health

E87

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

Annual Plan

Incorporating the 2020/21 Statement of Performance Expectations

2020/21

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 2020

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 7040

Cover photo: Staying well on Rangihaeata Beach, Golden Bay (Karen de Bruijin, Cardiopulmonary Technologist, NMH)

Letter of Approval from Minister

Hon Chris Hipkins

MP for Remutaka

Minister of Education
Minister of Health
Minister of State Services

Leader of the House
Minister Responsible for Ministerial Services

25 September 2020

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

Dear Jenny

Nelson Marlborough District Health Board 2020/21 Annual Plan

This letter is to advise you that I have approved and signed Nelson Marlborough District Health Board's (DHB's) 2020/21 Annual Plan (Plan) for one year.

I am pleased that your plan provides a strong platform to deliver on the priorities identified in the 2020/21 letter of expectation and focuses on equity, sustainability and addressing the population groups with the highest needs.

I encourage you to continue discussions with your fellow Chairs about how you can share skills and expertise in order to ensure that your financial performance is consistent with the agreed plan. I particularly encourage you to ensure that your senior executives maintain the tight fiscal controls that will be necessary to sustain improvements in the out years. Your focus on strengthening financial management and performance, including through collaboration with your fellow Chairs, remains critical to creating a sustainable financial path.

The Ministry will shortly engage with you on the $18.8 million of sustainability funding for DHB led improvement projects, that has been made available by the Government. I encourage you to accept offers from the Ministry to utilise this funding.

Please note that approval of your Plan does not constitute acceptance of proposals for service changes that have not undergone review and agreement by the Ministry of Health, including changes in FTE. I expect you to continue to engage with the Ministry of Health to ensure you have a strong rationale for any adjustment to planned FTE during the year. 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 does not constitute approval of any capital business cases or requests for equity support that have not been approved through the normal process.

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I am aware that an extension was provided to the requirements for finalising DHB planning documents required by the Crown Entities Act 2004 due to the impacts of COVID-19. If required, please update your published Statement of Performance expectations and Statement of Intent (if applicable) to align with your approved Plan.

Please also ensure that a copy of this letter is attached to any copies of your signed Plan that are made available to the public.

Thank you for the work you and your team are doing to support equitable health outcomes for New Zealanders, during a time when our system has faced additional pressures from COVID-19.

I look forward to seeing further positive progress as you deliver your Plan.

Ngā mihi nui

Hon Chris Hipkins
Minister of Health

cc Peter Bramley
Chief Executive
Nelson Marlborough District Health Board

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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 (NMH) 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.

NMH is a health system under pressure and that pressure has been recently exacerbated by COVID-19. Be it in the hospital or across our primary and community services demand is increasing in volume and complexity and the capacity to respond, both in people and infrastructure, is stretched. There is significant investment in resources required. Sustainability is a key focus: financial sustainability, service sustainability and environmental sustainability.

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 uphold Te Tiriti o Waitangi and 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 the family/whānau life circumstances. We also need to transform the way we deliver services and work to eliminate systemic practices that discriminate or disadvantage vulnerable populations.

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.

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 began planning new models of care and identified specific activities and themes. In 2020–21 and beyond, we are excited the programme will be focussing on breaking down silos, the design and delivery of these specific activities including workforce planning and diversification and other key system enablers. In this way, we will be able to continue to meet demand for both physical and mental 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 twelve months to ensure that the population of Nelson Marlborough continues to 'live well, get well, and stay well'.

Jenny Black
Chair

Craig Dennis
Deputy Chair

Peter Bramley
Chief Executive

Dawn McConnell
Iwi Health Board
Chair

Hon Chris Hipkins
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 2020/21. 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 2020/21.

Sara Shaughnessy
Chief Executive
Nelson Bays Primary Health

Beth Tester
Chief Executive
Marlborough Primary Health

Anne Hobby
Tumuaki/General Manager
Te Piki Oranga

Celebration of a new waka on Lake Rotoiti (Paula Kole, Public Health Nurse, NMH)

1.3 Strategic Intentions and Priorities

The Annual Plan for 2020/21 articulates Nelson Marlborough Health's strategic intentions and priorities for the next 12 months. It outlines how Nelson Marlborough Health has partnered with our Iwi Health Board to develop the plan (section 2.2) and our commitment to meeting the expectations of the Government, and Minister of Health to deliver national and regional priorities. This plan also describes how the District Health Board is ensuring its outyear planning is robust and supports system sustainability (see section 2.5) through strong clinical leadership that supports the DHB to meet local, regional and national health needs.

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. The age profile and inequity experienced in parts of our population present two significant and competing challenges – to care for our older and frail population while also reducing the inequitable outcomes experienced by our predominantly younger Māori population.

In 2020, Nelson Marlborough Health is projected to serve 158,600 people with the greatest growth occurring in the population aged 75 years, which places significant demand on treatment and rehabilitation services. Overall, our population experience relatively good health, with adequate access to both primary and secondary health and disability services, but the burden of health loss falls inequitably on Māori, in terms of poor health, disability and premature death.[1]

Within Nelson Marlborough, Māori make up 11 per cent of the total population; just under half are aged less than 24 years (45.7 percent) and only 5.2 percent are aged over 65 years. Māori continue to die younger than non-Māori, with coronary artery disease being the leading cause of avoidable mortality in Nelson Marlborough for Māori (and non-Māori). Chronic obstructive pulmonary disease (COPD) is ranked second among Māori residents, while suicide is second for non-Māori (and third for Māori).

Differences in the social, economic and behavioural determinants of health and wellbeing, differential access to health care and differences in the quality of care in health outcomes for Māori contribute to this inequity.[2] 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 and this trend is consistent across children and youth (0-19 years).[3] These socioeconomic conditions not only impact access to primary health care, but they are also associated with many of the lifestyle factors, such as smoking and poor nutrition, that over a lifetime can contribute to poorer health outcomes such as coronary artery disease and COPD.

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 funding 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.

It is therefore evident that these significant equity gaps require a different approach to health services which also target the younger Māori population, rather than only general health services developed for the mostly older, non-Māori population. The strength of Nelson Marlborough Health's focus on improving health determinants in recent years, particularly among children, supports this approach. Between 2011-2014 and 2014 -2017 the percentage of Māori children consuming fizzy drink and fast food more than three times

[1] Ministry of Health. 2019e. Wai 2575 Māori Health Trends Report. Wellington: Ministry of Health.
[2] Walsh M, Grey C. 2019. The contribution of avoidable mortality to the life expectancy gap in Māori and Pacific populations in New Zealand – a decomposition analysis. New Zealand Medical Journal 132(1492): 46–60
[3] Nelson Marlborough Health Needs and Service Profile 2015

a week has decreased and a greater percentage of Māori children have a healthy weight. Furthermore, the percentage of Māori identifying as current smokers has also decreased.[4]

These results indicate Nelson Marlborough Health's population-based health promotion and intersectoral approach is working. They suggest that through a sustained commitment to addressing the determinants of health alongside local iwi, we are addressing the inequitable health outcomes experienced by Māori while improving overall population health.

To address ongoing demand and equity gaps we will continue to develop new models of care that align with these approaches. These will continue to impact the existing ways of working, adoption of new systems and technology, and the evolution of our facilities and workforce. This approach will also benefit the environment and climate, as we maximise the potential of digital technology to deliver health services.

The following sections further outline our strategic priorities, our key areas of focus and our commitment to public health which will support our positive trajectory.

Our strategic priorities

NMH also has 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, sustainable and safe healthcare – support clinical services sustainability across the system, 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 efficient 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 1: Priorities Matrix). Every year we will see an improvement in the priority areas, but the priorities will not be 'fixed' quickly.

[4] healthspace.ac.nz/health-topics/maori-health [accessed 6 August 2020]

Our key areas of focus

Our key areas of focus for 2020–21 are those which we believe will impact the determinants of health, health equity and ultimately wellbeing. They include:

- on-going response to COVID-19 including preparedness, notification of cases, management of cases and contacts, contact tracing, community testing, communication, and recovery.
- 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 Māori-specific and mainstream services (including embedding Hauora Direct, establishing Wānanga Hapūtanga, and co-investing in a Whānau Ora work programme with Te Putahitanga, strengthening Katoa programme, expanding The Plan (delayed teen drinking) to Māori health providers, Health Kai programme)
- 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 and planning the required capacity and capability in the community to support this
- a joined up and coordinated cross-sector programme approach to key issues in the region, particularly on housing, food resilience, youth, refugees and migrants
- service improvements that target sustainability, acute demand, patient flow, perioperative efficiency and the deteriorating patient. Improving cooperation to benefit people whose health 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.
- environmental sustainability: NMH is one of the largest organisations in the district, and negatively contributes to the health issues within the populations it cares for because it uses lots of resources and contributes to greenhouse gas emissions. Without prompt and direct action NMH will face increasing pressure from the burden of climate change related illnesses. Reducing greenhouse gas emissions is also an opportunity to improve the health, wellbeing and resilience of our communities.

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:

- 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.
- Ola Manuia 2020–2025: Pacific Health and Well-being Action Plan.

Public Health

International evidence shows that a wide range of preventive approaches in public health are cost-effective (both in the short and longer term), including interventions that address the environmental and social determinants of health, build resilience and promote healthy behaviours, as well as population vaccination and screening. Investing in public health generates not only cost-effective health outcomes but can contribute to the wider sustainability, with economic, social and environmental benefits (World Health Organization, 2014[5]). The NZ-wide success in limiting community transmission in the first wave of the COVID-19 virus illustrates this well. NMH has integrated into this plan the NMH Public Health Plan and seeks to shift some focus from healthcare delivery to prevention activity, including but not limited to effective health promotion and screening.

The changes that are anticipated in the wider health and disability system will undoubtedly create new opportunities for PHUs to work in different ways, using different models and levers. It will be a missed opportunity if a lack of resourcing limits their flexibility to respond to a changing work environment and changing community/population needs. Key changes that may impact the context in which PHUs work include:

- Changes in the drinking water work/capacity arising from increased service expectations following the Havelock North Drinking Water Inquiry (2017) and the establishment of a new drinking water regulator
- The Health and Disability System Review (HDSR)
- The Crown's response to Wai 2575 Health Services and Outcomes Kaupapa Inquiry
- The Ministry's NDE Commissioning Review
- The Public Service Bill
- Local Government (Community Well-being) Amendment Act 2019
- the Ministry's recent update of the Māori Health Action Plan and the Ministry's new Pacific Health Plan – Ola Manuia 2020–2025.

A significant recruitment process is underway to bolster the capacity and capability of the PHU contact tracing function. New permanent FTE have been approved for a Medical Officer of Health, Health Protection Officer and Public Health Nurse. In addition there are a year fixed term appointments to Health Protection, Health Promotion, Public Health Nursing and Administrative support.

[5] World Health Organization (WHO), 2014. The case for investing in public health. WHO Regional Office for Europe.

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. This was and remains particularly important in the Covid-19 response.

Working with our alliance partners, we have jointly developed a plan to improve our performance (System Level Measures Improvement Plan 2020/21) 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 15% by 30 June 2021 (from 6,087 in December 2019 to 5,174 by 30 June 2021)			
Base	Target			
2019/20	2020/21	2021/22	2022/23	2023/24
6,087	5,174	<5,174	<5,174	<5,174

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 healthcare 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 or 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 2020/21.

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 by 15% from 335.3 per 1,000 population to 285.0 per 1,000 population by 30 June 2021			
Base	Target			
2019/20	2020/21	2021/22	2022/23	2023/24
335.3	285.0	<285.0	<285.0	<285.0

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 healthcare 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 healthcare and may highlight areas that Nelson Marlborough Health needs to have a greater focus on, such as health literacy and communication.

Primary care

In the twelve months prior to the survey, 14.1% of respondents in Nelson Marlborough indicated there was a time when they wanted health care from a GP or nurse but could not get it. Similarly, 18.5% of patients indicated that there was a time they did not visit a GP or nurse because of cost, with Māori (34.5%) more likely to report this than the 'other' ethnic group (17.4%). Responses to these questions were explored further:

- Could you tell us why cost stopped you from seeing a GP or nurse? – Māori were more likely than other ethnic groups to report that the appointment was too expensive (92.6%), they couldn't take time off work (27.8%) or the cost of travel was too great (13.0%).
- Has cost stopped you from picking up a prescription? – Māori were more likely than other ethnic groups to answer 'yes' (16.8%)
- Have you been involved in decisions about your care and treatment as much as you wanted to be? Māori were less likely than other ethnic groups to answer 'yes' (68.2%).

The activities to improve patient experience in primary care therefore focus on addressing these barriers.

Secondary care

With respect to secondary care, and the the inpatient survey, Nelson Marlborough 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 2019 was around 24%. The results from this survey showed that 54% 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 responses for four domains: Communication, Partnership, Coordination, Physical and Emotional needs**			
Local Milestone	5% reduction in Māori reporting barriers to accessing primary care and pharmaceuticals by 30 June 2021			
Base	Target			
2019	2020/21	2021/22	2022/23	2023/24
34.5%	<34.5%	<34.5%	<34.5%	<34.5%

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 2021			
Base	Target			
2017/18	2020/21	2021/22	2022/23	2023/24
61%	70%	70%	70%	70%

Prevention and early detection

Why is this a priority?

Amenable mortality is a measure of the effectiveness of healthcare-based prevention programmes, early detection of illnesses, effective management of long-term conditions and equitable access to healthcare. It is a measure of premature deaths that could have been avoided through effective health interventions at an individual or population level. Healthcare 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 2016, based on provisional data, was 84.1 per 100,000 (196 deaths), with the main contributing conditions being coronary disease (54 deaths), suicide (20 deaths) and female breast cancer (18 deaths).

The rate for Māori is not available because rates are suppressed where there are less than 30 deaths. However, in 2016 twenty-three people identifying as Māori died from a potentially preventable condition, predominantly coronary disease (6 people), chronic obstructive pulmonary disease (3) and suicide (2). 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.

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.

How will we demonstrate our success?

National Measure	**Deaths under age 75 from causes classified as amenable to health care**	
Local Milestone	Reduce equity gaps in amenable mortality rates for Māori by 30% by 30 June 2023	
Base	Target	
2016 (provisional)	2022/23	
23	6	

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 whānau with maternity and childhood healthcare 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 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 or 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 or 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 or reported to the Ministry of Health). In Nelson Marlborough for the year to December 2017, only 66.9 percent of registered births were enrolled with a WCTO provider and only 53.4 percent of newborns in Nelson Marlborough could be confirmed as living in smokefree households at six weeks postnatal. The rate for Māori is a lot lower; only 40.1 percent of newborn Māori were enrolled with a WCTO provider and only 21.7 percent of Māori newborns in Nelson Marlborough could be confirmed as living in smokefree households at six weeks postnatal. This is lower than the national rate for Māori which is 34.4 percent.

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	At least 34.4% of Māori newborns in Nelson Marlborough Health live in a smokefree household at six weeks postnatal by 30 June 2021			
Base	Target			
2019	2020/21	2021/22	2022/23	2023/24
21.7%	>34.4%	>34.4%	>34.4%	>34.4%

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 healthcare 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 has 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 2021			
Base	Target			
2016	2020/21	2021/22	2022/23	2023/24
9.1%	35.7%	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 2).

Section Two: Delivering on Priorities

This section of the Annual Plan for 2020/21 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 Tauihu 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, the Mental Health and Addictions team, the Public Health team all 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 Marlborough through providing increasingly integrated and coordinated 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 Māori services. Some examples of these services in Nelson Marlborough include Te Waka Hauora Hospital Services which has been created to support the cultural needs of whānau admitted to either Nelson or Wairau hospitals that identify as Māori 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 healthcare and services.

2.3 Service Coverage

The services and activities Nelson Marlborough Health plan to provide in 2020/21 have been structured using a template that reflects the Government's Planning Priorities for 2020/21 which are:

- Giving practical effect to He Korowai Oranga – the Māori Health Strategy
- Improving sustainability
- Improving child wellbeing – improving maternal, child and youth 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 healthcare.
- 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 four of the Government's twelve priority outcome, 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.

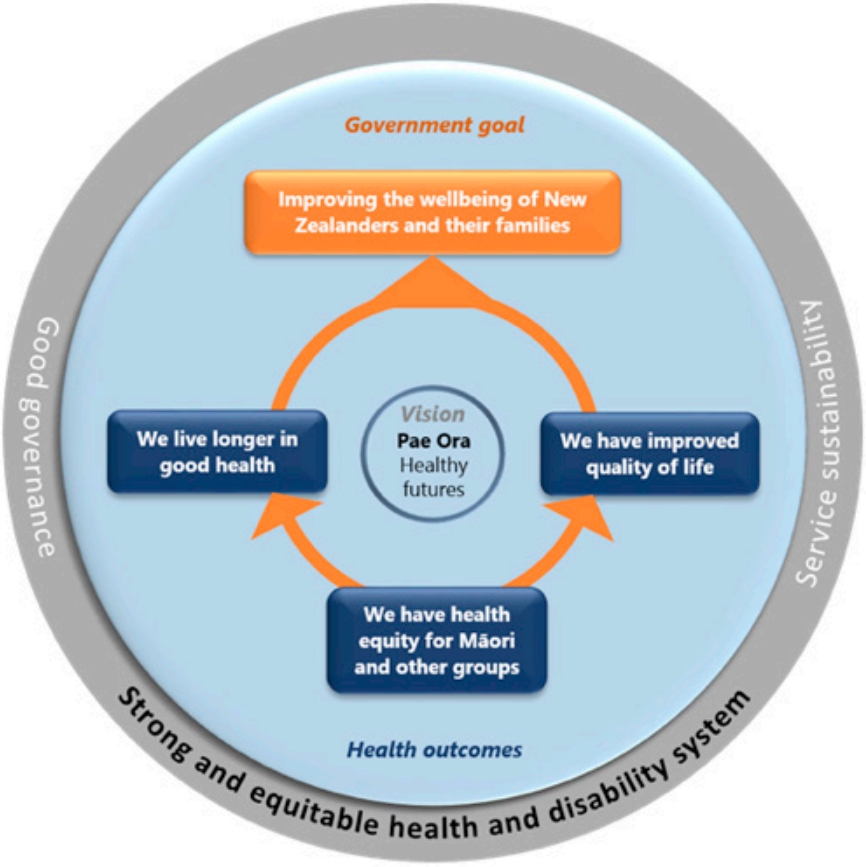


Figure 1: the health and disability system outcomes framework elements

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 Give practical effect to He Korowai Oranga – the Māori Health Strategy

He Korowai Oranga, the Māori Health Strategy sets a vision of pae ora – healthy futures – comprising three key elements:

- mauri ora – healthy individuals
- whānau ora – healthy families
- wai ora – healthy environments.

He Korowai Oranga continues to set a strong direction for Māori health. Importantly, the health and disability system is being challenged to do better and to go further. That includes continuing to meet our responsibilities under Te Tiriti o Waitangi (the Treaty of Waitangi), to address and improve substantial health inequities, and to ensure all services for Māori are appropriate and safe.

These challenges are substantial and require a strong plan to implement actions and meet expectations. As such, the development of a new Māori Health Action Plan is underway.

The first part of this section, engagement and obligations as a Treaty partner, is based on Nelson Marlborough Health's current legislative responsibilities. The other sections are based on the Māori Health Action Plan discussions to date. The guidance will be updated when the interim plan is released, and the final plan is completed.

<table>
<tr><td colspan="3">Engagement and obligations as a Treaty partner
The NZPHD Act specifies the DHBs Te Tiriti o Waitangi obligations; please specify in the annual plan how the DHB will meet these obligations. This includes, but is not limited to, information on:
▪ The DHBs obligation to maintain processes that enable Māori to participate in, and contribute to, strategies for Māori health improvement. Note: these processes already be established but a description of how they operate, and any improvements planned, should be included.
▪ Specific plans and strategies for Māori health improvement. Including how the DHB will be working in partnership with Māori to develop and implement these.
▪ This includes the training of Board members (as per the NZPHD Act 2000) in Te Tiriti o Waitangi and Māori health and disability outcomes.</td><td colspan="2">This is an equitable outcomes action (EOA) focus area
(All DHBs are to include equity focus for Māori in this area and clear actions to improve Māori health outcomes. It is expected that the actions are designed in partnership with Māori and incorporate mātauranga Māori)
See section 2.6 Expectations on developing the activities in your plan for additional information.</td></tr>
<tr><td>Activity</td><td>Milestone</td><td>Measure</td><td colspan="2">Government theme:
Improving the well-being of New Zealanders and their families</td></tr>
<tr><td>1. Ensure that Māori, as a Treaty partner, have input through the Iwi Health Board (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 the Board Advisory Committee (note the NMDHB Advisory Committee is a forum which has amalgamated all of the DHB sub-committees).

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. Iwi Health Board Chair minutes tabled at NMDHB meetings.</td><td>1a. Evidence that IHB has participated in the development of Annual Plan and SLM Improvement Plan (Q4)

1b. Evidence of meetings occurring between IHB Chair, and DHB Chair and relevant parties (Q4).

1c. IHB Chair minutes tabled at 100% of NMDHB meetings (Q4).</td><td>1a-c Number of meetings attended, meeting minutes and programme of action to target health inequities for Māori in place</td><td>System outcome
We have health equity for Māori and other groups</td><td>Government priority outcome
Support healthier, safer and more connected communities</td></tr>
</table>

2. Develop a cultural competency/ cultural safety programme for NMH staff that comprises of: ▪ Te Tiriti O Waitangi understanding the origins of Te Tiriti o Waitangi and its relevance today and the impact of colonisation on Iwi/Māori ▪ Tikanga best practice standards and how to work in a way with whānau that is Culturally Safe ▪ Health inequities training including combating institutional and personal racism ▪ Basic introduction to Te Reo Māori levels one and two.	2. Cultural competency/cultural safety programme in place by Q1 2020.	2. Total number of NMH staff in attendance at cultural competency/ cultural safety programme. Over 80 percent of participants indicate an increase in understanding of content presented at cultural competency training sessions.		
3. Nelson Marlborough DHB Board and Executive undertakes cultural competency training/ Te Tiriti o Waitangi training including understanding of systemic racism or personal racism be it overt or unconscious	3. 100% of NMDHB Board members/ and Executive Leadership team complete Training on Te Tiriti o Waitangi and health inequities and complete cultural self-assessment and gain an understanding of systemic racism or personal racism and bias (Q4).	3. 100% of Board/ Executive Leadership team members trained. 100% indicate an increased understanding of TOW/ and what drives health inequities/ equity for Māori		
4. Convene two Board-to-Board meetings between the DHB and the Iwi Health Board per annum to discuss how to work together to reduce health inequities for Māori (EOA).	4. Evidence that two Board-to-Board meetings have been convened over a 12 month period (Q4).	4. Each Board to Board meeting establishes a programme of action that upholds Te Tiriti o Waitangi and the drive to reduce Māori health inequities		
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	5. Māori workforce development action plan developed by Q2.	5. More Māori employed by Nelson Marlborough Health at all levels. Comparative narrative report % of Māori /non-Māori by professional group.		

6. Evidence that Iwi/ Māori have input into decision making at all levels at a governance level via Iwi Health Board (IHB), at a strategic level through the Executive leadership team and Top of the South Health Alliance (Te Waka Hauora (TWH) and Te Piki Oranga (TPO)). And at a service provision level through Te Puawai Hauora (TPH) NMDHB Māori staff forum. At a minimum NMDHB will be able to evidence these forums had input into the shaping of: ▪ Covid-19 response ▪ NMDHB Annual Plan (IHB/TWH/TPO/TPH) ▪ Model of Care programme (IHB/TWH/TPO/TPH) ▪ Māori health workforce development (Nursing and Midwifery, Allied Health) (IHB/TPO/TWH/TPH) ▪ Nurse Entrance Training Programmes (NETP) selection programme (TWH/TPH/TPO) ▪ Influence over the work-plan and flexi fund allocation within Top of the South Health Alliance (TOSHA) (TWH/ TPO) ▪ Te Waka Hauora Māori Health and Vulnerable Populations Equity projects (Hauora Direct, Whakaaro Pono, WaiMāori Fresh, Pepi First Quit Smoking Programme, Hapu Wananga, Influenza Vaccination campaign, Project Double Up Breast and Cervical Screening, Kia ora e te Iwi, He Matepukpuku Māori Cancer Pathways etc) (IHB/TPO/ TWH/TPH) ▪ Kia ora Hauora (TWH) ▪ Hauora Māori fund (TWH) ▪ Regional Intersectoral Forum (IHB/ TWH) ▪ Top of the South Impact Forum (TWH)	6. Evidence of Iwi / Māori participation in key organisational Strategy, planning and initiatives (Q4).	6. Key organisation strategy, planning and initiatives evidence a commitment to Te Tiriti o Waitangi and reducing health inequities for Iwi/ Māori.		

<table>
<tr><td colspan="3">Māori Health Action Plan – Accelerate the spread and delivery of Kaupapa Māori services

[The consultation period for the Māori Health Action Plan has been extended and this guidance will be finalised following confirmation of the Action Plan]

▪ Accelerating the spread and delivery of Kaupapa Māori services is an important element in enabling Māori to exercise their authority under Article Two. It enables Māori to have options when choosing care providers and pathways. DHBs will have plans to ensure that Māori capability and capacity is supported, enabling Māori to participate in the health and disability sector and provide for the needs of Māori.</td><td colspan="2">This is an equitable outcomes action (EOA) focus area

(All DHBs are to include equity focus for Māori in this area and clear actions to improve Māori health outcomes. It is expected that the actions are designed in partnership with Māori and incorporate mātauranga Māori)

See section 2.6 Expectations on developing the activities in your plan for additional information.</td></tr>
<tr><td>Activity</td><td>Milestone</td><td>Measure</td><td colspan="2">Government theme:
Improving the well-being of New Zealanders and their families</td></tr>
<tr><td>1. Grow Te Piki Oranga as our local Māori health provider through annual funding bids that build TPO capacity as a Kaupapa Māori service</td><td>1. Evidence of funding bids to support the growth of Te Piki Oranga by Q4.</td><td>1. Total amount of NMDHB funding to Te Piki Oranga for the 2020-2021 year is greater than the total allocation of funding to TPO in the year 2019-2020.</td><td>System outcome

We have health equity for Māori and other groups</td><td>Government priority outcome

Support healthier, safer and more connected communities</td></tr>
<tr><td>2. Ensure that Te Piki Oranga is an active member and partner in the work-plan of the Top of the South Health Alliance (TOSHA) which membership includes DHB Executive team members, Nelson Bays PHO and Marlborough PHO and Te Piki Oranga. This includes informing decisions around the flexible funding pool.</td><td>2. Evidence of Te Piki Oranga being involved in TOSHA Alliance work programme by Q4.</td><td>2. TOSHA work plan in place and evidences work that seeks to reduce health inequities for Māori. Flexible funding pool allocation in PHO's has a focus on working towards Māori health equity</td><td colspan="2"></td></tr>
</table>

3. Ensure that Te Piki Oranga is actively involved in the development of our Annual Plan and Systems Level plan	3. Evidence that Te Piki Oranga has been actively engaged in the development of the NMDHB Annual Plan (AP) and System level plan by Q4.	3. TPO activities detailed in AP and CE has signed off System Level Measures Plan/ AP		
4. Promote within the DHB orientation programme the five local Māori providers that operate within the NMDHB district (Whakatū Marae, Te Awhina Marae, Te Hauora o Ngati Rarua, Maataa Waka Trust, and Te Piki Oranga) and actively engage with local Māori providers in key projects that impact of Māori health equity within our district	4. Evidence of the Promotion of five local Māori providers in orientation by Q2. Example of NMDHB working in partnership with local Māori providers by Q3. DHB intranet links to all local Māori providers including referral pathways to such providers by Q4.	4. NMDHB orientation presentation covers off local Māori providers and the support they offer. NMDHB can evidence collaboration with local Māori providers in initiatives that seek to reduce health inequities for Māori in health priority areas.		
5. Train Te Piki Nurses in Covid-19 swabbing	5. Training of Te Piki Nurses in Covid-19 swabbing underway by Q1.	5. Proportion of Te Piki Nurses trained in Covid-19 swabbing.		

Māori Health Action Plan – Shifting cultural and social norms

[The consultation period for the Māori Health Action Plan has been extended and this guidance will be finalised following confirmation of the Action Plan]

Shifting cultural norms within the health and disability system is critical to ensuring that Māori can live and thrive as Māori and that we address racism and discrimination in all its forms. DHBs will have plans to further these aims through actions like:

- Building the knowledge of all DHB staff in Te Tiriti o Waitangi.
- Addressing bias in decision making (e.g. build on www.hqsc.govt.nz/our-programmes/patient-safety-week/publications-and-resources/publication/3866/)
- Enabling staff to participate in cultural competence and cultural safety training and development (e.g. support the implementation of: www.mcnz.org.nz/assets/standards/8a24a64029/Statement-on-cultural-safety.pdf)

This is an equitable outcomes action (EOA) focus area

(All DHBs are to include equity focus for Māori in this area and clear actions to improve Māori health outcomes. It is expected that the actions are designed in partnership with Māori and incorporate mātauranga Māori)

See section 2.6 *Expectations on developing the activities in your plan* for additional information.

Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
			System outcome	**Government priority outcome**
1. Develop a cultural competency/ cultural safety programme for NMH staff that comprises of: ▪ Te Tiriti O Waitangi understanding the origins of Te Tiriti o Waitangi and its relevance today and the impact of colonisation on Iwi/ Māori ▪ Tikanga best practice standards how to work in a way with whānau that is culturally competent and culturally safe ▪ Health inequities training that includes combating institutional and personal racism be it avert or unconscious ▪ Basic introduction to Te Reo Māori levels one and two.	1. Cultural competency/ cultural safety programme in place 2020 for NMDHB staff. Programme comprises of Te Tiriti o Waitangi, health inequities training and Tikanga Best Practice training and introduction to Te Reo Māori levels 1 and level 2 by Q1.	1. Total number of NMH staff in attendance at cultural competency/ cultural safety programme.	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
2. Executive leadership team (100%) to undertake Te Tiriti o Waitangi and health inequities training covering the impact of colonisation, systemic racism and personal racism alongside our NMDHB Board members	2. Executive leadership team complete Te Tiriti o Waitangi cultural safety programme by Q4.	2. Over 80 percent of participants indicate an increase in understanding of content presented at cultural competency training sessions		

3. All Executive Leadership meetings will start with mihimihi and karakia and executives will be encouraged to model this tikanga into other meetings across their service areas. A KPI will also be set that all Executives learn their pepeha and can do basic mihimihi	3. Executive leadership team KPI's established for leaders to act as role models for NMDHB staff around Tikanga Māori (mihimihi/ pepha/karakia/waiata tautoko) by Q3.	3. All Executives can do basic mihimihi and pepeha as organisational role models.		
4. NMDHB Models of Care and Facility Redevelopment programme incorporates Māori models of care and works toward having facilities that have bilingual signage, space such as whānau rooms to support whānau being part of care and rehabilitation and have an aesthetic that is responsive to the needs of Māori such as carvings, poupou, tukutuku mauri stones etc). Any facility developments will commence and be opened in accordance with tikanga Māori.	4. MOC has a commitment to support models that are responsive to the needs of Māori and address health inequities by Q3.	4. NMDHB Models of Care and Redevelopment of facilities is responsive to the needs of Māori		
5. Work to improve the NMDHB Māori Health website and intranet site making sure that Māori health content is strengthened and making sure that links to cultural safety training including online cultural safety programmes are readably available to staff.	5. NMDHB Māori Health website and intranet revitalised by Q2.	5. NMDHB has effective uptake from staff in regards to online cultural safety training with a view to make some online cultural safety training compulsory for targeted staff.		
6. Actively promote Te Puawai Hauora to all Māori staff whom are in and enter into NMDHB as a cultural support network and as a collective forum whereby Māori staff can have input into major developments/ initiatives within NMDHB. NMDHB will ensure that Māori staff attendance at Te Puawai Hauora meetings including the annual noho marae is fully endorsed and supported by the Executive Leadership team.	6. Promotion of Te Puawai Hauora as NMDHB Māori staff support network occurs through media and communications, and staff orientation.	6. Te Puawai Hauora can evidence input into major NMDHB developments/ initiatives		

<table>
<tr><td colspan="3">Māori Health Action Plan – Reducing health inequities – the burden of disease for Māori

[The consultation period for the Māori Health Action Plan has been extended and this guidance will be finalised following confirmation of the Action Plan]

Achieving equity in health and wellness for Māori is an overall goal of the health and disability system. It is mandated by article three of Te Tiriti o Waitangi and is an enduring principle of Te Tiriti. Achieving equity for Māori will be a key element of many of the DHB's plans throughout the rest of the document. DHBs should use this section to:

▪ Outline any equity focused initiatives that don't fit elsewhere.

▪ Provide a summary and cross reference for those major initiatives elsewhere in their plan.</td><td colspan="2">This is an equitable outcomes action (EOA) focus area

(All DHBs are to include equity focus for Māori in this area and clear actions to improve Māori health outcomes. It is expected that the actions are designed in partnership with Māori and incorporate mātauranga Māori)

See section 2.6 Expectations on developing the activities in your plan for additional information.</td></tr>
<tr><td>Activity

1. Implement and grow Hauora Direct 360 degree assessment tool across NMDHB district and move the initiative to the digital version of Hauora Direct assessment, intervention and referral programme in multiple settings including hospital based as well as community based services

2. Implement and grow Whakaaro Pono - Advance Directives initiative which seeks to improve rehabilitation and treatment for Tangatawahiora whom are admitted to secondary care services</td><td>Milestone

1. Hauora Direct is developed and implemented locally in a digital format with e-referrals by Q4.

2. Whakaaro Pono is developed into an electronic format. Training of Mental Health and Addictions staff is completed and pilot of the socialisation of Whakaaro Pono completed across NMDHB district with tangatawhaiora completed by Q4.</td><td>Measure

1. Hauora Direct Digital in place and integrated into, Victory Community Centre, Pasifika Trust and Te Piki Oranga

2. Whakaro Pono digital in place. Training of Mental Health and Addictions staff on Whakaaro pono is completed and 20 plus Tangatawahiora have participated in socialisation pilot across NMDHB district</td><td colspan="2">Government theme:
Improving the well-being of New Zealanders and their families</td></tr>
<tr><td colspan="3"></td><td>System outcome

We have health equity for Māori and other groups</td><td>Government priority outcome

Make New Zealand the best place in the world to be a child</td></tr>
</table>

3. Implement and grow Pepi First Quit smoking Incentivisation programme for hapū māmā with an extension to make the programme available to their partners	3. Implement Pepi First Quit smoking Incentivisation programme for hapū māmā with an extension to make the programme available to their partners by Q2.	3. Monitoring and evaluation of initiative provides a quantitative break down of the impact of Pepi First effectiveness by ethnic breakdown.		
4. Ongoing Implementation and resource allocation of Hapu Wananga Kaupapa Māori pregnancy and parenting programme with an intent to get 50% of all hapu wāhine are enrolled in the programme with their whānau.	4. At least 9 Hapu Wananga sessions targeting hapu wāhine and their whānau held across the NMDHB district by Q4.	4. A total of 9 Hapu Wananga are completed across the NMDHB district with the total number of pregnant wāhine and whānau in attendance reported by ethnicity. Over 90% of participants have an increased understanding around pregnancy and parenting matters		
5. Ongoing implementation and evaluation of Tuhono Kaupapa Māori maternal health programme working with high needs whānau in their own kainga	5. Implement Tuhono as kaupapa Māori navigator led maternal health programme working with high needs whānau in their homes by Q2.	5. Ongoing implementation of Tuhono meets funding/ contract requirements as Māori health innovation.		

6. Kia ora e te Iwi cancer health literacy programme held in Both Nelson and Marlborough districts to build local Māori knowledge about cancer and the supports available for whānau whom have cancer	6. Implement Kia Ora e te Iwi Māori Cancer Health literacy programme by Q4.	6. Kia ora e te Iwi programmes held across the NMDHB district with 90% of attendees identifying increased health literacy as a result of the programme.		
7. Mokopuna Ora- Safe Sleep programme revised with a view to strengthen the development and distribution of safe sleep devices and move towards wahakura being the preferred taonga for distribution to whānau or reinforce safe sleep messages/practices	7. Mokopuna Ora- Safe Sleep programme revised by Q3.	7. Mokopuna Ora programme details total number of whānau by ethnicity whom have received both a safe sleep device and safe sleep messages		
8. Pilot Project Menemene in low decile kohanga or kura with a view to integrate brushing of teeth into the education curriculum	8. Seek to implement Project Menemene by Q1.	8. Project Menemene piloted in a minimum of two education services within the NMDHB district		
9. Expansion of Project Kotahi Rau physical activity programme for tane whom are tangatawahiora and in the 100kgs+ club	9. Expansion of Project Kotahi Rau physical activity programme by Q4.	9. Total number of Tanagatawhaiora participating in Kotahirau reported with improvements in physical wellbeing being reported via improved BMI and physical fitness		

<table>
<tr><td colspan="3">Māori Health Action Plan – Strengthening system settings

[The consultation period for the Māori Health Action Plan has been extended and this guidance will be finalised following confirmation of the Action Plan]

▪ DHBs have a role to play in ensuring that the system settings across their parts of the health and disability system support the overall goal of pae ora (healthy futures). Included in this area are matters to do with how services are commissioned and provided and joint ventures with other local agencies. Please document the plans you have in this area.</td><td colspan="2">This is an equitable outcomes action (EOA) focus area

(All DHBs are to include equity focus for Māori in this area and clear actions to improve Māori health outcomes. It is expected that the actions are designed in partnership with Māori and incorporate mātauranga Māori)

See section 2.6 Expectations on developing the activities in your plan for additional information.</td></tr>
<tr><td>Activity</td><td>Milestone</td><td>Measure</td><td colspan="2">Government theme:

Improving the well-being of New Zealanders and their families</td></tr>
<tr><td>1. NMDHB's commissioning process will support upholding Te Tiriti o Waitangi and reducing health inequities for Māori this will be achieved in the following ways:

1a. Any new service contracted for must be able to evidence a strong commitment to upholding Te Tiriti o Waitangi and working towards health equity for Māori and the health equity Assessment Tool (HEAT) will be applied to any decisions which are made in regards to funding of services by the NMDHB.</td><td>1a. Selection of preferred provider has Te Tiriti o Waitangi and Māori Health equity as a part of selection criteria. All contract and reporting requirements evidence commitment to Te Tiriti o Waitangi and working towards Māori health equity by Q3.</td><td>1. Selection criteria developed and implemented into selection process for preferred provider

1a. Total allocation of NMDHB funding to both Kaupapa Māori services and Māori responsiveness programmes is greater in 2020-2021 comparative to the 2019-2020 period</td><td>System outcome

We have health equity for Māori and other groups</td><td>Government priority outcome

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

1b. Commissioning decisions over the 2020-2021 period must be able to evidence increased allocation of funding to either both kaupapa Māori services and/or targeted Māori health equity programmes within mainstream services with 2019-2020 funding levels providing baseline. 1c. NMDHB will adopt a position that any funding that might be disinvested in kaupapa Māori services must in the first instance look to be reinvested back into kaupapa Māori services and in a way that optimises working toward health equity for Māori 1d. NMDHB will look to establish a Whānau Ora funding pool that can support the implementation of "Whānau Ora" initiatives in conjunction with Te Putahitanga the South Island Whānau Ora Commissioning Agency.	1b&c. NMDHB establish a pro- investment approach into Kaupapa Māori and/ or Māori responsiveness services/ programmes or initiatives by Q3. 1d. NMDHB establishes a funding pool that supports allocation of DHB funding to Whānau Ora Commission initiatives which promote health and wellbeing for whānau by Q1.	1b. Report completed on the total allocation of funding to support Whānau Ora Commissioning agency funding of local Whānau Ora programmes		
2. NMDHB will actively participate in the Regional Intersect Forum (RIF). RIF is a forum where government departments meet with and develop initiatives alongside local Iwi that support Iwi social wellbeing, Iwi cultural development, Iwi economic development and look after te taiao sustainable environments in alignment with the concept of kaitiakitanga.	2. NMDHB actively participate in RIF through active representation at all meetings during 2020 by Q4.	2. Narrative report on NMDHB contribution to RIF and any of its four pou (social pou, cultural pou, economic pou, environmental pou) completed		

2.5 Improving sustainability

As New Zealand's population has continued to grow and age, with more complex health needs, the Nelson Marlborough Health system has worked hard to keep up with demand but an enhanced focus on improving sustainability is required.

The activities below clearly demonstrate how Nelson Marlborough Health's strategic and service planning, both immediate and medium term supports improvements in system sustainability including significant consideration of models of care and the scope of practice of the workforce.

Consideration of sustainability objectives and actions include how Nelson Marlborough Health will work collectively with our sector partners to deliver the Government's priorities and outcomes for the health and disability system while also contributing to a reduction in cost growth paths and deficit levels.

Improved out year planning processes

Financial

- Identify the three or four most significant actions the DHB will take to improve its outyear planning processes.
- At least two of the actions should identify milestones for delivery to be completed by December 2020 to support 2021/22 planning.

Workforce

- Identify the three or four most significant actions the DHB will take to improve its outyear planning processes.
- At least two of the actions should identify milestones for delivery to be completed by December 2020 to support 2021/22 planning.

Activity	**Milestone**	**Measure**	**Government theme:** **Improving the well-being of New Zealanders and their families**	
			System outcome	**Government priority outcome**
Financial 1. A review of approaches to improve the robustness of outyear planning to be completed and a revised outyear planning model implemented.	1. Improved financial forecast process implemented by November 2020 1. Outyear financial planning model developed by January 2021 1. Outyear financial planning assumptions agreed with MOH by December 2020	1. Financial forecast process developed and implemented in management reporting 1. Key risks to financial performance regularly reported 1. Outyear planning model developed and implemented for use in budget planning for the 2021/22 Annual Plan 1. Critical outyear financial planning assumptions agreed with MOH and used in outyear financial planning	We have improved quality of life	Ensure everyone who is able to, is earning, learning, caring or volunteering

Workforce 2. Deliver workforce plan to support Models of Care project initiatives and inform the Nelson Hospital Redevelopment Detailed Business Case	2. Profile of current workforce completed by November 2020 2. Analysis of MOC workforce impacts completed by March 2021 2. Design of future state and implementation plan completed by June 2021	2. Workforce profile and analysis documented and approved workforce plan in place.		
3. Develop strategies to respond to the challenges presented by an ageing workforce	3. Ageing workforce interest group established by December 2020 3. Consultation completed with stakeholders to identify future risks and opportunities by April 2021	3. Group meets prior to December 2020 and analysis delivered to ELT		
4. Develop Māori workforce in line with the Te Tumu Whakarae position statement targets	4. Redesign recruitment processes to meet position statement objectives by August 2020 4. Develop strategies to reduce turnover of Māori employees by February 2021.	4. Increased numbers of Māori candidates short listed and employed and reduction in turnover of Māori staff		

<table>
<tr><td colspan="3">Savings plans – inyear gains
DHBs are expected to undertake appropriate cost analysis and develop realistic savings plans that do not risk compromising the quality and safety of services or improved equity for their populations.
The DHB's annual plan should highlight a subset of five initiatives from its saving plan that are expected to have most significant impact in the 2020/21 year and include a brief rationale explaining why the action was selected.
Please identify key actions and milestones that support delivery of the initiative each quarter and include quantification of the expected inyear impact.
Please also indicate where any of the actions identified form part of the DHB's COVID-19 recovery programme.</td><td colspan="2">Initiatives identified must not compromise quality and safety or equity of services for the DHB's population</td></tr>
<tr><td>Activity

1. Spend Wisely programme comprises seven workstreams lead by an executive team member. These seven workstreams are:
Managing people
Perioperative efficiency
Patient flow
Smarter procurement and contract management
Primary and community opportunities
Sustainability savings from green initiatives
Every manager contributing</td><td>Milestone

1. Spend Wisely savings programme delivers savings as determined in each quarter.

1. Detailed savings plan included within MOH Annual Plan financial templates, totalling $2.3M within FY20/21. Key initiatives include:
$1.0M for better IDF outflow management
$0.4M procurement savings across various national, regional and local initiatives
$0.4M reduction in high value annual leave balances
$0.1M reduction in the growth of the pharmaceutical spend</td><td>Measure

Spend Wisely programme delivers savings not less than the total included within the MOH Annual Planning financial templates</td><td colspan="2">Government theme:
Improving the well-being of New Zealanders and their families</td></tr>
<tr><td colspan="3"></td><td>System outcome
We have improved quality of life</td><td>Government priority outcome
Ensure everyone who is able to, is earning, learning, caring or volunteering</td></tr>
</table>

<table>
<tr><td colspan="3">Savings plans – outyear gains

DHBs are expected to undertake appropriate cost analysis and develop realistic savings plans that do not risk compromising the quality and safety of services or improved equity for their populations.

▪ The DHB's annual plan should highlight a subset of five initiatives from its saving plan that are expected to have most significant impact in the next two out years and include a brief rationale explaining why the action was selected. Please also include quantification of the expected impact in each of the outyears.

(Where in-year initiatives continue into outyears as the most significant activity the DHB is undertaking, please cross refer to the inyear gains section)

Consideration of innovative models of care and the scope of practice of the workforce to support system sustainability

Ensuring workforce planning supports innovative models of care is a key factor supporting improved system sustainability in the medium term.

▪ Please specify five key workforce development actions and initiatives the DHB will undertake during 2020/21 to support innovative models of care to be delivered in outyears. At least one action should be focused on strengthening Māori workforce.</td><td>This is an equitable outcomes action (EOA) focus area

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

See section 2.6 Expectations on developing the activities in your plan for additional information.</td></tr>
<tr><td>Activity

In year savings initiatives identified within the previous section will continue to the out year financial result projections

Savings from the Models of Care programme are fully identified and action plans in place to achieve the savings

Workforce development plan completed that identifies the future workforce requirements to deliver on the MOC programme initiatives and support the service developments necessary leading to the Nelson Hospital redevelopment</td><td>Milestone

In year savings initiatives flow to out year financial planning

MOC savings programme confirmed savings to be delivered and expected timeframes

Workforce development plan completed by Q4</td><td>Measure

Deliver of in year financial savings as reported to the Board and MOH

Action plans implemented to deliver the MOC savings programme

Completed workforce development plan</td><td>Government theme:
Improving the well-being of New Zealanders and their families

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>

<table>
<tr><td colspan="3">Working with sector partners to support sustainable system improvements
▪ Identify the three or four most significant actions the DHB will undertake during 2021 collaboratively with sector partners to support sustainable system improvements that also support improved Māori health outcomes and Pacific health outcomes.</td><td colspan="2">This is an equitable outcomes action (EOA) focus area
(equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).
See section 2.6 Expectations on developing the activities in your plan for additional information.</td></tr>
<tr><td>Activity</td><td>Milestone</td><td>Measure</td><td colspan="2">Government theme:
Improving the well-being of New Zealanders and their families</td></tr>
<tr><td>1. Develop a framework for organising integrated multi-agency support for people with complex needs.
2. Plan and provide interventions to prevent increases in high end harm events such as family, violence, homelessness, and significant mental health and addition issues.
3. Adopt the Whāngaia Ngā Pā Harakeke model as Nelson Marlborough's response model and investigate its application to agreed priority areas. (EOA)</td><td>1. Framework co-designed with iwi and Pacific communities by Q2.
2. Access to accommodation, food and wrap around supports for the homeless facilitated by Q1 and at least one other intervention implemented by Q3
3. Whāngaia Ngā Pā Harakeke model adopted for family harm responses by Q2.</td><td>1. Establishment of a person-centred model of care that spans multiple agencies.
2. Number of prevention interventions targeting high end harm events is increased and better targeted towards improving Māori and Pacific health outcomes.
3. Reduction in high end harm events for Māori and Pacific peoples.</td><td>System outcome
We have improved quality of life</td><td>Government priority outcome
Ensure everyone who is able to, is earning, learning, caring or volunteering</td></tr>
</table>

2.6 Improving child wellbeing - improving maternal, child and youth wellbeing

The Child and Youth Wellbeing Strategy (the Strategy) provides a framework to align the work of government and others to achieve the vision of 'Making New Zealand the best place in the world for children and young people'.

The nine principles promoting wellbeing and equity for all children and young people, operationalised for the Health and Disability system, are:

- Children and young people are taonga
- Māori are tangata whenua and the Māori-Crown relationship is foundational
- Children and young people's rights need to be respected and upheld
- All children and young people deserve to live a good life
- Wellbeing needs holistic and comprehensive approaches
- Children and young people's wellbeing are interwoven with family and whānau wellbeing
- Change requires action by all of us
- Actions must deliver better life outcomes
- Early support is needed - maintain contact across the early years and beyond and be alert and responsive to developing issues and opportunities.

Nelson Marlborough Health will actively work to improve the health and wellbeing of infants, children, young people and their whānau and carers with a particular focus on improving equity of outcomes.

Nelson Marlborough Health has considered the above principles in all our activities, as part of our contribution to delivering the strategy, and preparing the health and disability sector for system transformation over time.

<table>
<tr><td colspan="3">Maternity and Midwifery workforce
Ensure 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 across maternity, Well Child Tamariki Ora and primary care services.
All DHBs will continue to implement and evaluate a midwifery workforce plan to support:
undergraduate midwifery training, including clinical placements
recruitment and retention of midwives, including looking at the full range of the midwifery workforce within the DHB region especially rural areas
service delivery mechanisms including strategies to address predicted seasonal changes in service demand and showing initiatives that make best use of other health work forces to support both midwives in their roles and pregnant people.
Please refer to the Care Capacity Demand Management (CCDM) section regarding reporting requirements for implementing CCDM for the midwifery workforce.
Examples of equity actions that could be included in your plan are found in the in the Supporting Information and FAQ page, see section 2.6 for the link.</td><td>This is an equitable outcomes action (EOA) focus area
(equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).
See section 2.6 Expectations on developing the activities in your plan for additional information.</td></tr>
<tr><td>DHB Activity</td><td>Milestone</td><td>Measure</td><td colspan="2">Government theme:
Improving the well-being of New Zealanders and their families</td></tr>
<tr><td>1. Increase the proportion of midwives engaged in the quality and leadership programme and ensure that Māori have equitable access to training opportunities as others (EOA).

2. Offer clinical placements to support the midwifery pipeline to achieve 4 new graduate midwives across the district in 2021 (two in the core and two in the community).

3. Increase the annual availability of student midwife placements to support workforce pipeline.</td><td>1. 70% of midwives are engaged in the quality and leadership programme by Q2 and at least 70% of Māori are engaged in the QLP.

2. Clinical placements offered throughout 2020/21 and four new graduate midwives achieved by Q4.

3. Increase in available positions apparent by Q4.</td><td>Proportion of employed midwives on the Confident or Leadership Domain of QLP increases.

Proportion of midwifery workforce identifying as Māori increases.

Number of midwives available in Wairau increases

Proportion of Māori women engaged in maternity care in their first trimester increases.</td><td>System outcome
We have health equity for Māori and other groups</td><td>Government priority outcome
Make New Zealand the best place in the world to be a child</td></tr>
</table>

4. Develop a sustainable community midwifery model in Wairau through a development plan which incorporates future demand and workforce constraints	4. LMC midwifery workforce increases by 50 percent in Wairau by Q1 2020 and sustainable community midwifery model established in Wairau by Q3 with 8-10 LMC midwives for primary maternity care in Wairau by Q4.			
5. Increase Māori participation and retention in midwifery workforces **(EOA)**.	5. Proportion of midwifery workforce identifying as Māori is at least 8% by Q4.			
6. Build cultural competence across the whole midwifery workforce and embed cultural competence training into the education calendar **(EOA)**.	6. Cultural safety education programme available to all staff and LMCs by Q1 and 50 percent of midwifery workforce to have completed education by Q4.			
7. Participate in a South Island Alliance Midwifery Workforce workstream and ensure Māori are involved in service development strategies (EOA).	7. DONM and ADOM to work with the South Island Alliance and solutions identified by Q4.			
8. Ensure midwifery is represented in the in the South Island First 1,000 days Child Health Workstream.	8. Midwifery is present in all relevant documents, plans and strategies produced by the workstream by Q4.			

<table>
<tr><td colspan="3">Maternity and early years
Identify actions that contribute to the Strategy's Plan of Action to redesign maternity and early years' interventions that support the needs of pregnant women, infants, babies, children and their whānau. Demonstrate how the DHB will meet these needs, including commitments to health equity for Māori, Pacific and other vulnerable groups and how outcomes will be addressed.
Actions should include comprehensive approaches to prevention and early intervention across pregnancy, parenting and Well Child Tamariki Ora services including integrated approaches with primary care and mental health and addiction services, as well as SUDI prevention initiatives.
Identify the health promotion and health protection activities the DHB can undertake to advance progress on your SUDI work. Activities that DHBs could carry out can be found in the Supporting Information and FAQ page, see section 2.6 for the link.
Outline the specific actions the DHB is taking intended to reduce inequity of access to community-based midwifery services, ultrasound scanning, pregnancy and parenting education and Well Child Tamariki Ora services.</td><td>This is an equitable outcomes action (EOA) focus area
(equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).
See section 2.6 Expectations on developing the activities in your plan for additional information.</td></tr>
<tr><td>Activity</td><td>Milestone</td><td>Measure</td><td colspan="2">Government theme:
Improving the well-being of New Zealanders and their families</td></tr>
<tr><td>1. Pepi First referral system becomes an opt-out rather than opt-in service (all pregnant women who smoke are offered the opportunity to participate in Pepi First (EOA).</td><td>1. All pregnant women who smoke are offered the opportunity to participate in Pepi First by Q2.</td><td>1. >90% of women who identify as smokers in pregnancy are referred to Pepi First.</td><td rowspan="3">System outcome
We have health equity for Māori and other groups</td><td rowspan="3">Government priority outcome
Make New Zealand the best place in the world to be a child</td></tr>
<tr><td>2. Implement Pepi First Quit smoking incentivisation programme for hapū māmā with an extension to make the programme available to their partners (EOA).</td><td>2. Implement Pepi First Quit smoking Incentivisation programme for hapū māmā with an extension to make the programme available to their partners by Q2</td><td>2. Monitoring and evaluation of initiative provides a quantitative break down of the impact of Pepi First effectiveness by ethnic breakdown.</td></tr>
<tr><td>3. Ongoing Implementation and resource allocation of Wānanga Hapūtanga Kaupapa Māori pregnancy and parenting programme with an intent to get 50% of all hapu wāhine enrolled in the programme with their whānau.</td><td>3. At least 9 Wānanga Hapūtanga sessions targeting hapu wāhine and their whānau held across the NMDHB district by Q4.</td><td>3. Proportion of pregnant wāhine competing the Wānanga Hapūtanga parenting programme and Over 90% of participants have an increased understanding around pregnancy and parenting matters</td></tr>
</table>

4. Access for Māori and Pacific women to a Lead Maternity Care midwife is prioritised **(EOA)**.	4. By Q4.	4. >85% of Māori and Pacific women are booked by 12 weeks gestation with an LMC.		
5. Revise the Mokopuna Ora- Safe Sleep programme with a view to strengthen the development and distribution of safe sleep devices to Māori and Pacific babies and move towards wahakura being the preferred taonga for distribution to whānau or reinforce safe sleep messages/practices **(EOA)**.	5. Programme revised by Q4.	5. All babies have access to a safe sleep space including pepi pod or whahakura if needed and SUDI incidence is reduced.		
6. Establish a maternity donor breastmilk service in Nelson.	6. Service established by Q3.	6. All babies have the best start in life through breastfeeding.		
7. Implement the Neonatal encephalopathy audit project 2020-2021	7. Implementation underway by Q1.	7. Neonatal encephalopathy rates are reduced for Māori and Pacific babies by 20% by 2021.		
8. Deliver the Growth Assessment Protocol Programme (GAP) 2020-2021.	8. Small for Gestational Age national guideline and customised growth charts guideline implemented by Q1. All maternity staff using customised growth charts by Q2. GAP programme and audit completed by 2021 Q2.	8. Improved detection and management of small for gestational age and reduce stillbirth at term by 20%.		
9. Develop a community-based team to provide support for parent-infant relationships as part of the *Models of Care: Hei Pa Harakeke – Nurturing Care project*.	9. Referrals to locality team by Q1.	9. Number of infants whose parents were supported by the community based team.		
10. Feasibility of addressing the inequity of access to ultrasound scanning in Nelson Marlborough investigated.	10. Feasibility investigated by Q4.	10. Equitable access to ultrasound scanning is improved – rates by ethnicity and deprivation.		

11. NMH plans to address the inequity of access to WCTO services through exploring integrated IT solutions to reduce barriers to parents, GPs and LMCs to enrolment with WCTO service *(refer to SLM Plan)*	11 & 12. Initial stakeholder meeting held by Q1 11. Feasibility of Hauora Direct or other IT solutions to address this need determined by Q2. 11. Alternative non-IT options explored by Q4 if necessary.	11 & 12. Equity of enrolment in WCTO services is increased.		
12. WCTO will work closely with maternity services to notify each late/non referral so NMH can address barriers to timely enrolment *(refer to SLM Plan.)*				
13. Increase LMC workforce capacity in Wairau to enable LMCs to support whānau experiencing difficulties accessing WCTO services (refer SLM Plan).	13. Number of LMC's in Wairau increased by Q4.	13. Proportion of newborns in Wairau enrolled in WCTO services increases.		

Immunisation

- All DHBs are to contribute to healthier populations by establishing innovative solutions to improve and maintain high immunisation rates at all childhood milestones from infancy to age 5 years.
- Specify actions to improve delivery and uptake of immunisation from infancy to age 5 years that will meet the needs of your overall population:
  - outline how each action will improve Māori (and Pacific where appropriate) equity and what outcomes will be achieved and please be conscious of the groups within your population that may find accessing childhood immunisations harder as a result of COVID-19 and outline any actions your DHB is / will be taking to continue to immunise children on time in light of COVID-19.
- It is important that Māori General Managers (Tumu Whakarae) and Pacific General Managers have oversight of all Māori and Pacific focused work, respectively, in their DHBs. It is therefore the Ministry's expectation that DHB Immunisation Leads develop and maintain strong working relationships with their DHBs' Māori and Pacific General Managers to ensure they have a clear line of sight into immunisation work. This work includes:
  - strategies on closing the equity gap
  - prioritisation of Māori immunisation
  - quarterly and annual reporting.

This is an equitable outcomes action (EOA) focus area

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

See section 2.6 *Expectations on developing the activities in your plan* for additional information.

Activity	Milestone	Measure	Government theme: **Improving the well-being of New Zealanders and their families**	
1. Offer community immunisation clinics at Victory and Tahunanui Community Centre, Franklyn Village and other venues to target Māori and vulnerable populations **(EOA)**.	1. At least 3 community clinics held by Q4	95% of eight-month olds fully immunised 95% of five-year olds have completed all age-appropriate immunisations due between birth and five years of age		
2. Establish Early Childhood Education (ECE) immunisation clinics with a focus on high deprivation areas and kohanga reo.	2. Immunisation clinics held by Q4.		**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Make New Zealand the best place in the world to be a child
3. Public Health Nurse (PHN) input into Hauora Direct initiatives, including opportunistic immunisations (see sections under 'Give practical effect to He Korowai Oranga – the Māori Health Strategy') **(EOA)**.	3. Hauora Direct initiatives include opportunistic immunisations by Q4.			

4. Deliver outreach immunisation/B4school check/Cervical outreach clinics at Victory Community Centre, the Richmond Health Hub and other community venues to improve equitable coverage among working families/whānau who may struggle to attend during usual hours – with the aim of coordinating as many primary/preventative/screening services as possible – working towards a Coordinated Care Model.	4. Outreach immunisation clinics offered by Q4.			
5. Work with individual hospital departments to determine if they are resourced to provide opportunistic vaccinations	5. Hospital departments approached to troubleshoot opportunistic vaccinations by Q4.			

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[6]; teen parent units and alternative education facilities.
- Outline how the DHB will catch up on psychosocial/wellbeing assessments that have been delayed due to COVID-19 restrictions.
- 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 evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).

See section 2.6 *Expectations on developing the activities in your plan* for additional information.

Activity	**Milestone**	**Measure**
1. Implement school-based health services (SBHS) to Nelson Marlborough's decile 4 and decile 5 secondary schools	1. Six monthly reports provided (Q2 & Q4).	School based health services in decile 5 schools by Q2 95% of eligible students have access to school based health services 95% of eligible students receive a HEEADSSS assessment
2. Undertake a self-assessment of school based services against the Youth Health Care in Secondary Schools framework and create an action list to address any gaps **(EOA)**.	2. Action list developed to implement the framework by Q2	
3. Work towards establishing nurse prescribing in schools using a partnership approach between providers	3. Identify partners for school nurse prescribing by Q1	
4. Provide quarterly narrative reports on the actions of the SLAT	4. Quarterly reports provided (Q1-Q4).	
5. Undertake Youth Week activities	5. Youth week activities occur (Q4).	

Government theme:

Improving the well-being of New Zealanders and their families

System outcome	**Government priority outcome**
We live longer in good health	Make New Zealand the best place in the world to be a child

[6] *The applicable DHBs will receive further information separately*

6. Develop a cohesive approach to school based health services across the Marlborough colleges	6. Agreed approach to SBHS in Marlborough developed by Q2			
7. Trial Melon Health, a digital resource which is often more popular for youth to access primary health care help and support, in Nelson Tasman	7. Melon Health piloted by Q2			
8. Scope a trial of an eating disorder prevention programme in at least two intermediate schools	8. Trial of a school-based prevention programme for eating disorders in at least two intermediate schools scoped by Q3.			
9. Additional FTE will be allocated for a psychologist to catch up on psychological or wellbeing assessments that have been delayed due to COVID-19 restrictions.	9. Additional FTE allocated by Q4.			

<table>
<tr><td colspan="3">Family violence and sexual violence

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 other agencies and contributions

▪ 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 expected impact.</td><td colspan="2">This is an equitable outcomes action (EOA) focus area

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

See section 2.6 Expectations on developing the activities in your plan for additional information.</td></tr>
<tr><td>Activity</td><td>Milestone</td><td>Measure</td><td colspan="2">Government theme:
Improving the well-being of New Zealanders and their families</td></tr>
<tr><td>1. Work with the NMH Intelligence and Reporting Team and the Nelson Marlborough Health Research Network (NMHR) to evaluate or quantify the impact on health outcomes (among identified high risk families) of NMH participation in Family Violence Interagency Report System (FVIARS) meetings (EOA).</td><td>1. Impact of FVIARS on improving health outcomes quantified by Q4.</td><td>1. Evaluation Report</td><td rowspan="3">System outcome

We have health equity for Māori and other groups</td><td rowspan="3">Government priority outcome

Support healthier, safer and more connected communities</td></tr>
<tr><td>2. Use the results from the evaluation above to estimate the cost-effectiveness and equity implications of increasing the resources allocated to FVIARS meeting attendance/programme to inform a potential budget bid in 2021-2022 for additional staffing.</td><td>2. Cost-effectiveness of additional resources for FVIARS determined by Q4.</td><td>2. Whole-of-system benefits of FVIARs are better understood.</td></tr>
<tr><td>3. To work more collaboratively with the FVIARs operational and governance groups to establish a more cohesive annual work plan that responds to projected demand and addresses equity gaps (EOA).</td><td>3. Annual work plan created by Q4.</td><td>3. Work plan enables more effective client prioritisation.</td></tr>
</table>

4. Work with the Māori health team at NMH to identify and address barriers for getting Māori providers to undertake Family Violence Sexual Violence (FVSV) training, with a specific focus on parent education providers and vulnerable pregnant women workers **(EOA)**.	4. Plan outlining approach for improving Māori provider engagement in FVSV training completed by Q4.	4.Regular attendance by Māori providers/workers at vulnerable pregnant women and well child interagency meetings and national child alert meetings		
5. Develop a mental health specific VIP training package that will upskill Mental Health and Addictions staff to identify and work more effectively with clients experiencing family violence.	5. Package developed by Q3.	5. Mental health and addiction staff are better equipped to identify and support clients experiencing family violence.		
6. Improve case identification and increase knowledge of referral pathways (for families experience violence) by ensuring staff have up to date VIP training.	6. 40% of staff in targeted areas have completed bi-annual update training as per policy by Q4.	6. Family violence training record of attendance.		

2.7 Improving mental wellbeing

Together we must continue to build a whole-of-system, integrated approach to mental health, addiction and wellbeing that provides holistic options for New Zealanders across the full continuum of need.

People with lived experience of accessing mental health or addiction services and their families must be central to this.

Nelson Marlborough Health's annual plan reflects how we will embed a focus on wellbeing and equity at all points of the system, while continuing to increase focus on mental health promotion, prevention, identification and early intervention.

Alongside building missing components of our continuum, this annual plan demonstrates how existing services can be strengthened to ensure that mental health and addiction services are cost effective, results focused and have regard to the service impacts on people who experience mental illness.

Nelson Marlborough Health will continue provide a range of services that are of high quality, safe, evidence based and provided in the least restrictive environment.

Mental Health and Addiction System Transformation The Government's response to *He Ara Oranga* (the report of the Mental Health and Addiction Inquiry) confirmed a transformational direction for New Zealand's approach to mental health and addiction (www.health.govt.nz/our-work/mental-health-and-addictions/government-inquiry-mental-health-and-addiction). This approach is grounded in wellbeing and recovery. It is underpinned by a deliberate focus on achieving equity of outcomes, in particular for Māori, as well as for other population groups who experience disproportionately poorer outcomes including Pacific peoples and youth. DHBs must demonstrate collaborative engagement with Māori, Pacific peoples, people with lived experience, NGOs, primary and community organisations, Rainbow communities 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. The mental health and addiction system must be responsive to people at different life stages, and at different levels of need. In particular all mental health and addiction services must be responsive to people with coexisting needs. We must continue to work together to embed a focus on mental health promotion, prevention, identification and early intervention at the primary and community level. At the specialist end of the continuum, we must ensure sustainable, quality services for those with most need. Collective action across multiple years will be required to achieve transformation of our approach. It is expected that DHBs will work along with the Ministry of Health and other leadership bodies to implement the Government's agreed actions following the Mental Health and Addiction Inquiry and implement relevant Budget 2020/21 initiatives. This transformation will lead to increased access and choice of supports for people, whatever their needs and wherever they are, and improved and equitable health and wellbeing outcomes for all. **DHB Activity** DHBs should identify opportunities to build on existing foundations and include actions in the annual plan in relation to improving or addressing **all** these focus areas and subpoints: **Placing people at the centre of all service planning, implementation and monitoring programmes** ▪ Demonstrate a commitment to lived experience and whānau roles being supported and employed across policy, strategy and quality programmes. ▪ Improve mechanisms that will enable real time feedback from service users and their families into quality programmes. (see activity 9)	**This is an equitable outcomes action (EOA) focus area** (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs). See section 2.6 *Expectations on developing the activities in your plan* for additional information.

▪ Demonstrate how consideration will be given to addressing equity for Māori, Pacific, young people and other population groups who experience disproportionately poorer outcomes, into recruitment and feedback mechanisms. ▪ Demonstrate leadership in promoting respect for and observance of the Code of Health and Disability Services Consumers' Rights. ▪ Demonstrate measures to minimise compulsory or coercive treatment. **Embedding a wellbeing and equity focus** ▪ Demonstrate a focus on wellbeing and equity at all points of the system including working with your partners on, for example, implementing Healthy Active Learning and promoting sleep and physical activity. (see activity 1) ▪ Improve the physical health outcomes for people with mental health and addiction conditions. ▪ Improve responses to co-existing problems via stronger integration and collaboration between other health and social services. ▪ Improve employment, education and training options for people with low prevalence conditions including, for example, Individual Placement Support. ▪ Improve engagement strategies with Māori, people with lived experience, and population groups who experience disproportionately poorer outcomes including Pacific peoples, youth and Rainbow communities. ▪ Continue to implement Supporting Parents, Healthy Children (COPMIA) to support early intervention in the life course. (see activity 7) ▪ Collaborate and work with the Ministry, the Mental Health and Wellbeing Commission, the Suicide Prevention Office and other leadership bodies and key partners in your region to help drive transformation in line with *He Ara Oranga*. (see activity 8) **Increasing access and choice of sustainable, quality, integrated services across the continuum** ▪ Outline how you will support the sustainability of acute services. ▪ Improve options for acute responses, including improving crisis team responses, respite options, and community support and work with the Ministry to plan future responses that will contribute to decreasing acute demand. ▪ Commit to expand access to services for people with mild to moderate and moderate to severe mental health and addiction needs.	

- Commit to increased choice by broadening the types of mental health and addiction services across the full continuum of care and available in a range of settings.
- Work in partnership with the Ministry and in collaboration with Māori, Pacific peoples, 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 investment. (see activity 9)
- Strengthen and increase the focus on mental health promotion, prevention, identification and early intervention. (see activity 7)
- Continue existing initiatives and services 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 how you will use cost pressure funding to ensure NGOs in your district are sustainable. (see activity 9)

Suicide prevention

- Undertake to reduce suicide by implementing and monitoring key DHB-led actions from *Every Life Matters* - He Tapu te Oranga o ia Tangata: Suicide Prevention Strategy 2019–2029 and Suicide Prevention Action Plan 2019–2024.
- Work with the Ministry in developing DHB suicide prevention and postvention plans to enable and monitor the outcomes of *Every Life Matters* – to promote wellbeing, respond to suicide distress, respond to suicidal behaviour and support people after a suicide. (see activity 8)
- 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 and integration of suicide prevention within mental health and addiction services.
- Continue to gather data, information and evaluative reports around the monitoring and evaluation of mental health literacy and suicide prevention training, community-led prevention and postvention initiatives and integration of suicide prevention within mental health and addiction services. (see 8)
- Support the implementation of *Every Life Matters* and the national suicide prevention research plan, through the contribution of agreed data capture. (see activity 8)

Workforce

Central to achieving better outcomes for New Zealanders is a sustainable, skilled workforce. This requires investment to diversify, upskill and expand existing and new workforces, and to ensure worker wellbeing.

- Work in partnership with workforce centres to strengthen current workforces, including a focus on retention, recruitment and training, and wellbeing. (see activity 6)
- Support workforce development of the appropriate knowledge and skills to support people with mental health and addiction needs, including those with co-existing needs, for example through use of the Let's Get Real framework.
- Demonstrate how lived experience, peer and whānau roles can be strengthened, supported and employed across all services.

Forensics

- Work with the Ministry to improve and expand the capacity of forensic responses from Budget investment.
- Contribute, where appropriate, to the Ministry's Forensic Framework project to improve the consistency and quality of services and to guide development of future services. (see activity 9)

Commitment to demonstrating quality services and positive outcomes

Demonstrating quality, safe services, and positive health outcomes, requires a commitment to collecting meaningful information and data, and continuous monitoring and evaluation. This includes performance, quality, and outcome measures.

As such, you will commit to the development of any new measures alongside providing reporting on priority measures, including:

- Access (MH01) and reducing waiting times (MH03), completion of transition/discharge plans and care plans for people using mental health and addiction services (MH02), mental health and addiction service development (MH04)
- Reducing inequities including reducing the rate of Māori under community treatment orders (MH05).
- Ongoing commitment on reporting to PRIMHD.

Nelson Marlborough Health's priority initiatives will continue to reflect inclusion and collaborative leadership, design, implementation and delivery, from tangata whaiora, tangata whenua, family whānau, people with lived experiences, consumer rights representatives, NGO's, PHO's, communities and community organisations, and other providers and stakeholders to drive: ▪ Placing people at the centre of all services planning, implementation and monitoring programmes ▪ Embedding a wellbeing and equity focus ▪ Increasing access and choice of sustainable, quality, integrated services across the continuum.			**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** Make New Zealand the best place in the world to be a child
Activity	**Milestone**	**Measure**		
1. Stepped Care				
Further develop our stepped care model to incorporate TeTumu Waiora (wellbeing practitioner and support roles) that meets the needs of people across the spectrum of acuity – mild to moderate and moderate to severe – and improves access to and choice of services in community and primary settings, and access to wellbeing programmes and guidance such as Healthy Active programmes and sleep hygiene support. This includes	Q2 Develop an Addictions stepped care pathway.	Addictions stepped care pathway developed.		
	Q4 Complete a fidelity review of IPS (employment support) and Wellness Practitioner pilots (local and national).	Fidelity reviews complete for IPS and Wellness pilots.		
	Q4 Develop rollout programme for IPS and Wellness models to support Māori and vulnerable populations including funding options.	MoH funding allows for escalation of IPS and Wellness models across the 'Top of the South'		
(i) improved timely access to and follow up from secondary advice and services				
(ii) further strengthening early intervention and wrap around community supports to maximise recovery and independence	Q3 Undertake trauma informed care and cultural competency and safety training for all Wellbeing practitioner (HIP) roles	Trauma informed care and cultural competency training complete		
(iii) strengthens pathways to employment, appropriate cultural responses, whānau and community supports	Q3 Implement Adverse Childhood Experience (ACE) Screening in primary care settings in at least 2 localities with a pathway to support response and intervention	ACE screening tool in place in primary care settings in two localities		
(iv) strengthens wellbeing and equity at all points of the system for Māori, vulnerable populations, infants and children **(EOA)**.		Pathway developed and documented		

2. Connecting care Strengthen our system-wide response to the transition of clients into and out of ED and secondary services, from both inpatients and community-based teams to support (i) informed diagnosis and understanding of the discharge care plan (ii) assessing capability to self-manage the discharge care plan (iii) connecting to care and the community support needed to facilitate and support recovery and maximise independence. This requires a system-wide response to supporting the person-centred pathway **(EOA)**.	Q1 Have an established procedural plan and implementation process in all secondary services to reduce DNA rates, with a focus on Māori. Q1 Establish a Right Services Right Time (RSRT) steering group to revisit developing a centralised triage system. Q2 ACCORD completes a stock-take of current NGO MHA services and the wider community services for the RSRT steering group. Q4 RSRT steering group develops a Right Services Right Time health and social care horizon two Strengthening Programme of work that supports and improves the wellbeing of children, young people and their families whānau. Q3 Have Māori clinician involved in triage, allocation and care pathway planning in all secondary services. Q3 Develop an easy-in, easy out ED discharge plan / pathway that supports recovery and maximises independence for people presenting with acute behavioural health challenges .	MH&A leadership team partner with Te Waka Hauora to develop and implement plans. RSRT Steering Group established. NGO MHA services and the wider community services stock take complete. Strengthening Programme work programme completed for endorsement by ACCORD/ NMDHB MH&A leadership. Intake and allocation teams all have Māori representation. Easy-in, easy-out discharge plan / pathway agreed by ACCORD and NMDHB MH&A.		

3. Adverse events Improve our systems and processes of reviewing of adverse events and responding to complaints and feedback with the express purpose of identifying learning opportunity to minimise the potential of re-occurrence. This involves inclusion of the wider clinical team, and active input from and support for family whānau and people (including staff) who need to continue to look after people **(EOA)**.	Q1 Document strengthened adverse review process including how and when follow-up involvement occurs Q3 Have a process to capture recommendations and themes to achieve improvement and learning Q3 Have a document which outlines our organisations approach to supporting the wellbeing of our teams, system wide	Adverse review process documented in a guideline and has involved family and whānau Improvement process in place with good governance and oversight. NMH document in place for guiding both strategic and operational support for wellbeing		
4. First 1000 days Work to develop a responsive system that strengthens the health and social outcomes of the child and prevent or minimise the impact of Adverse Childhood Experiences. Our approach is system wide and involves primary care, community support and public health to develop by Q3 a programme of work for 21/22 that strengthens health promotion, primary care and community support for the First 1000 days (from conception to 2 years) and beyond, that (i) reinforces and supports tūhono for Māori and vulnerable populations (including our growing migrant community) (ii) maximises the health and social outcomes of our children.	Q1 First 1000 days working party established Q2 Training plan developed and implemented in two localities Q2 Resources developed for all components of the system Q2 Pathway written and in place to respond to identified risk for infant mental health Q3 21/22 strengthening programme of work developed by working party.	Working party confirmed with role from initiating to operational implementation Training plan agreed Resources in place Pathway written and published 21/22 strengthening programme documented		

5. Youth – priority population Further develop our system-wide, cross sector response to prevent illness, maximise wellbeing and meet the holistic needs of youths with particular emphasis on (i) co-existing addictions and MH issues (ii) eating disorders (iii) wrap around support on transition from tertiary services e.g. forensic services and others (iv) Māori and vulnerable populations	Q1 Establish an 'On the Front Foot' (OtFF) steering group to develop a 21/22 plan for youth wellness and resilience, encompassing prevention and resilience programmes into schools and employment, respite and housing, and family whānau support. Q3 OtFF defines and establishes funding needs for introducing a Piki-like support model encompassing services like Melon, and Peer Zone, that prioritises and embraces for Māori youth and vulnerable youth populations. Q3 Establish a single point of entry process for young people in both Nelson and Wairau – cross system and cross sector Q3 Provide training for managing co-existing issues MH and Addictions to primary care, and secondary MH and the Addictions teams Q3 Have scoped a trial of a school-based prevention programme for eating disorders in at least two intermediate schools	OtFF steering group confirmed Funding requirements for QtFF for 21/22 established Single point of entry process pathway documented Training for primary care and secondary MH&A commences Eating disorders trial scoped in two intermediate schools		

6. Workforce development Least restrictive practice remains a focus for our MH&A workforce. This includes cultural competence training, trauma informed care and an approach to co-existing mental health and addictions issues. Support given for the teams to adapt, build capability and change with new integrated models of care. This includes a focus on increasing the stratification of our workforce and support for the introduction of lived experience, peer and cultural and support roles. Work in partnership with workforce centres to strengthen workforce in the areas of retention, recruitment, training and wellbeing and to increase the profile and grow the pipeline of people choosing to work within the MH&A sector, by encouraging new graduate positions, Māori and other ethic students and staff, accommodating student placements and building teams that are focussed on learning and supporting wellbeing within teams **(EOA)**.	Q2 Plan for increasing lived experience capability and involvement across community, primary and secondary care organisations. Q2 Refresh our orientation programme for new team members which is cognisant of the system Q4 Increase the number of dedicated FTE budgeted for new graduate positions Q4 Ensure trauma informed care training is considered mandatory for all secondary services and is offered to all teams Q4 Adult teams have an integrated approach to working with NGO community support services Q4 Develop targeted approach to employing Māori into MH&A workforce and continue to co-design with workforce centres ways to strengthen retention, recruitment, training and wellbeing.	Each service has a plan that ensures people with lived experience-tangata whaiora and their families-whānau do contribute to service development and planning Trial a peer led support service in at least one secondary service setting Report on trauma informed care training NGO participate in Adult team MDTs Report on number Māori employed in MH&ASix monthly narrative report of workforce strengthening strategies.		

7. Cross sector Collaborate with Top of the South Impact Forum (cross sector forum) to guide the development of community-based responses to key priority areas, including (i) housing access, for those facing mental health and addition problems or illness (ii) services that are responsive to Māori and other at-risk populations **(EOA)** (iii) strengthening and increasing the focus on mental health promotion, prevention, identification and early intervention in the lives of children (Supporting Parents, Healthy Children), and at risk youth (iv) reducing harm caused by family violence and methamphetamine.	Q3 Develop a position paper with TOSIF on increased access to transitional – including treatment first housing, respite and aged care future fit accommodations. Q3 All cross agency work streams have data to support the work plan – with ethnicity breakdown Q3 Sustainable funding to support people with methamphetamine reinforcing a reducing harm approach Q2 Acknowledgement of dependents is systemised within the triage and planning process for service response. Q4 An agreed work plan for early intervention for at risk vulnerable children and youth Q4 trial and implement an ACE screening programme and referral pathway to identify and minimise the impact of trauma on infants for expectant or new parents, across two locality sites Q4 Scope the utilisation of the family harm hubs to better meet the wider needs identified in the community e.g. mental health, people with complex needs, vulnerable children	Position paper for 21/22 and beyond Data captured and presented in a way to support work programmes Reducing harm approach for persons presenting with methamphetamine usage documented. Dependents are identified on referral to service and considered in all care planning Work plan for vulnerable children and youth agreed. 2 localities implement ACE screening and referral pathways Position paper on using family harm hubs developed.		

8. Suicide prevention Develop a suicide prevention and postvention plan that reflects input to and from the Ministry and robust engagement with local Māori and other vulnerable communities, whānau, people with lived experience, and cross agency partners. Work with cross agency partners to better understand trends which may be contributory factors in causing suicide in the top of the south, develop an action plan to respond to this and from any outcomes of *Every Life Matters* monitoring. Collaborate and work with the Ministry, the Mental Health and Wellbeing Commission, the Suicide Prevention Office and other leadership bodies and key partners in our region to help drive transformation in line with He Ara Oranga. Continue the gathering of data, information and evaluative reports around the monitoring and evaluation of mental health literacy and suicide prevention training, community-led prevention and postvention initiatives and integration of suicide prevention within mental health and addiction services.	Q1 Establish a lived experience (including whānau) youth priority group that can guide primary, community and secondary providers on development of preventative and support programmes for Māori and vulnerable youth **(EOA)**. Q1 Develop an action plan that directly addresses themes causing suicide for the top of the south. Q2 Work alongside Māori health Providers and local Iwi to develop support by Māori/for Māori, responses to suicide risk (EOA). Q2 Suicide prevention plan socialised with the Ministry and agreed by the Suicide Prevention Working Group.	Lived experience youth priority group established Impact themes identified Ministry's data set captured, monitored and reported on. Māori supporting pathway and response to suicide risk developed Suicide prevention plan endorsed		

9. Stewardship NMH has an important stewardship role in helping to transform the mental health and addiction system. To do this it is important that the DHB continues to champion, engage, co-design and invest to improve equity and transformation. We will: (i) Work in partnership with the Ministry and in collaboration with Māori, Pacific peoples, 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 investment (ii) Contribute to the Ministry's Forensic Framework project to improve the consistency and quality of services and to guide development of future services. (iii) Further strengthen primary and community care models and secondary care interfaces that place people at the centre of care and engages consumers and their family whānau in the design of care and feedback on that care. (iv) Look at the services NGO providers are currently contracted and funded to provide, the level of demand they face and to prioritise cost-pressure funding to support sustainability.	Evidence of successful funding bids to support an integrated approach to mental health, addiction and wellbeing and roll out of new primary-level responses from budget investment by Q3 Moves towards greater Māori, and other vulnerable populations, co-design of new services and for feedback on care under those new models. **(EOA)** Research and analyse operating shortfalls of NGO's by Q3. Development of NGO sustainability plans underway by Q4.	Sustainable funding for new-primary-level initiatives (presented in 'Stepped Care', above) to NMH for FY20/21. Q4 narrative report on Māori and other vulnerable populations' participation in co-design of new services and feedback on care under those new models. Sustainability plan presented to Ministry for FY21/22 funding bid.		

<table>
<tr><td colspan="3">Mental health and addictions improvement activities
▪ In order to support an independent/high quality of life please outline your commitment to mental health and addictions improvement activities with a continued focus on minimising restrictive care and improving transitions.
Please note the percentage and quality of transition plans forms part of the MH02 (formally PP7) performance measure.</td><td>This is an equitable outcomes action (EOA) focus area
(equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).
See section 2.6 Expectations on developing the activities in your plan for additional information.</td></tr>
<tr><td>Activity
1. Continue to reduce wait times to improve access to psychological therapy through improvements to the Child Adolescent Mental Health Service (CAMHS), including
(i) standardising evidence-informed approaches to common presenting problems
(ii) strengthening links with Iwi and Māori service providers
(iii) adopting improvement initiatives to support clinician case load management practices
(iv) ongoing management of referrals in or out of the service.</td><td>Milestone
Q1 Agreed wait times for first face-to face-assessment adopted.
Q1 All Māori are offered their provider of choice with a focus on supporting Kaupapa Māori services</td><td>Measure
Meet the PP8 addiction related wait time targets for youth
Te Piki Oranga case loads</td><td>Government theme:
Improving the well-being of New Zealanders and their families
System outcome
We have improved quality of life
Government priority outcome
Ensure everyone who is able to, is learning, caring or volunteering</td></tr>
</table>

2. Urgent / acute service responses: Ensure a comprehensive acute service model is embedded for all ages. Bring the CAT and ED acute services together to better support and strengthen transitions for those presenting with a mental health and addiction crisis, in the emergency department (ED). Improvement plan focus areas include: facility design, workforce development, development of an integrated care pathway and learning from reviews of adverse events	Q2 An integrated MHA/ED operations group and governance group to support an improvement plan Q3 Develop a future fit acute services plan for acute services. Q3 Improvement plan developed	Integrated MHA/ED operational and governance group in place Future fit plan completed. Improvement plan complete		
3. Develop and implement technologies to support mental health user wellbeing, facilitate transition planning and support caseload management.	Q1 Have identified projects that require funding proposals. Q2 Adopt a Wellbeing Plan with system functionality to enable NGOs ability to view or write into Wellbeing Plans. Q2 Have developed and implemented a Mental Health Acute Dashboard to support acute services. Q2 Both Risk and Wellness Plans are built and implemented.	Projects for funding identified Wellbeing plan uptake by NGO's measured Q3 & Q4 Q3 Mental Health Acute dashboard in place Risk and Wellness Plan uptake measured Q3 & Q4		
4. Define future-fit care pathway and accommodation requirements for mental health users with complex needs requiring long term high dependency units and intensive in-house treatment and support.	Q3 Define pathway and accommodation requirements for management of complex need users.	Accommodation requirements for complex need users documented		

5. To ensure the safety and care of all (both users of services and staff) the Restraint and Seclusion Project Group will monitor and develop actions that balance safety and care. (See also **Zero Seclusion, National Mental Health & Addiction Programme**, under Improving Quality section)	Q1 Confirm the permanent appointment of 1 FTE Clinical Nurse Specialist to support least restrictive practice options. Balanced seclusion dashboard in place by Q2.	Balanced seclusion reduction targets met Dashboard in place		

<table>
<tr><td colspan="3">Addiction
▪ For those DHBs that are not currently meeting the MH03 (formally 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 provide information on how your DHB is reconfiguring or expanding services in line with the AOD national model of care
▪ Demonstrate local level, cross-agency coordination for alcohol and other drug issues, including with local AOD service providers.
▪ 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.</td><td colspan="2">This is an equitable outcomes action (EOA) focus area
(equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).
See section 2.6 Expectations on developing the activities in your plan for additional information.</td></tr>
<tr><td>Activity</td><td>Milestone</td><td>Measure</td><td colspan="2" rowspan="2">Government theme:
Improving the well-being of New Zealanders and their families</td></tr>
<tr><td>1. Acquire funding for the evidence-based methamphetamine programme (freedom from addiction) following its initial proof of concept (2019/20). We strongly believe the programme has the potential to offer the blue print for a national rollout.</td><td>Q1 Funding AOD Primary and Community application with MoH</td><td>MoH receipt of application</td></tr>
<tr><td>2. Reduce wait times to improve access to interventions through
(i) review and adoption of discharge addiction processes
(ii) developing treatment planning protocols.</td><td>Q3 New discharge and treatment protocols for NMDHB addiction services are embedded</td><td>Discharge and treatment documented.</td><td>System outcome
We have health equity for Māori and other groups</td><td>Government priority outcome
Make New Zealand the best place in the world to be a child</td></tr>
<tr><td>3. Embed the newly funded regional AOD Withdrawal Management programme.</td><td>Q1 Withdrawal management clinicians in place
Q2 Protocols for withdrawal management for clinicians adopted</td><td>Clinicians appointments
Protocols documented</td><td colspan="2"></td></tr>
</table>

<table>
<tr><td colspan="3">Maternal mental health services
▪ Please advise the actions you plan to take in 2020/2021 to ensure a continuum of care is evident for maternal mental health to increase responsiveness to women and their whānau during and post pregnancy. (see activity 2, Q2.) This includes services in primary, secondary and tertiary level. Please document the links to infant mental health services and early parenting support. Your plans should indicate how equity of access and outcomes for Māori and Pacific women are addressed and measured. (see activity 2, Q1 & Measures)</td><td>This is an equitable outcomes action (EOA) focus area
(equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).
See section 2.6 Expectations on developing the activities in your plan for additional information.</td></tr>
<tr><td>Activity</td><td>Milestone</td><td>Measure</td><td>Government theme:
Improving the well-being of New Zealanders and their families</td></tr>
<tr><td rowspan="2">1. Develop a future fit iCAMHs service, including
(i) a strengthened focus 0-5 years
(ii) building capability of practitioners, including Adult Mental Health and Addiction clinicians on infant maternal health
(iii) building a hub of clinicians focused on infant and maternal (pre and post-natal) case managed care
(iv) is responsive to Māori and other at risk-populations (EOA)
(v) working across the system to better improve stepped care</td><td>Q1 an existing psychologist vacancy is filled by a psychologist with a special interest or experience in infant and maternal mental health.
Q2 1.0 FTE clinician funded and appointed to strengthen and support assessment and intervention, and to strengthen cross sector clinician skills to support the region.
Q3 hub of clinicians focused on infant and maternal case managed care in place.</td><td>Psychologist appointment made
Clinical appointment made
Infant and maternal case managed care hub in place
Presentations by 0-5 year
Referral service for 0-5 years promoted</td><td>System outcome
We have health equity for Māori and other groups</td><td>Government priority outcome
Make New Zealand the best place in the world to be a child</td></tr>
</table>

2. Wrap support around infants and women for the 'First 1000 Days – Hei Pa Harakeke Intensive Community Intervention tri-al(s) – to achieve wellbeing and being responsive to and for Māori and other at risk-populations **(EOA)**	Q2 Further enhance and support primary and community mental health to provide a responsive continuum of care for women and their whānau, by developing and implementing referral and care pathways that support a co-designed community-orien-tated primary care and iCAMHs approach. Q2 LMCs in at least two localities have ACE screening in place. Q1 Cultural safety education programme to LMCs (refer sec-tion 'Midwifery and Maternity workforce').	Referral trial KPI's (eg Motueka women under 30 Māori & Pasifika) ACE screening in place in two localities Proportion of Māori women engaged in maternity care in their first trimester increases.		

2.8 Improving wellbeing through prevention

Preventing and reducing risk of 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 a public health and prevention focus. This focus includes working with other agencies to address key determinants of health, creating supportive health enhancing environments, identifying and treating health concerns early and ensuring all people have the opportunity and support to live active and healthy lives.

Public Health Units (PHU) have an important role to play to address key determinants of health, improve Māori health and achieve health equity and wellbeing by supporting greater integration of public health action and effort. Nelson Marlborough and our PHU both have a role in contributing to improving the health and wellbeing of the population through prevention.

Environmental sustainability

- Undertake actions that mitigate and adapt to the impacts of climate change, and that enhance the co-benefits to health from these actions. Where possible, actions should have a pro-equity focus. See the Supporting Information and FAQ page for further information, see section 2.6 for the link.
- As appropriate, develop and implement a sustainability action plan.
- As appropriate, identify actions that improve the use of environmental sustainability criteria in procurement processes, in line with the updated Government Procurement Rules, 4th Edition.[7]
- If already measuring emissions (or other measures of environmental sustainability, such as energy, water or waste data), please work with the Ministry of Health to report baseline measurements of emissions (or other data) to support potential future emissions targets.

This is an equitable outcomes action (EOA) focus area

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

See section 2.6 *Expectations on developing the activities in your plan* for additional information.

Activity	Milestone	Measure
1. Embed Certified Emissions Measurement And Reduction Scheme (CEMARS) in NMH by a. Communicating the first baseline measure of the NMH carbon footprint b. Implement, within available budget, the findings of the first CEMARS audit	1a. Baseline measure of NMH carbon footprint available by Q3. 1b. Findings of the first CEMARS audit implemented by Q4.	Report to Board on CO2 emissions to Board, quarterly
2. Replacement of current coal boilers servicing Wairau Hospital with a more energy efficient and environmentally sustainable fuel source alternative.	2a. Business Case for Wairau Hospital boiler replacement approved by MOH by November 2020 2b. Replacement of Wairau Hospital boilers commenced by Q4 in line with approved business case	Wairau Hospital boiler replacement business case approved and replacement commenced

Government theme:

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)

System outcome	Government priority outcome
We have improved quality of life	Support healthier, safer and more connected communities

[7] www.procurement.govt.nz/procurement/principles-and-rules/government-procurement-rules/

3. Implement the Staff Travel Plan a) Staff travel to work: ▪ Encourage staff to use active or public transport to commute to work as part of staff inductions and through using competitions and bicycle training. ▪ As a co-benefit for the COVID-19 experience, staff working from home to be promoted by NMH ▪ Audit cycling infrastructure available on NMH sites ▪ Establish protocols through the fleet management system to encourage use of active transport or carpooling. ▪ Investigate a carpooling scheme	3. Draft version of staff travel plan by Q3, including the 'working from home option'.	Staff travel plan developed and total fleet km travelled – pool cars. (reduces) Implemented across district by Q4 Costs of new equipment (should go down)		
4. Take action and support community-led activities that enhance an equitable and sustainable food system across Nelson Marlborough: a) Improve access to healthy and affordable food through scoping and developing a district wide food map, including community gardens, fruit trees, fruit and vegetable stalls/co-ops, food banks and food waste compost. b) Re-establish the district wide Food Resilience Network to develop a cross-agency Healthy Kai Action Plan focused on both system level and community-led development approaches to meet the aspirations of Māori and vulnerable populations **(EOA)**.	4a. Interagency collaboration to establish a district wide food map. 4b. District wide nutrition network established (Q1), action plan created (Q2/4) 4c. NCC adopt healthy eating and zero waste policies.	Number of collaborative actions taken place over year.		

c) Nelson City Council venues implement healthy eating and zero waste policies. Policies and lessons are documented to guide roll out to Marlborough District Council and Tasman District Council.				
5. Increase the consumption of locally grown fresh fruit and reduce 'food miles' by exploring a partnership with iwi fruit growers in Te Tauihu **(EOA)**.	5. Feasibility of a partnership with iwi fruit growers determined by Q4.			
6. Implement a system (eg Warpit ex UK) that facilitates the redeployment and re-use of pre-used NMH funded furniture	6. Explore system – draft proposal Q2. Implement Q4			
7. Develop a partnership with the Nelson-based Climatorium NZ and actively participate in the Nelson Tasman Climate Forum to ensure cross-pollination of ideas for increasing environmental sustainability.	7. NMH is represented at 50% of meetings held by these group by Q4.			

<table>
<tr><td colspan="3">Antimicrobial Resistance (AMR)
▪ Identify activities that advance progress towards managing the threat of antimicrobial resistance, including alignment with the New Zealand Antimicrobial Resistance (AMR) Action Plan (2017–2022).
▪ These activities should align with the NZ AMR Action Plan's five objectives of: Awareness and understanding, Surveillance and research, Infection prevention and control, Antimicrobial stewardship, Governance, collaboration and investment.
▪ DHBs should work to undertake and advance AMR management across primary care, community (in particular age-related residential care services) and hospital services.
Activities that could be carried out to support AMR work can be found in the Supporting Information and FAQ page, see section 2.6 for the link.
Please note many of the actions undertaken this year in support of the COVID-19 response will also have relevance for AMR</td><td>This is an equitable outcomes action (EOA) focus area
(equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).
See section 2.6 Expectations on developing the activities in your plan for additional information.</td></tr>
<tr><td>Activity</td><td>Milestone</td><td>Measure</td><td colspan="2">Government theme:
Improving the well-being of New Zealanders and their families</td></tr>
<tr><td>1. Form a DHB Antibiotic Stewardship Steering Group (ASSG), led by Infectious Diseases/Pharmacy.

2. Ensure patients who meet MDRO risk criteria (including CPE) are screened and isolated as per NMH policy and national MDRO guidelines.

3. Embed front-line infection prevention practices continuously, effectively and consistently, and ensure they align with the NZ Antimicrobial Resistance Action Plan and relevant national and/or local guidance and standards, including continuing to use AMR prescribing data to improve practice where available.</td><td>1. ASSG formed by Q2.

2. Cross-infection with MDRO in NMH acute care areas is prevented

3. Infection Prevention Programme reviewed by Q1.</td><td>1. Antibiotic prescribing audits show antibiotics are appropriately prescribed.

2. Trendcare and follow-up isolation patients show that cross-infection with MDRO in NMH acute care areas is prevented.

3. Policies and procedures reviewed 3 yearly. Audit programme in place.Isolation audits.</td><td>System outcome
We have improved quality of life</td><td>Government priority outcome
Support healthier, safer and more connected communities</td></tr>
</table>

4. Identify and address barriers to achieving HQSC targets in low performing service areas and further embed the message that 'infection prevention is everyone's business' by empowering staff (and patients) to be proactive.	4. Completion of the online HH education module by Q4.	4. Compliance audits show that HQSC QSM results for hand hygiene are met. HH compliance target = 80% (national).		
5. Community pharmacy and Nelson Marlborough Health will ensure frontline infection prevention and control of anti-microbial resistance by improved access to influenza vaccination among Māori and other vulnerable groups that don't meet PHARMAC subsidy criteria through a collaboration with NGOs assuming that private funding continues to be available (*see Pharmacy section*) **(EOA)**.	5. Co-design a strategy with providers and NGOs by Q4.	5. Uptake of vaccinations in vulnerable population broken down by ethnicity.		
6. Provide age related residential care facilities with infection prevention education, advice and consultation, delivered via public health, ID specialists and Southern Community Laboratories.	6. All residential care facilities offered support by Southern Community Laboratories by Q4.	6. Attendance at education sessions and contact with public health/clinical microbiologist		

<table>
<tr><td colspan="3">Drinking water

Core function – Health Protection.

▪ The DHB must work to ensure high quality drinking water as outlined in the drinking water section of the environmental and border health exemplar. Commit to delivering and reporting on the drinking water activities and measures in the exemplar (in Q2 and Q4).

▪ Please note that the drinking water section of the current Environmental and Border Health exemplar will be reviewed prior to 31 March 2020 and is likely to be changed.

A reporting template for this is available on the NSFL and the DHB quarterly reporting websites or directly from the Ministry.

Other activities that could be carried out to support drinking water work can be found in the Supporting Information and FAQ page, see section 2.6 for the link.</td><td>This is an equitable outcomes action (EOA) focus area

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

See section 2.6 Expectations on developing the activities in your plan for additional information.</td></tr>
<tr><td>DHB Activity

1. NMPHS will deliver and report on the drinking water activities in the MoH environmental health exemplar (EOA).

2. Nelson Marlborough Health will ensure that the public health service has appropriate and sufficient resources to deliver the drinking water (and other public health regulatory service) specified in the DHB's contract with the Ministry and associated documents.</td><td>Milestone

1-2. Deliver and report on drinking water activities and measures in the exemplar in Q2 and Q4.</td><td>Measure

% of WSPs assessed on time</td><td>Government theme:
Improving the well-being of New Zealanders and their families

System outcome
We live longer in good health

Government priority outcome
Support healthier, safer and more connected communities</td></tr>
</table>

<table>
<tr><td colspan="3">Environmental and Border Health (note that the drinking water section is separate)

Core function – Health Protection.

▪ Commit to undertake compliance and enforcement activities relating to the Health Act 1956 and other environmental and border health legislation by delivering on the activities and reporting on the performance measures contained in the Environmental and Border Health exemplar.

▪ Please note that the current Environmental and Border Health exemplar will be reviewed prior to 31 March 2020 and is likely to be changed.

▪ Report in Q1, Q2, Q3 and Q4.

Reporting templates are available on the NSFL and the DHB quarterly reporting websites or directly from the Ministry.</td><td colspan="2">This is an equitable outcomes action (EOA) focus area

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

See section 2.6 Expectations on developing the activities in your plan for additional information.</td></tr>
<tr><td>Activity</td><td>Milestone</td><td>Measure</td><td colspan="2" rowspan="2">Government theme:
Improving the well-being of New Zealanders and their families

System outcome
We live longer in good health

Government priority outcome
Support healthier, safer and more connected communities</td></tr>
<tr><td>1. NMPHS will deliver and report on the environmental health and border health activities in the MoH environmental health exemplar using the Environmental and Border Health reporting template (EOA).

2. Carry out exercises to test Public Health Service (PHS) emergency plans

3. Scope transitional facilities in the district</td><td>1. Reports in Q1, Q2, Q3, & Q4.

2. Emergency plan exercises are undertaken by Q4.

3. Transitional facilities are scoped by Q4.</td><td>2. # of exercises

2. 100% improvements required identified and accepted in the exercises are implemented

3. Register of transitional facilities is created.</td></tr>
</table>

Healthy food and drink

1. Create supportive environments for healthy eating and health weight by undertaking the following activities:
   - Continue to implement your DHB Healthy Food and Drink Policy, and ensure that it aligns with the National Healthy Food and Drink Policy
   - Continue to include 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[8], staff and visitors under their jurisdiction. Any policy must align with the Healthy Food and Drink Policy for Organisations (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.
2. In line with the implementation of the Healthy Active Learning initiative, continue to report in Q2 and Q4 on the number of Early Learning Services, primary, intermediate and secondary schools that have current:
   - water-only (including plain milk) policies
   - healthy food policies. Healthy food policies should be consistent with the Ministry of Health's Eating and Activity Guidelines.

Activities that can be carried out to support healthy food and drink can be found in the Supporting Information and FAQ page, see section 2.6 for the link.

This is an equitable outcomes action (EOA) focus area

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

See section 2.6 *Expectations on developing the activities in your plan* for additional information.

Activity	**Milestone**	**Measure**
The response to COVID-19 has highlighted that access to affordable food and drink is of critical importance in order for people to have healthy lives. 1. Take action and support community-led activities that enhance an equitable and sustainable food system across Nelson Marlborough: a) Improve access to healthy and affordable food through scoping and developing a district wide food map, including community gardens, fruit trees, fruit and vegetable stalls, co-ops, food banks and food waste compost.	1a. Interagency collaboration to establish a district wide food map.	1a. Districtwide food map complete

Government theme:
Improving the well-being of New Zealanders and their families

System outcome	**Government priority outcome**
We live longer in good health	Support healthier, safer and more connected communities

[8] Excluding inpatient meals and meals on wheels

b) Re-establish the district wide Food Resilience Network to develop a cross-agency Healthy Kai Action Plan focused on both system level and community-led development approaches to meet the aspirations of Māori and vulnerable populations **(EOA)**.	1b. District wide nutrition network established (Q1), action plan created (Q2/4)	1b. Number of Nutrition Network meetings held		
c) Nelson City Council venues implement Healthy Eating and zero waste policies. Policies and learnings are documented to guide roll out to Marlborough District Council and Tasman District Council.	1c. NCC adopt healthy eating and zero waste policies.	1c. Narrative of NCC policies adopted.		
2. Monitor NMH locally developed health service contracts to ensure all include a clause in line with the national Healthy Food and Drink Policy.	2. All NMH health service contracts have a Healthy Food and Drink Policy compliance requirement by Q2.	2. All NMH health service contracts contain a requirement for food and beverage provision to comply with the national Healthy Food and Drink Policy		
3. NMH will continue the implementation of the NMH Healthy Food and Beverage Policy, ensuring it complies with the national Healthy Food and Drink Policy, noting this will require close liaison with NZHPL.	3. Cafes in the Nelson and Wairau hospitals comply with the national Healthy Food and Drink Policy by Q2	3. Café offerings and catering comply with the national Food and Drink Policy and various in initiatives to improve food/drink options are identified and trialled during the year such as 'Meat-free Mondays'.		
4. Healthy Active Learning (HAL) Advisor and Heart Foundation Nutrition Advisor work together to increase the number of early learning services (ELS) and schools with water only and nutrition policies. Prioritisation of support will have an equity lens, supporting firstly ELS and schools with high Māori populations and low income families **(EOA)**.	4. ELS and schools receive support from HAL Advisor to implement water only and nutrition policies (Q2/4)	4. Number of ELS and schools with water only and nutrition policies.		

5. Utilise NMH's sponsorship of Tasman Mako Rugby Team to influence reduced sugar consumption by tamariki in Nelson Marlborough and align with wider health promotion activities being undertaken with Sport Tasman through other sporting codes.	5. Rugby clubs have team water only policies and show leadership in health promotion (Q2)	5. Number of rugby clubs with water only policies 5. Narrative of clubs that have shown leadership in Health Promotion.		

Smokefree 2025

Core functions – Health Promotion, Health Protection, Health Assessment & Surveillance and Public Health Capacity Development.

- Commit to undertake compliance and enforcement activities relating to the Smoke-free Environments Act 1990. This must include delivering on the activities and reporting on the five regulatory performance measures contained in the previous Vital Few Report. **However, the Ministry acknowledges that this work may be impacted by the national response to COVID-19**. Reporting templates for this are available on the NSFL and the DHB quarterly reporting websites or directly from the Ministry.
- In addition to the above, outline the activities the DHB will undertake to 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.
- Report in Q2 and Q4.
- Activities that could be carried out to support Smokefree 2025 can be found in the Supporting Information and FAQ page, see section 2.6 for the link.

This is an equitable outcomes action (EOA) focus area

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

See section 2.6 *Expectations on developing the activities in your plan* for additional information.

DHB Activity	Milestone	Measure
1 Promote the Pēpi First programme to wrap-around support partners (eg iwi social service providers, budget advisors, LMCs and other health and social service providers) that have regular contact with hapū māmā; ensure referral pathways from Wānanga Hapūtanga, Hauora Direct and other targeted health services **(EOA)**.	1. Promotion of Pēpi First to 'wrap-around' partners occurs within each quarter (Q1-Q4).	1. 120 referrals received during the first year
2. Enhance ABC training (electronic and/or on-site) to healthcare workers in primary and secondary care and community health organisations	2. At least 90% training uptake in 20-21 by Q4.	2. Increased referral rates to the Stop Smoking Service from primary and secondary care and community, including referrals to our Māori Health partner
3. Promote and deliver community centre-based and workplace-based group cessation services	3. Engage and deliver smoking cessation services within local community centres, through mental health service providers and at 10 regional businesses by Q4	3. Increased engagement of high needs groups with the Stop Smoking Service; number of businesses undertaking group cessation increases

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

4. Take part in local community events and national campaigns, both to provide smokefree information and increase engagement with the local Stop Smoking Service	4. Participation in four pop-up Hauora Direct events in high needs communities by Q4	4. Increased referrals of high needs groups to the Stop Smoking Service in 20-21		
5. Co-deliver virtual clinics in Murchison and Golden Bay in partnership with local rural health professionals	5. Increased capacity of rural providers to refer and support high needs clients who smoke	5. Increased referrals, enrolments and quit rates amongst rural clients		
6. Develop vaping protocol for clients who meet specific criteria, eg to support the needs of increasingly complex clients.	6. Development of vaping protocol by Q4.	6. Increased referrals, enrolments and quit rates		
7. Develop robust and regionally consistent smokefree policies with Councils.	7. Council smokefree policies are increasingly consistent with those of NMH by Q4.	7. Smokefree policies are of a similar standard across city and district councils; increase in number of businesses going smokefree and smokefree outdoor dining areas.		
8. Engage and deliver vaping-related PD to school leaders, once HPA advice and resources are available	8. Engage and deliver vaping-related PD to school leaders by Q4.	8. Increase in the number of schools with vaping-related policies		
9. Collaborate with colleagues in maternity, WCTO and First 100 Days to develop related strategies and incentives that support further development of smokefree homes.	9. Throughout 2020-21 (Q1-Q4).	9. Increase in the number of smokefree homes in 20-21		
10. NMPHS will complete activities and report against the smokefree health protection section of the MoH exemplar (activities & measures still to be finalised).				

Breast Screening

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 Māori and non-Māori, Pacific and non-Pacific/non-Māori.

DHBs will describe and implement initiatives that contribute to the achievement of national targets for BreastScreen Aotearoa (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:

- Eliminate equity gaps in participation between Māori and non-Māori/Non-Pacific women and between Pacific and non-Māori/Non-Pacific women.
- Achieve a participation rate of at least 70% for Māori and Pacific women aged 50-69 years in the most recent 24 month period.

Improvement activities must be supported by visible leadership, effective community engagement and engagement with BSA Lead Providers, and clear accountability for equity. Please refer to the Supporting Information and FAQ page for further guidance, see section 2.6 for the link.

This is an equitable outcomes action (EOA) focus area

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

See section 2.6 *Expectations on developing the activities in your plan* for additional information.

Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
			System outcome	**Government priority outcome**
The BSA Lead Provider in Nelson Marlborough is ScreenSouth Ltd. Screening is provided at 2 fixed sites; Pacific Radiology (Nelson) and Wairau Hospital (Blenheim), and through mobile unit visits to Te Awhina Marae (Motueka) and Golden Bay Medical Centre (Takaka).			We have health equity for Māori and other groups	Support healthier, safer and more connected communities
1. BSA Lead Provider (SSL) to undertake data-matching with Marlborough PHO and Nelson Bays PHO to identify women not enrolled with the national breast screening programme.	1. Completion of data matching by Q4, June 2021	1-5. PV01-70% coverage for all ethnic groups and overall. 1-5. PV-01-Equity gaps for Pacific and Māori women are eliminated.		
2. BSA Lead Provider (SSL) to share details of women not enrolled, those who have not turned up for appointments and those who have declined screening with NMH.	2. Details shared by end 2020, Q1 2021.			

3. Provide targeted support to identified priority group women who are not enrolled, those who have not turned up for appointments and those who have declined screening as identified by BSA.	3. Targeted support in place by Q2.	3. Number of enrolments undertaken of women identified and invited through data matching		
4. Explore the feasibility of Hauora Direct providing referrals directly to the BSA service to support wāhine, through education and access, to be screened **(EOA)**.	4. Feasibility assessment completed by Q2.	4. Number of referrals from Hauora Direct to BSA Lead Provider.		
5. Explore the feasibility of screening all eligible high risk women who present at Nelson Marlborough Health Emergency Department and Outpatient appointments.	5. Feasibility assessment completed by Q3 and an initial draft Action Plan to address barriers and promote enablers by Q4.			

Cervical Screening

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

- Eliminate equity gaps in participation between Māori and non-Māori/non-Pacific/non-Asian women and between Pacific and non-Māori/non-Pacific/non-Asian women and between Asian and non-Māori/non-Pacific/non-Asian women.
- Achieve a participation rate of at least 80% for Māori, Pacific and Asian woman aged 25-69 years in the most recent 36 month period.

Improvement activities must be supported by visible leadership, effective community engagement, resources and clear accountability for equity. Please refer to the Supporting Information and FAQ page for further guidance, see section 2.6 for the link.

This is an equitable outcomes action (EOA) focus area

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

See section 2.6 *Expectations on developing the activities in your plan* for additional information.

Activity	Milestone	Measure	Government theme: **Improving the well-being of New Zealanders and their families**	
			System outcome	**Government priority outcome**
1. Undertake 4 'double-up' clinics within the community to encourage Māori, Pacific and other minority or vulnerable women the opportunity to undergo screening for breast and cervical cancer simultaneously. Use novel approaches including group sessions to facilitate attendance **(EOA)**.	1. Four double up clinics within the community by Q4.	1. Number of screens undertaken by Project Double Up by ethnicity (Māori & Pacific).	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
2. Nelson Marlborough Health will actively promote cervical outreach programme to primary care providers to encourage referral of Māori, Pacific and other minority and vulnerable women who have not received or who are late to receive their cervical screening on time **(EOA)**.	2. Active promotion underway by Q2.	2. Number of screens undertaken within the outreach cervical screening programme by ethnicity (Māori & Pacific).		
3. Nelson Marlborough Health in collaboration with community and primary care partners will offer novel approaches to cervical screening including promoting through social media networks, offering community or workplace and sexual health clinics, and encouraging group attendance offering kai and support **(EOA)**.	3. Novel approaches identified by Q1 and implementation of approaches underway by Q4.	3. Number of community/ workplace/sexual health clinics offered, location and attendance by ethnicity (Māori & Pacific). 1-3 Equity Performance Matrix (to be implemented by National Screening Unit)		

<table>
<tr><td colspan="3">Reducing alcohol related harm

Core function – Health Promotion, Health Protection, Health Assessment & Surveillance and Public Health Capacity Development.
▪ Commit to undertake compliance activities relating to the Sale and Supply of Alcohol Act 2012. This must include delivering and reporting on the activities relating to the nine public health regulatory performance measures contained in the previous Vital Few report.
▪ Reporting templates for this are available on the NSFL and the DHB quarterly reporting websites or directly from the Ministry;
▪ In addition to the above, outline the activities the DHB will undertake to advance activities relating to reducing alcohol related harm.
▪ Report in Q2 and Q4.

Activities that DHBs could carry out to reduce alcohol related harm can be found in the Supporting Information and FAQ page, see section 2.6 for the link.</td><td colspan="2">This is an equitable outcomes action (EOA) focus area

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

See section 2.6 Expectations on developing the activities in your plan for additional information.</td></tr>
<tr><td>Activity</td><td>Milestone</td><td>Measure</td><td colspan="2" rowspan="2">Government theme:
Improving the well-being of New Zealanders and their families</td></tr>
<tr><td>1. Encourage delayed teen drinking through scoping the expansion of The Plan resource to Māori health providers district wide (EOA).</td><td>1. Training to expand the delivery of The Plan held by Q1</td><td>1. # of people trained to deliver The Plan

# of sessions run with parents

evaluation of knowledge and skills gained by parents</td><td>System outcome

We live longer in good health</td><td>Government priority outcome

Support healthier, safer and more connected communities</td></tr>
<tr><td>2. Raise the profile of FASD across Nelson Marlborough:

a) Enhancing support and developing FASD competencies of the workforce

b) Increasing awareness of 0 alcohol when pregnant</td><td>2. Plan for increasing local awareness of the risks of alcohol consumption in pregnancy by Q3.</td><td>2. Increase the number of healthy pregnancies (free from alcohol)</td><td colspan="2" rowspan="2"></td></tr>
<tr><td>3. Enhance the role of Māori Wardens in Alcohol Harm Reduction through supporting their continued development in Marlborough and determining the feasibility of the Knowledge and Training On Alcohol (KATOA) programme for Nelson Tasman Wardens (EOA).</td><td>3. Training delivered by Q2 in Nelson Tasman</td><td>3. # wardens trained and evaluation of knowledge and skills gained</td></tr>
</table>

4. Develop a stronger relationship between Health Promotion (including Health Action Trust) and Mental Health and Addictions (particularly AOD) to ensure a system wide approach to reducing alcohol related harm for young people.	4. Health Promotion present at AOD PD day by Q4. 4. Health Promotion attend AOD monthly Youth hui by Q4.	4. AOD and Health Promotion have increased knowledge of a system wide approach to harm reduction		
5. Develop a festival ready campaign for 15-24 year olds to reduce alcohol related harm and increase safety	5. Festival ready campaign co-designed with young people by Q2	5. Evaluation of campaign shows increased engagement from young people on alcohol and safety		
6. Strengthen cross agency work through Marlborough Alcohol Advisory Group and Alcohol Harm Prevention Group to reduce alcohol related harm in the community.	6. Collective action's agreed and Public Health representation at all meetings by Q4.	6. # projects supported by NMH.		
7. Obligations carried out under Sale and Supply of Alcohol Act 2012	7. Enquire into all on-, off-, club and where appropriate, special licence applications, and provide Medical Officers of Health reports to the District Licensing Committee, either where there are matters in opposition or recommendations by Q4.	7. # applications and renewals for each licence type (vital few report, exemplar)# applications and renewals that were inquired into for each licence type (vital few report, exemplar) # applications and renewals inquired into that had reports in opposition subsequently withdrawn because applicant's made amendments to the application for each licence type (vital few report, exemplar)		

		% reports (for premises where matters in opposition were identified) provided to District Licensing Committee submitted within 15 days as per Sale and Supply of Alcohol Act 2012 for each license type. (vital few report, exemplar) #/% reports (for premises where the PHU had matters in opposition) discussed with applicants that resulted in applications either withdrawing or amending their application accordingly (vital few report, exemplar) #/% reports (for premises where matters in opposition where made to PHU) submitted to the DLC, which resulted in conditions being attached to the license or refusal to grant/renew licence for each licence type. (vital few report, exemplar) Summary of outcomes of matters in opposition made by the PHU to DLC. (exemplar) Summary of outcomes of matters in opposition made by the PHU to the Alcohol Regulatory & Licencing Authority. (exemplar) # of national legal oppositions PHU contributes funds to.		

Sexual health

Core function – Health Promotion.

- Outline the activities the DHB will undertake to advance sexual health services and sexual health promotion work.
- Report in Q2 and Q4.

Activities that could be carried out to support sexual health services and health promotion can be found in the Supporting Information and FAQ page, see section 2.6 for the link.

This is an equitable outcomes action (EOA) focus area

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

See section 2.6 *Expectations on developing the activities in your plan* for additional information.

Activity	Milestone	Measure
1. Establish a train-the-trainer model in collaboration with occupational health nurses in local industry to add routine STI testing alongside compulsory drug testing, focusing initially on Port Nelson (Talleys & Sealord) and ITO apprenticeship providers (ie, building trades). *(cross reference SLM Plan)*	1 .Model established by Q4.	1. Number of organizations offering STI testing alongside compulsory drug testing by Q4 2020.
2. Enable registered nurses to provide STI testing and treatment in the community by targeting providers who provide services to high numbers of Māori first **(EOA)**.	2. Mechanism in place by Q4.	2. Number of registered nurses providing STI testing and treatment under standing orders by Q4 2020.
3. Nelson Marlborough Health's Health Promotion team to work with youth health services to scope and strengthen year 10 sexual education in high schools with reference to *Mana Tangata Whenua: National Guidelines for Sexual and Reproductive Health Promotion with Māori* **(EOA)**	3. Understanding of current programme/s by Q1 2020, areas identified for improvement by Q2, revised programme in place by Q4.	3. Number of high schools engaged in review of sexual education.
4. Collaborate with local PHOs and primary care practices to identify ways to encourage Primary Care Practices to routinely ask about sexual and reproductive health during youth consultations.	4. Methods or ways identified by Q4.	4. Number of primary care practices routinely asking young people about sexual and reproductive health by end Q4.

Government theme:

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)

System outcome	Government priority outcome
We have improved quality of life	Support healthier, safer and more connected communities

<table>
<tr><td colspan="3">Communicable Diseases

Core function – Health Promotion, Health Protection, Health Assessment & Surveillance, Public Health Capacity Development and Preventive Interventions.

▪ Outline the activities the DHB will undertake to advance communicable diseases control work.
▪ Report in Q2 and Q4.
▪ Activities that could be carried out to deliver communicable diseases work can be found in the Supporting Information and FAQ page, see section 2.6 for the link.</td><td colspan="2">This is an equitable outcomes action (EOA) focus area

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

See section 2.6 Expectations on developing the activities in your plan for additional information.</td></tr>
<tr><td>Activity</td><td>Milestone</td><td>Measure</td><td colspan="2">Government theme:

Improving the well-being of New Zealanders and their families</td></tr>
<tr><td>Health Assessment and Surveillance

1. Review, analyse and report on communicable disease data for the purpose of preventing, identifying and responding to existing or emerging communicable disease issues

Public Health Capacity Development

2. Provide ongoing information or education to health professionals (external to the PHU) and promote the importance of timely, quality notifications of diseases (particularly those required to be notified on clinical suspicion without waiting for laboratory confirmation).

3. Maintain an appropriate level of communicable diseases response capacity.</td><td>1. Surveillance is conducted (Q2 & Q4)

2. All GP practices in the region have education delivered by Q4.

3. New clinical staff are educated on how to notify and the information required by Q4.</td><td>1. #disease specific & outbreak-specific reports developed

2. # education sessions delivered across region

2. % of GP practices who receive education/information</td><td>System outcome

We live longer in good health</td><td>Government priority outcome

Support healthier, safer and more connected communities</td></tr>
</table>

Health Protection 4. Identify, investigate, assess, monitor, manage and report significant outbreaks and emergent risks to public health from communicable diseases according to PHU's risk assessment (in accordance with the Ministry of Health's manual and guidance).	4. Surveillance conducted (Q2 & Q4).			
5. Establish an interdisciplinary team for managing or reviewing tuberculosis cases to improve knowledge of TB, and provide role clarity.	5. An interdisciplinary team is established and operational for TB by Q4.	5. # TB interdisciplinary team meetings held		
Health Promotion 6. Work with vulnerable populations or high risk settings to increase the prevention of, or reduce the transmission of disease, such as RSE workers, school or DOC camps etc **(EOA)**.	6. DOC/MOE receive information and develop or implement plans to prevent outbreaks in camp environments by Q4	6. RSE employers have increased knowledge and environments become more prevention focused		
7. Carry out proactive work to reduce occurrences when surges of communicable disease are identified	7. Progress report in Q2 & Q4.	7. # outbreaks managed 7. Decreased number of outbreaks relating to settings/populations PHS support.		
Preventative Interventions 8. Provide BCG vaccination to children according to the Ministry of Health's eligibility criteria and vaccine availability	8. BCG vaccination of children routine by Q1.	8. # BCGs delivered by PHS		

Cross Sectoral Collaboration including Health in All Policies	**This is an equitable outcomes action (EOA) focus area**
Core function – Health Promotion. The wider determinants of health[9] play a major role in the health and wellbeing of the community. Many of the opportunities to control or influence the determinants of health sit beyond individuals and outside the health system. Inequitable health outcomes are evident amongst populations with different levels of underlying social advantage/disadvantage. This may be on the basis of socioeconomic status, ethnicity, gender, stage of the life course (children/older people), locality, or due to discrimination or marginalisation (including on the basis of disability, religious affiliation, and sexual orientation or refugee status). These inequities result in cumulative effects throughout life and across generations. DHBs have an important role in supporting cross sectoral approaches to address the wider determinants of health and a critical role in ensuring health services themselves do not exacerbate inequities in health outcomes between population groups. Services must ensure they are accessible and relevant to all people and groups. Health in All Policies (HiAP) is an approach to working on public policies across sectors (both health and non-health) and with communities. It systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and achieve health equity. HiAP is an evolving and ongoing process that works at both strategic and operational levels to ensure health, wellbeing, sustainability and equity issues are explicitly addressed in all policy, planning and decision-making processes. Outline the activities the DHB will undertake to advance work relating to implementing a cross sectoral collaboration approach, including using the HiAP model, to influence healthy public policy and thereby achieve equity. ▪ Report in Q2 and Q4. Information relating to cross sectoral collaboration, HiAP can be found in the Supporting Information and FAQ page, see section 2.6 for the link.	(equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs). See section 2.6 *Expectations on developing the activities in your plan* for additional information.

[9] The causes of inequities in health outcomes are complex and largely arise from the inequitable distribution of and access to, the wider determinants of health such as income, education, employment, housing and quality health care amongst populations

Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
			System outcome	**Government priority outcome**
1. Continue to demonstrate leadership in the collaboration between, and integration of, health and social services with policy makers in all sectors, through participation in the following forums: a) Top of the South Impact Forum (TOSIF), in particular progressing the identified regional priorities being addressed in regards to reducing harm from methamphetamine, migrants and refugees, young people, housing, family violence and improving the interface with RIF (see below) through meetings of the Chairs. b) Regional Intersectoral Forum (RIF) a. Social Pou (eg, Mana and Mahi cadetship programme which places Māori beneficiaries into health sector employment) **(EOA)**. b. Environmental Pou c. Cultural Pou c) Active Transport Forum, Nelson Tasman, focused on developing and promoting active transport) d) Kotahitanga mo te Tai ao Alliance - Request to join to promote health interest in Te Mana o te Wai **(EOA)**. e) Hauora Alliance – A South Island cross sector alliance for wellbeing with a focus on supporting the first 1,000 days work) **(EOA).** f) Community Funders Forum – comprising representatives from Rata Foundation, NCC, TDC, MSD, DIA and others. g) Partner with police to facilitate a harm reduction approach towards people with addictions.	1a. There will be specific milestones reported on using the structure appropriate for each forum available by Q4.	1a. Minutes from forum meetings and minutes from TOSIF meetings 1a-g. There will be specific measures reported on using the structure appropriate for each forum.	We have improved quality of life	Support healthier, safer and more connected communities

h) Partner with Te Putahitanga, the South Island Whānau Ora commissioning agency *(see section on Delivery of Whānau Ora)*. i) Intersectoral Forum on COVID-19.				
2. Continue to work with local councils: a) Facilitate the involvement of Tasman District Council (TDC), Marlborough District Council (MDC) and Nelson City Council (NCC) in relevant NMH planning activities.	2a. Councils are invited to contribute to relevant areas of NMH planning by Health in All Policies Advisor (Q1-4). Planning meeting to be held with representatives from each council AND Number of submissions related to public health matters from NMH match number of requests to submit (Q4).	2a-c. Minutes of related meetings and by recording interactions with the Council 2a-c. Number of submissions from NMH and number of hearing attendances		
b) Work with councils to map council work and NMH work and identify key staff contacts with which to identify overlaps and identify potential priority areas.	2b. Joint NMH-NCC social determinant activity map created by Q2. Joint priority areas identified by Q4.			
c) Strengthen the HiAP role to include Marlborough as well as Nelson (pending additional funding).	2c. Feasibility of expanding the HiAP role known by Q4.			
d) Work with NCC to draft a Smokefree Outdoor Policy and extend this invitation to Marlborough District Council and Nelson City Council to draft their respective policies.	2d. Presentation of draft smokefree policy by Q4.	2d. Smokefree policy is drafted.		
e) Look at opportunities to broaden knowledge about public health work especially in relation to COVID-19 and the determinants of health (e.g. *Broadly Speaking*).	2e. Investigate the viability of the virtual *Broadly Speaking* training by Q4.			

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

New Zealanders are living longer, but also spending more time in poor health and living with more disability. This means we can expect strong demand for health services in the community, our hospitals, and other care settings. Responding to this challenge will require effective and co-ordinated care in the community supported by strategic capital investment, workforce development and joined-up service planning to maximise system resources; to improve system sustainability, to improve health and to reduce differences in health outcomes.

<table>
<tr><td colspan="3">Delivery of Whānau Ora
DHBs are placed to 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-centred 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.</td><td colspan="2">This is an equitable outcomes action (EOA) focus area
(equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).
See section 2.6 Expectations on developing the activities in your plan for additional information.</td></tr>
<tr><td>Activity</td><td>Milestone</td><td>Measure</td><td colspan="2">Government theme:
Improving the well-being of New Zealanders and their families</td></tr>
<tr><td>1. Support the growth of Te Piki Oranga (TPO) as our local Māori health/ Whānau Ora provider through annual funding bids that build TPO capacity as a Kaupapa Māori service (EOA).

2. NMDHB will seek to establish a joint work programme and Whānau Ora funding pool to support the implementation of Whānau Ora initiatives in conjunction with Te Putahitanga the South Island Whānau Ora Commissioning Agency (EOA).</td><td>1. Evidence of funding bids to support the growth of Te Piki Oranga by Q4.

2. Feasibility of funding pool established by Q1. If feasible, funding pool is established by Q2.</td><td>Total amount of funding to Te Piki Oranga for the 2020-2021 period is greater than total amount of funding allocated in 2019-2020 period

Narrative report on the total allocation of NMDHB funding in partnership with Whānau Ora commissioning agency in relation to Whānau Ora initiatives/ programmes within the NMDHB district.</td><td>System outcome
We have health equity for Māori and other groups</td><td>Government priority outcome
Ensure everyone who is able to, is earning, learning, caring or volunteering</td></tr>
</table>

<table>
<tr><td colspan="3">Ola Manuia 2020-2025: Pacific Health and Well-being Action Plan
▪ Commit to supporting delivery of the Pacific Health Action plan once it is agreed.</td><td>This is an equitable outcomes action (EOA) focus area
(equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).
See section 2.6 Expectations on developing the activities in your plan for additional information.</td></tr>
<tr><td>Activity
1. Support the delivery of the Pacific Health and Well-being Action Plan once it has been agreed by the Nelson Marlborough District Health Board.</td><td>Milestone
1. Support for the delivery of the Action Plan identified by Q4.</td><td>Measure</td><td>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
Ensure everyone who is able to, is earning, learning, caring or volunteering</td></tr>
</table>

<table>
<tr><td colspan="3">Care Capacity Demand Management (CCDM)
▪ Detail the actions that you will take towards to ensure fully implementing Care Capacity Demand Management (CCDM) for nursing and midwifery in all units/wards by June 2021 in your annual plans.
▪ Outline the most significant actions the DHB will undertake in 2020/21 to progress implementation of CCDM in each component of the programme; governance, patient acuity data, core data set, variance response management and FTE calculations.
Ensure the equitable outcomes actions (EOA) are clearly identified.</td><td>This is an equitable outcomes action (EOA) focus area
(equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).
See section 2.6 Expectations on developing the activities in your plan for additional information.</td></tr>
<tr><td>Activity</td><td>Milestone</td><td>Measure</td><td colspan="2">Government theme:
Improving the well-being of New Zealanders and their families</td></tr>
<tr><td>1. Develop a whole of system and all health disciplines variance response management plan that includes cross-district planning

2. Extend the Capacity at a Glance screen to include allied health, alerting and reporting capability

3. Develop electronic real time core data set reporting dashboard to track operational performance and plan improvements

4. Annual FTE calculations to be completed for all eligible departments and recruitment opportunities resulting from these calculations will prioritise all applications where ethnicity is identified as Māori or Pasifika (EOA).

5. Trendcare improvement plan including weekly and monthly audit of HPPD to ensure all patient types are within the current benchmark ranges. This is monitored via local data councils and the core data set work stream.</td><td>1. Documented plan written and agreed by key stakeholders by June 2020 (Q1)

2. Alert and reporting capability built by June 2020 (Q1) Allied health display built by June 2021 (Q4)

3. Business case approval required for financial year 2020/2021 (Q1)

4. By June 2021 (Q4)

5. By June 2020 (Q1)</td><td>1-6 Improved patient care and working environments for nurses & allied health 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).</td><td>System outcome
We have health equity for Māori and other groups</td><td>Government priority outcome
Ensure everyone who is able to, is earning, learning, caring or volunteering</td></tr>
</table>

6. Advocate for greater consideration of the principles of Te Tiriti o Waitangi and improving Māori health outcomes through care capacity demand management (CCDM) at key regional and national forums **(EOA)**.	6. Use an equity lens when participating in CCDM meetings (Q1-4).			

<table>
<tr><td colspan="3">Disability Action Plan

Commit to working with the Ministry of Health to develop your own or a regional Disability Action Plan to be published by July 2021. The purpose of the Plan is to improve access to quality health services and improve the health outcomes of disabled people. The Plan will focus on data, access and workforce.</td><td>This is an equitable outcomes action (EOA) focus area

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

See section 2.6 Expectations on developing the activities in your plan for additional information.</td></tr>
<tr><td>Activity

1. Work with the Ministry of Health or South Island Alliance Programme Office (SIAPO) to develop a regional Disability Action Plan.</td><td>Milestone

1. Publish Disability Action Plan by Q4.</td><td>Measure

1. Disability Action Plan published that addresses data, access and workforce.</td><td colspan="2">Government theme:
Improving the well-being of New Zealanders and their families</td></tr>
<tr><td colspan="3"></td><td>System outcome

We have health equity for Māori and other groups</td><td>Government priority outcome

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

Disability Statistics NZ surveys consistently show that disabled people experience poorer outcomes across multiple domains, including income, employment and health compared with non-disabled people. Disabled people are generally at higher risk of illness than non-disabled people. People with intellectual disabilities and Māori with disability have some of the poorest health outcomes of any group in the country, and are at higher risk of illness, disease, disability and early death. This is an important ongoing challenge for the health and disability system. Inequity of access to health care and health outcomes for disabled people both within the health and disability support system and nationally is not comprehensively assessed or measured. In New Zealand, health data collection on disabled people is limited. Health data on the general disability population is needed to assess disabled peoples' health and wellbeing and examine inequalities in health and wellbeing outcomes within the group and with non-disabled people. ▪ Commit to ongoing training for front line 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 2020/21. ▪ Outline in your plan how the DHB knows if a patient has a disability and communicates this to staff. (This is to ensure that staff can respond to the person's disability needs, especially communication). ▪ Outline in your plan how the DHB will work with the Ministry of Health ensure that key health information for the public and public health alerts and warnings are accessible by people with a disability. ▪ Report on the number of key public health information messages, public health alerts and warnings your DHB issues each year and the number of these translated into New Zealand Sign Language by the end of quarter 4 2020/21. (See the Supporting Information and FAQ page for further information, see section 2.6 for the link	**This is an equitable outcomes action (EOA) focus area** (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs). See section 2.6 *Expectations on developing the activities in your plan* for additional information.

Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
			System outcome	**Government priority outcome**
1. Provide ongoing training for frontline staff and clinicians on what needs to be considered when interacting with a person with a disability, while also ensuring care is culturally safe **(EOA)**.	1. Report on % of staff that have completed training by Q4.	1 & 3. Outcomes and health service experience of people with disabilities is enhanced.	We have health equity for Māori and other groups	Ensure everyone who is able to, is earning, learning, caring or volunteering
2. Describe how NMH knows if a patient has a disability and communicates this to staff.	2. Audit of current process/communication methods completed by Q4.	2. Availability of information and data for people with disabilities is increased.		
3. Public Health Units (PHUs) and Nelson Marlborough Health will work with the Ministry of Health to ensure key health information for the public and public health alerts and warnings are accessible by people with a disability.	3. Report to the Ministry of Health on the proportion of key public health information messages, alerts and warnings translated into New Zealand Sign Language by Q4.			

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 patient-centred and includes a range of treatments funded by DHBs, which can be delivered in inpatient, outpatient, primary or community settings. It includes selected early intervention programmes that can prevent or delay the need for more complex healthcare interventions. Planned Care includes, but is a wider concept than, the medical and surgical services traditionally known as Electives or Arranged services. Planned Care is centred around five key principles, (Equity, Access, Quality, Timeliness and Experience) which build on the Electives policy principles of clarity, timeliness and fairness. (Planned Care Engagement support pack and FAQs is available on QUICKR) In 2020/21 DHBs will be in the first year of implementing their Three-Year Plans to improve Planned Care delivery. The Three-Year Plans will be addressing the five Planned Care Strategic Priorities of: ▪ *Improve 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* ▪ *Optimise sector capacity and capability and* ▪ *Ensure the Planned Care Systems and supports are sustainable and designed to be fit for the future.* DHB Annual Plans will identify five key actions (one for each Strategic Priority) that will be undertaken in 2020/21 as part of the Three-Year Plan. DHBs are expected to engage with DHB Consumer Councils and other key stakeholders in the ongoing implementation of their plan. DHB plans need to be explicit about **HOW** their planned actions will address the Strategic Priorities for Planned Care and the five underling principles, and will: ▪ enable delivery of the agreed level of Planned Care interventions ▪ prioritise patients using nationally recognised prioritisation tools ▪ ensure patients wait no longer than the clinically appropriate time for a specialist assessment or treatment ▪ identify and address inequities in access to Planned Care services. Delivery and improvements will be measured against the agreed Planned Care Measures, and quarterly qualitative reports.	**This is an equitable outcomes action (EOA) focus area** (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs). See section 2.6 *Expectations on developing the activities in your plan* for additional information. DHBs should identify who in their population is experiencing inequities and include actions or strategies to address these inequities.

Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
			System outcome	**Government priority outcome**
NMH will work within our facilities fit for 2029-2039 planned care framework to ensure activities are undertaken within the next 3-year planning cycle that aligns to our longer term vision. In particular: *Improve understanding of local health needs, with a specific focus on addressing unmet need, consumer's health preferences, and inequities that can be changed.*			We live longer in good health	Support healthier, safer and more connected communities
1. Implement ophthalmology service model of care changes to ensure follow up throughput within acceptable timeframes.	1. Proposed changes implemented by Q4 and ophthalmology follow up patients are being seen on time with no delay to clinical care in 95% of cases by end January 2021 (Q3).	Number of planned care volumes are met and do not vary by patient ethnicity.		
2. Co-design an approach with PHOs to better manage skin lesions within a primary care setting.	2. Approach designed by Q2 and implemented in Q4. Proportion of minor skin lesions being delivered in primary care by Q4 2020-21 is greater than it was in Q4 2019-20.	SI4: Standardised Intervention Rates		
3. Understand the drivers of equity gaps in access to specific planned care services and develop a plan to address these **(EOA)**.	3. Drivers of equity gaps identified by Q2 and plan for addressing these in place by Q3.	Planned Care Patient Flow Indicators /s) are met and do not vary by patient ethnicity.		
Balance national consistency and the local context 4. Ensure planned care volumes are undertaken.	4. Deliver expected planned care volumes to end Q4.	Ophthalmology follow-up volumes are reducing and do not vary by ethnicity.		

5. Consult with Canterbury DHB of the South Island Bariatric Surgery Service to determine how Nelson Marlborough Health can support the service.	5. Support identified by Q4.			
Support consumers to navigate their health journeys 6. Contact patients prior to their appointments to identify any barriers to attendance and where barriers exist, connect them with existing groups and navigation services to support them **(EOA)**.	6. All preventable planned care cancellations reduced to <4% by end Q4 for Māori and total.			
Optimise sector capacity and capability 7. Reducing cancellations of patients for theatre procedures.				
8. Ensure weekly reporting on delivery back to service.				
9. Review and prioritise elective referrals from across Nelson Marlborough to ensure equitable access for rural and urban patients.				
Ensure the planned care systems and supports are sustainable and designed to be fit for the future. 10. Ensure the sustainability of the planned care systems while we are designing the new Nelson hospital through close engagement with the models of care team.				
11. Develop a theatre management system in SIPICS.				

<table>
<tr><td colspan="3">Acute Demand
Following on from your 2019/20 activities please provide:
Acute Data Capturing:
▪ 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.
Acute Demand:
▪ a plan on how the DHB will address the growth in acute inpatient admissions. This should include detail on: how patients will be better managed in the community, emergency department and hospital, and; the organisations that you will work with to plan and achieve improvements.</td><td>This is an equitable outcomes action (EOA) focus area
(equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).
DHBs should identify who in their population is experiencing inequities and include actions or strategies to address these inequities.
See section 2.6 Expectations on developing the activities in your plan for additional information.</td></tr>
<tr><td>Activity

Acute Demand:

1. Implement Swoop Team (or similar) to provide rapid response to those with an acute exacerbation of a chronic condition at home or in care (refer SLM Plan).

2. Work with pharmacists to remind patients to make a follow-up appointment with their General Practitioner after hospital discharge

3. PHOs to collaborate with Te Piki Oranga to help locate Māori men (30-45) who are eligible for CVDRA, and provide point of care testing/CVDRA in home/ TPO clinics or other community engagement opportunities (EOA).</td><td>Milestone

1. Swoop Team implemented by Q1

2. Advice communicated by Q1

3. Screening of TPO clients occurring by Q2</td><td>Measure

Reduce the age standardised acute hospital bed days rate for Māori</td><td>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</td></tr>
</table>

4. Nelson Bays Primary Health to undertake workforce development with Te Piki Oranga Kaimahi and Pukenga Manaaki and Pasifika community based nurses to enable consistent health literacy messaging across a range of providers who interact with whānau and high needs populations, and to promote options that support or enhance self-management or behaviour change, with particular note to respiratory and heart conditions (drivers of acute demand) **(EOA)**.	4. Work force development occurring by Q2			
5. Locality Care Coordinators facilitate multidisciplinary meetings for Māori and vulnerable populations at Health Care Home localities **(EOA)**.	5. MDT meeting occurring by Q1			
6. Pilot self-management education 'taster' sessions in Marlborough with Te Piki Oranga clients that are culturally relevant, appropriate and accessible for participants and family/whānau/support person **(EOA)**.	6. 'Taster' sessions in place by Q2			
7. Implement the HCH model (or modular elements of HCH) in additional general practices (refer also to SLM Plan).	7. HCH model extended by Q4.			
Acute Data Capturing:				
8. SNOMED is currently embedded in ED at a Glance (EDaaG) for the presenting complaint and diagnosis. ▪ Following a small change to the EDaaG user interface, there will be training for ED doctors and nurse practitioners. ▪ A background process will be implemented to extract the required presenting complaint, diagnosis and medical procedure information allowing upload to the NNPAC.	8. Training course completed by Q2 8. Extraction process implemented by Q3			

<table>
<tr><td colspan="3">Rural health
Please describe a minimum of two actions that improve access [eg outreach clinics, use of technology, financially, convenience (extended hours)] to services in rural communities.</td><td colspan="2">This is an equitable outcomes action (EOA) focus area
(equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).
See section 2.6 Expectations on developing the activities in your plan for additional information.</td></tr>
<tr><td>Activity</td><td>Milestone</td><td>Measure</td><td colspan="2">Government theme:
Improving the well-being of New Zealanders and their families</td></tr>
<tr><td>1. Hire a virtual health administrator to support an increase in virtual health consultations to rural areas and monitor to ensure equitable access for rural Māori (EOA).
2. Establish preadmission virtual consultations to Golden Bay.
3. Develop a business case for repurposing some of the rural health flexible funding pool to fund consumable costs of point of care testing in rural practices.
4. Implement virtual health consultations in rural Marlborough
5. Nelson Bays Primary Health to work with community agencies to provide a Community Connectedness Project which supports consumer connections to reduce isolation and loneliness for all ages of our population.
6. Trial in Nelson provision of free accessible, equitable, patient-centred, health services across our diverse communities by implementing a digital health platform, particularly for the ever-increasing demand on mental health, and metabolic services within limited resources.
7. Accept all referrals for Māori clients in District Nursing, and undertake joint visits with Te Piki Oranga to improve access for rural Māori by encourage team working and addressing unconscious bias (EOA).</td><td>1. Health Administrator in place by Q1
2. Preadmission virtual consults in place by Q3
3. Business case developed by Q1
4. Marlborough rural virtual health consults in place by Q2
5. Community connectors in place by Q4
6. Engage Melon Health in Q1
7. Referral process in place by Q1</td><td>1, 2 & 4 Virtual health consultation numbers increase</td><td>System outcome
We have health equity for Māori and other groups</td><td>Government priority outcome
Support healthier, safer and more connected communities</td></tr>
</table>

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 Strength & Balance programmes and improvement of data driven 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) ▪ working with ACC on the non-acute rehabilitation pathway service objectives to help older people regain or maintain their ability to manage their day-to-day needs after an acute episode (This expectation aligns most closely to the Government's 'Health Maintenance and Independence' priority outcome; and the 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) ▪ Implementing your local DHB priorities for dementia services identified on the basis of your 2019/20 regional stocktake and consistent with priorities identified by the sector (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 in the community and primary care settings in particular to identify frail and vulnerable older people, with a focus on Māori and Pacific peoples, and put interventions in place to prevent the need for acute care and restore function (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 evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs). See section 2.6 *Expectations on developing the activities in your plan* for additional information.

Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
			System outcome	**Government priority outcome**
1. Establish a Fragility Fracture pathway in all hospital settings and services that results in discharge planning and notification to primary care advising osteoporosis treatment and management	1. Fragility Fracture Pathway in place by Q4	Fragility Fracture Pathway in place.	We have health equity for Māori and other groups	Support healthier, safer and more connected communities
2. Work with ACC on the non-acute rehabilitation pathway service objectives to help older people regain or maintain their ability to manage their day-to-day needs after an acute episode	2. Local establishment of pathway for older people to regain or maintain their ability to manage their day-to-day needs after an acute episode by Q4	Non-acute rehabilitation pathway in place.		
3. Align NMH Home and Community Support Service contracts with the national framework for HCSS	3. HCSS contract service specifications align with the national framework for HCSS by Q4			
4. Establish a cross sector working group and health pathway to meet the care needs of vulnerable and complex patients with comorbidities and dual diagnoses i.e. mental health diagnoses, intellectual disabilities, early onset diagnoses, with a specific focus on improving outcomes for Māori and Pacific peoples **(EOA)**.	4. Cross sector working group established by Q1. Health and pathway established by Q4			
5. Implement a minimum of two local priorities for dementia services identified on the basis of Nelson Marlborough Health's 2019/20 regional dementia stocktake and Health of Older Persons Service Capacity Review – March 2020, and is consistent with priorities identified by the sector: a. Service provision: Improve flexibility, availability and accessibility for carer relief to enable carer to take breaks from their caring role. b. Education and Training: Dementia and Delirium workshops held for ARC to reduce admissions and readmissions to ED	5a-b. Implementation of identified priorities for dementia services underway by Q4.			

Improving Quality **1. Improving equity** Using the Health Service Access Atlas (Atlas of Healthcare Variation) which reports seven questions from the national primary care patient experience survey, consider which of your patient groups are experiencing the most barriers. ***Specify improvement activity to address these barriers*** and drive equity of outcomes in one of the three identified topics of: ▪ Diabetes ▪ Gout ▪ Asthma. Please ***specify the measure including baseline and anticipated improvement.*** The Health Service Access Atlas has a tab (long-term conditions - LTCs) that allows you to filter responses by one of six LTCs. **2. Improving Consumer engagement** DHBs are expected to participate in the quality and safety marker for consumer engagement by: ▪ Setting up a governance group (or an oversight group) of staff and consumers to guide implementation of the marker ▪ Upload data onto the consumer engagement QSM dashboard using the SURE framework as a guide ▪ Report against the framework twice yearly. **3. Spreading hand hygiene practice** ***for Canterbury, Hawke's Bay, Hutt Valley, Northland, Taranaki, Tairāwhiti, Waikato and Whanganui DHBs only*** Identify actions to increase compliance with best practice hand hygiene (as defined by the Hand Hygiene NZ programme) across hospital clinical areas and across categories of healthcare workers. Please specify actions and measures. **4. Zero Seclusion, National Mental Health & Addiction Programme** ***for Bay of Plenty, Canterbury, Nelson Marlborough, Northland and Waikato DHBs only*** Specify actions that will contribute towards zero seclusion in your DHB. Please include how you will use the family of measures, including outcome, process and balancing measures, for Zero Seclusion (e.g. demonstration of where project teams regularly use data to inform improvement work). **System Level Measures** Implementation of the System Level Measures (SLMs) continues in 20120/21. 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 20/21*	**This is an equitable outcomes action (EOA) focus area** (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs). See section 2.6 *Expectations on developing the activities in your plan* for additional information.

Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
Health Service Access Atlas: Improving equitable outcomes in diabetes			**System outcome**	**Government priority outcome**
1. PHOs to collaborate with Te Piki Oranga to help locate Māori Men (30-45 years) who are eligible for CVDRA, and provide point of care testing/CVDRA in home/ TPO clinics or other community engagement opportunities **(EOA)**.	1. Screening of TPO clients occurring by Q2.	1. Increase of Māori men (30-45 years) CVRDA screening rates by 10%.	We have improved quality of life	Support healthier, safer and more connected communities
Improving consumer engagement				
2. Set up a governance (or an oversight group of staff and consumers to guide implementation of the quality and safety marker for consumer engagement.	2. Governance group established by Q4.	2-5. Consumer engagement is used to inform quality improvement.		
3. Upload data onto the consumer engagement QSM dashboard using the SURE framework as a guide.	3. First upload completed by Q3.			
4. Report against the SURE framework annually.	4. Report provided to Ministry in Q3.			
5. Use the Patient Experience of Care Survey as guidance on areas of focus for improvement, particularly for Māori **(EOA)**.	5. System Level Measures Plan quarterly reporting.			
6. Monitor the consumer experience of phone and telehealth consultations.	6. Description of consumer experience of changed methods of consultations available to clinical staff by Q1.	6. Consumer experience of telehealth consultations improves over time.		
Zero Seclusion, National Mental Health & Addiction Programme				
7. Investigate and better understand the reasons for seclusion, time / date/ staff involved, circumstances (e.g. on admission) alternatives used / or not, outcomes of debriefing with staff / patients and inequity in seclusion rates **(EOA)**.	7. Confirm the permanent appointment of 1 FTE Clinical Nurse Specialist to support least restrictive practice options by Q1. Report evaluating the reasons for and outcomes of seclusion in NMH produced by Q4.	7-8. Reduced use of seclusion.		
8. Collect data on seclusion free days and safety 1st on use of restraint and staff injuries.	8. Data on seclusion free-days and use of restraint and staff injury collected from Q4.			

New Zealand Cancer Action Plan 2019 – 2029	**This is an equitable outcomes action (EOA) focus area**
Please review the information found in the Supporting Information and FAQ page to support you with this section, see section 2.6 for the link. On 1 September 2019 the Prime Minister and Minister of Health launched the New Zealand Cancer Action Plan 2019-2029 (the Plan). The Plan outlines four key outcomes; *Outcome 1: New Zealanders have a system that delivers consistent and modern cancer care.* *Outcome 2: New Zealanders experience equitable cancer outcomes.* *Outcome 3: New Zealanders have fewer cancers* *Outcome 4: New Zealanders have better cancer survival.* District Health Boards will have key responsibility for the successful achievement of these outcomes. The plan is guided by three overarching principles: ▪ equity-led ▪ knowledge-driven ▪ outcomes-focused. The Plan enables the Cancer Control Agency, the sector and all those affected by cancer to work collaboratively to prevent cancer and improve detection, diagnosis, treatment and care after treatment. The Plan includes primary care, tobacco control, screening and palliative care. Effective planning, skilled management and informed governance is required to deliver the outcomes in this plan. The Plan sets out the actions required over the next 10 years and beyond. Work on the priority actions has commenced. The Plan is a living document and it will be reviewed and updated in five years, to ensure our efforts stay relevant to the needs and aspirations of all New Zealanders. The actions will be supported by the Cancer Control Advisory Council and adjusted as required to ensure the plan is on track. The Ministry has established a National Cancer Control Agency and appointed a Chief Executive. DHBs are required to work with and take direction from the Cancer Control Agency. The Agency has a leadership and monitoring function and will be required to report progress against performance of the Plan to the Minister. The Plan requires that services are delivered against nationally agreed standards of care and that quality improvements will be made for agreed quality performance indicators as they are further developed across all tumour streams. Quality Performance Indicators have been developed for Bowel Cancer and it is expected that both lung and prostate indicators will be published in early 2020.	(equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs). See section 2.6 *Expectations on developing the activities in your plan* for additional information. DHBs should identify in both part one and two who in their population is experiencing inequities and include actions or strategies to be implemented to address the identified inequities.

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

Current Performance Actions

1. DHBs are required to outline what actions they will take to sustain or improve cancer care and implement the Cancer Plan. Actions need to include how DHBs will ensure that the 31-day and 62-day cancer waiting time measures are met. (See definitions and business rules in the DHB non-financial monitoring framework and performance measures - reporting section). Quarterly qualitative reports will be required.

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

Improving quality contributes to Outcome 1: (New Zealanders have a system that delivers consistent and modern cancer care) and Outcome 4 (New Zealanders have better cancer survival) of the New Zealand Cancer Action Plan 2019-2029

Healthy food and drink, smokefree 2025, breast screening, cervical screening and bowel screening priorities also contributes to Outcome 3: (New Zealanders have fewer cancers) of the New Zealand Cancer Action Plan 2019-2029

Activity	**Milestone**	**Measure**	**Government theme:** **Improving the well-being of New Zealanders and their families**	
			System outcome	**Government priority outcome**
Current performance actions to ensure the 31-day and 62-day cancer waiting time measures are met: 1. Develop a lung pathway with a particular emphasis on Māori across primary, secondary and tertiary service providers and assess the impact of changes to e-radiology on timelines **(EOA)**. 2. Develop a nursing role to support care of patients with second line hormonal treatment for recurrent prostate malignancy. 3. Research the utility of a frailty score in the elderly to assist decision making with regards to best management of their malignancy. 4. Assess and action delays in initiation of 31-day pathway of Māori versus non Māori. 5. Oncology/Haematology to become an independent department.	1-4. Quarterly qualitative report on progress of action/s (Q1-4). 1-4. Head of Department attends and participates in FCT activity to improve performance outcomes, log of achievements kept (Q4). 3. Plan, design and/or begin implementation by Q4.	E radiology impacts 31/12 2020 (Q2) Pathway development 30/06/2021 (Q4) Research complete 31/12/2020 (Q2) Assessment complete 31/12/2020 (Q2) Delays actioned 30/06/2021 (Q4)	We have improved quality of life	Support healthier, safer and more connected communities

Bowel Screening and colonoscopy wait times To ensure all patients requiring diagnostic procedures are treated fairly and seen within maximum clinical wait times, the Ministry of Health has developed a dedicated framework for monitoring symptomatic colonoscopy and bowel screening performance. New reporting requirements sit alongside a new escalation process that ensures both the recommended colonoscopy wait times and the numbers of people waiting longer than maximum wait times receive equal focus. As a DHB prepares to implement bowel screening, it must be consistently meeting all diagnostic colonoscopy wait times and have no patients waiting longer than maximum wait times in the months prior to the readiness assessment. If a DHB does not meet these two requirements, it will not meet the National Bowel Screening Programme readiness criteria, and its go-live date may be delayed. All DHBs will describe actions to ensure: ▪ recommended urgent, non-urgent and surveillance diagnostic colonoscopy wait times are consistently met ▪ there are no people waiting longer than the maximum wait times for any indicator. Note: DHBs should report quantitative data under the SS15 Improving waiting times for colonoscopies framework. DHBs should provide qualitative narrative to support SS15 performance reporting here. **In addition to above, DHBs providing the National Bowel Screening Programme will describe actions to ensure:** ▪ they have demonstrated clear strategies for improving equitable participation and timely access to bowel screening services ▪ the bowel screening indicator 306 target requiring 95% of participants who returned a positive FIT to have a first offered diagnostic date that is within 45 working days of their FIT result being recorded in to the NBSP IT system is consistently met ▪ they achieve participation of at least 60% of people aged 60-74 years in the most recent 24-month period ▪ participation equity gaps are eliminated for priority groups. **COVID-19 Reporting Adjustments for SS15: Improving waiting times for colonoscopies** Patient safety remains paramount and DHBs should continue to ensure all procedures are completed within maximum wait times. In Quarters 1 and 2, DHBs must prioritise colonoscopies to be completed within maximum wait times. Ministry expectations are that DHBs will be meeting all recommended and maximum wait time targets in Quarters 3 and 4. **COVID-19 Reporting Adjustments for Bowel Screening** Due to the suspension of all screening programmes and dependent on when bowel screening recommences, key performance indicator 306 (see above) expectations will be adjusted for Quarter 1.	**This is an equitable outcomes action (EOA) focus area** (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs). See section 2.6 *Expectations on developing the activities in your plan* for additional information.

Escalation Process Adjustments for CWTIs and Bowel Screening

An amber rating is a time-limited opportunity to recover performance. The Ministry may choose to lengthen the time a DHB can remain in amber, according to specific DHB circumstances for Quarters 1 and 2.

Improvement activities must be supported by visible leadership, effective community engagement, and clear accountability for equity. Please refer to the Supporting Information and FAQ page for further information, see section 2.6 for the link.

Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
			System outcome	**Government priority outcome**
1. Ensure equitable access to the National Bowel Screening Programme (NBSP) for identified priority groups, with a specific focus on Māori by working in partnership with He Huarahi Matepukupuku / Improving the Cancer Pathway for Māori project, local Marae and other Māori/Pacific settings (e.g. Te Piki Oranga, Pacific Trust) to provide health education and outreach activities **(EOA)**.	1. Health education and outreach activities undertaken by Q1, minimum uptake of NBSP of 60% across all populations in Q1-Q4.	Bowel screening indicator 306 target achievement. Participation in NBSP programme during previous 24 months. Waiting times for diagnostic services as per NBSP quality, equity and performance indicators are met. Meeting faster cancer treatment times of NBSP participants.	We live longer in good health	Support healthier, safer and more connected communities
2. Undertake initiatives to meet colonoscopy wait time indicators and ensure wait times do not vary by patient ethnicity **(EOA)**.	2. Waiting time initiatives are in place by Q2.			
3. Align and implement reviewed health pathways with South Island DHBs and participate in quality improvement forums with colleagues that examine whether clinical performance is achieving health equity for Māori.	3. Alignment achieved by Q2 and reviewed health pathways implemented by Q4. Participation in ongoing South Island evaluation Q1-Q4.			
4. Use our partnership with PHOs and primary care to increase timely referral and NBSP participation, with a particular focus on understanding the barriers toward achieving health equity for Māori, Pacifica and Dep 9/10 (EOA).	4. Brainstorming session with key stakeholders undertaken by Q2 and activities implemented by Q4.			
5. Implement new BSP+ software to enhance the effectiveness of NBSP reporting and audit processes and monitor equitable provision.	5. Software implemented by 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 2020/21 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.

  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. In addition, we expect workforce actions to lead to improved equity in health outcomes and independence for Māori and Pacific peoples
  - 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 transdisciplinary teams to support health workforces in their roles across primary, secondary and tertiary settings.
- It is also 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 previous planning year 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:

- collect workforce data and intelligence to support workforce planning at a local, regional and national level
- develop actions to meet the six targets agreed by DHB Chief Executives in support of Te Tumu Whakarae's position statement on increasing Māori participation in health and disability work forces
- support your responsibility to upskill, provide education and train health and disability work forces

This is an equitable outcomes action (EOA) focus area

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

See section 2.6 *Expectations on developing the activities in your plan* for additional information.

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
- increase participation of Pacific people in health workforces
- build cultural competence across the whole health workforce
- actions that facilitate healthy and culturally reinforcing working environments that support health equity.
- actions that support Māori and Pacific peoples into leadership and management roles.

- 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
- continue to build 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 workforce with the right skills, in the right place, at the right time.

Health Literacy

The purpose of the actions set out in this advice is to build upon the health literacy action plan that your DHB completed in the 2019/20 planning year towards developing a health literate organisation.

- If you do not have one already in place, continue to develop a Health Literacy Action Plan that describes the service improvements you plan to make in the short, medium and long term.
- Building on your Health Literacy Action Plan, and if not already included in the action plan, please consider any actions that your DHB can do to support to build health literacy in the wider health and disability system.

  For example, you may wish to consider developing actions that support:

  - improving the health literacy of non-clinical staff
  - working with Primary Care to identify and support health literacy education and training needs
  - building on the health literacy of patients, carers and volunteers through providing health literacy education, and information and training specially tailored for volunteers.

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.

Cultural safety

The Health and Disability System Review Interim Report / Pūrongo mō tēnei wā recently released notes the need to both build cultural competence of the entire health and disability workforce and to reduce institutional racism. The Health Services and Outcomes Kaupapa Inquiry (Wai 2575) raises institutional racism as a significant issue for Māori health – both for staff and for people accessing services. In order to meet the needs of and improve outcomes for groups such as Māori, Pacific, migrants and refugees then our work places must be healthy and culturally reinforcing working environments that support health equity.

- In the 2020-21 planning year we want DHBs to consider how they 'do' cultural safety and to identify actions to support cultural safety within their DHB. This may include reference to related actions that are already underway within your DHB.

Leadership ▪ Please identify actions, initiatives and programmes that your DHB has in place to support staff who are in, and staff who are progressing into leadership, management and governance roles. ▪ Please identify which actions/initiatives/programmes facilitate healthy and culturally reinforcing working environments that support health equity. Leadership pathways may include actions, plans and programmes for: ▪ growing leaders ▪ supporting new managers into management roles ▪ supporting workforces into governance roles ▪ supporting clinical leadership and clinical governance ▪ succession planning for executive leadership roles ▪ supporting Māori and Pacific peoples into leadership, management and governance roles. **COVID-19** ▪ Please identify actions that your DHB will take to work with the Ministry and wider community providers to plan a cross sector approach in responding to a public health need, such as COVID-19, that impacts on service delivery and on health and disability workforce availability to meet that need. These actions may include an agreed plan between your DHB and community providers. ▪ Community providers include, and are not limited to, Māori and Pacific providers, aged residential care, home care and support services, disability support services, and mental health and addiction services.	

Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
			System outcome	**Government priority outcome**
Workforce Priorities			We have health equity for Māori and other groups	Ensure everyone who is able to, is earning, learning, caring or volunteering
1. Complete workforce planning as a key enabler of the NMH models of care initiatives – refer to Improving Sustainability section for more detail.	1. Profile of current workforce completed by November 2020 (Q2) 1. Analysis of MOC workforce impacts completed by March 2021 (Q3) 1. Design of future state and implementation plan completed by June 2021 (Q4)	1. Documented profile and analysis and approved plan in place.		
2. Strengthen the orientation programmes offered by NMH for nurses.	2. Revised orientation programme for nurses in place by July 2020 (Q1)	2. Higher % of orientation completion by nurses		
Workforce Diversity				
3. Implement strategies to achieve the targets established in Te Tumu Whakarae position statement **(EOA)**.	3. Māori workforce development policy adopted by July 2020 (Q1)	3-4.Increase in the proportion of Māori employed by NMH.		
4. Develop a suite of reports to inform on progress with the Te Tumu Whakarae targets **(EOA)**.	4. Develop dashboard and individual GM reporting	3-4.Use of the Māori Crown Relations Capability Framework for the Public Service to assess progress		
5. Aging workforce – refer Improving Sustainability workforce section	5. Aging workforce interest group established by December 2020 (Q2) 5. Consultation completed with stakeholders to identify future risks and opportunities by April 2021 and analysis delivered to ELT (Q4).	5. Implications of ageing workforce are better understood.		

6. Provide training placements and support transition to practice for eligible health work force graduates and employees, including PGY1, PGY2 and CBA placements.	6. Report available Q4.	6. Training and transition to practice is sustained.		
Health Literacy				
7. Nelson Bays Primary Health to undertake workforce development with Te Piki Oranga Kaimahi and Pukenga Manaaki and Pasifika Community Based Nurse to enable consistent health literacy messaging across a range of providers who interact with whānau and high needs populations, and to promote options that support/enhance self-management/ behaviour change (refer to Long Term Conditions section) **(EOA)**.	7. Workforce development occurring during 20-21	7. Improvement in HbA1c measures for Māori with diabetes		
Cultural Safety				
8. Deliver cultural competence training to all clinical and leadership staff as described in activities described in the He Korowai Oranga templates of this Annual Plan 2020-21.	8. Review current offering and identify any workforce not catered for by Q1. 8. Report quarterly numbers of employees trained (Q1-Q4).	8. Increased cultural competence and cultural safety of staff.		
Leadership				
9. Implementation of the NMH leadership development framework created in the 19/20 year	9. Framework in placed by July 2020 (Q1).9. Leadership development programmes underway by July 2020 (Q1).	9-10. Strengthened clinical leadership		

10. Strengthen clinical leadership capability. Please also see the activities described in the He Korowai Oranga section of this Annual Plan 2020-21 to support Māori and Pacific peoples into leadership, management and governance roles and support health equity.	10. Medical leadership and engagement forum held by Q4.			
COVID-19				
11. Work with the Ministry and wider community providers to plan a cross-sector approach for responding to a future public health need that impacts on service delivery and health and disability workforce, such as COVID-19 required.	11. Implement a Public Health and a Community EOC inclusive of community providers, public health, and mental health, Iwi/Māori providers as part of Emergency SIMS response by Q2. 11. Ensure each service has a Business Continuity plan which identifies any specific vulnerable population considerations by Q3. 11. Identify and plan where a collective response required where any individual service has an inability to escalate within their own resources by Q4. 11. Link DHB redeployment strategy and process to support high priority essential services by Q4.	11. Business continuity plans in place across primary and community services.		
12. Staff offered guidance and support to work remotely should they wish to.	12. Guidance to facilitate remote working is available to staff by Q4.	12. Number of remote working resources.		

Data and Digital **In responding to this priority area please cross-reference to Section four: Stewardship - IT section** **All DHBs:** ▪ List all major digital initiatives, and associated milestones, and indicate multi-year initiatives. ▪ Explain how your IT Plan is aligned with the Regional ISSP. ▪ Note the digital systems/investments that will improve equity of access to services. ▪ Note the initiatives that demonstrate collaboration across community, primary and secondary care. ▪ Describe plans/initiatives that will enable the delivery of health services via digital technology for example telehealth, integrated care and working remotely. ▪ Indicate plans for providing consumers with access to their health information. ▪ Indicate plans for taking part in the digital maturity assessment programme and/ or implementing an action plan following the assessment. ▪ Indicate plans for implementing/maintaining Application Portfolio Management to improve asset management. ▪ Indicate plans to leverage approved standards and architecture in all digital system initiatives and investments. ▪ Indicate how IT security maturity will be improved across all digital systems. ▪ Indicate plans for improving alignment with national digital services, national data collections and data governance and stewardship. ▪ Submit quarterly reports on the DHB ICT Investment Portfolio to Data and Digital.	**This is an equitable outcomes action (EOA) focus area** (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs). See section 2.6 *Expectations on developing the activities in your plan* for additional information.

Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
1 Implement pilot of digital meds charting solution. This will be a multi-year initiative.	1. Q2: Complete requirements definition. Q3. Complete business case.	1. Reduction in medication administration errors in pilot group.	**System outcome** We have improved quality of life	**Government priority outcome** Ensure everyone who is able to, is earning, learning, caring or volunteering
2. Develop referrals engine that will underpin the Hauora Direct initiative. **(EOA)**	2. Q1: complete engine development for first phase of Hauora Direct. Q3: Complete mapping of enhancements.	2. The Hauora Direct project can utilise the referrals engine to improve transparency and report uptake of referrals.		
3. Complete Office 365 rollout – Exchange online and Teams to enable the delivery of health services and working remotely.	3. Q1: Internal MS Teams pilot groups identified and rolled out. Q2: Complete migration to Exchange on line for target mailboxes.	3. Target mailboxes have successfully completed migration to the cloud.		
4. Implement a logged-in session mobility system for clinicians, eg Imprivata.	4. Q2: complete Business case Q4: implement for target group.	4. Clinicians can successfully tap on/off their logged in session across multiple devices, freeing up time and improving ease of access to information.		
5. Develop a regional API gateway MVP to transfer medications on discharge to ARC facility. This demonstrates collaboration across community, primary and secondary.	5. Q2: Implement structured discharge summary as prerequisite Q3: MVP delivered.	5. a) Medications are successfully digitally transmitted on discharge to ARC for appropriate patients b) faster discharge from hospital for ARC patients.		

Implementing the New Zealand Health Research Strategy

Research and innovation, analytics and technology are all crucial for achieving an equitable, sustainable health system and better patient outcomes.

- Commit to working with the Ministry of Health to co-design and co-invest in a programme of work to support the implementation of the New Zealand Health Research Strategy through building the capacity and capability across DHBs to enhance research and innovation.
- Identify how you are working regionally to create research and analytics networks to support staff engaged with research and innovation and build capacity and capability.
- Identify how research policies and procedures will be developed for your DHB to ensure that clinical staff have a supportive framework to engage in research and innovation activities.
- Commit to provide a one-page summary update on progress in Q4 to the Ministry and your DHB Board.

This is an equitable outcomes action (EOA) focus area

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

See section 2.6 *Expectations on developing the activities in your plan* for additional information.

Activity	Milestone	Measure
1. Identify options for the management/ oversight of NMH's research programme.	1. Options for management/ oversight identified by Q2.	1. Capacity for managing/overseeing a research programme determined.
2. Support the implementation of the New Zealand Health Research Strategy by exploring partnerships with local education providers (eg, NMIT & Cawthron) and universities willing to co-design and co-invest in a programme of clinical, health services, public health and/or kaupapa Māori research **(EOA)**.	2. Initial discussions with potential research partners underway and one page summary updating progress by Q4.	2. DHB research and innovation is enhanced (# of projects increases).
3. Undertake a stock-take of regional research and analytical networks that currently support staff engaged in research and innovation and identify any gaps where further regional work could occur.	3. Stock take of staff that are 'research active' completed by Q3 and stock-take of networks completed by Q4.	3. DHB research and innovation capacity and capability is increased (proportion of staff engaged in research and analytics networks increases).
4. Research policies and procedures that stimulate clinical and health services research will be updated by the Nelson Marlborough Health Research Network (NMHRN).	4. Establish and identify members for the NMHRN by Q1. Draft research policies and procedures report available by Q4.	4. Clinical staff have a supportive framework to engage in research and innovation activities (proportion of clinical staff engaged in research and innovation increases).

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

<table>
<tr><td colspan="3">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.
In addition to the above:
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
▪ support implementation of key priorities in the National Hepatitis C Action Plan (once the plan is published).</td><td colspan="2">This is an equitable outcomes action (EOA) focus area
(equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).
See section 2.6 Expectations on developing the activities in your plan for additional information.</td></tr>
<tr><td>Activity</td><td>Milestone</td><td>Measure</td><td colspan="2">Government theme:
Improving the well-being of New Zealanders and their families</td></tr>
<tr><td>1. Work with regional alliance (South Island Alliance Programme Office) to implement regional service plans at a local level.</td><td>1. Agreed regional service plans implemented by Q4.</td><td>1. Plans implemented on time</td><td rowspan="7">System outcome
We have improved quality of life</td><td rowspan="7">Government priority outcome
Support healthier, safer and more connected communities</td></tr>
<tr><td>Implement the regional Hepatitis C plan locally, including:</td><td></td><td></td></tr>
<tr><td>2. Raising community and general practice team awareness and education of the hepatitis C virus (HCV) and risk factors for infection; this includes encouraging hepatitis C champions, collaboration with primary and secondary care and reducing barriers for primary care.</td><td>2. Practice teams engaged by community nurse quarterly (Q1-4).</td><td>2. 6 monthly reports show General Practice undertaking the majority of treatments</td></tr>
<tr><td>3. Support provision of testing of individuals at risk and identify those diagnosed with possible and active infection who could benefit from new treatments but may have been lost to follow up. Includes community-based access to testing and care including Liver Fibroscan services.</td><td>3. Community nurse delivering elastography quarterly (Q1-4).</td><td>3. Number of fibroscans completed six monthly</td></tr>
<tr><td>4. Engage with clients identified as ‘treatment naïve’ through the 2nd phase of the laboratory tests lookback programme.</td><td>4. Laboratory tests lookback programme undertaken by Q4.</td><td>4. Treatment naïve clients treated</td></tr>
<tr><td>5. Review the local Hepatitis C pathway.</td><td>5. Pathway reviewed by Q2.</td><td>5. Pathway reviewed</td></tr>
<tr><td>6. Services ensure at-risk populations are tested, managed and treated; engaging with Māori and Pacific people (EOA).</td><td>6. Community programme engages with Māori and Pacific during Q1-4.</td><td>6. Equity seen in six monthly reports</td></tr>
</table>

2.10 Better population health outcomes supported by primary health care

Primary healthcare is a priority work programme for Government, the Ministry of Health and Nelson Marlborough Health.

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 healthcare is earlier, safer, cheaper, and better connected to people's daily routines. However, the primary healthcare 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.

Primary health care integration

Integration and strong local partnerships remain important to the delivery of high-quality health services.

The Health and Disability System Review and actions developed from the Wai 2575 Hauora Report are likely to inform further support of integration.

In the meantime, DHBs are expected to continue to strengthen integration and their relationship with their primary care partners. As detail becomes available from the Review, Wai 2575 and Budget 20 this guidance may be updated.

- DHBs are expected to describe at least two actions which strengthen integration and improve access to a range of services for patients. At least one of these actions will specifically improve access for Māori, holistic and culturally responsive services. Further DHBs must demonstrate how they are working with Māori Health providers and NGOs to develop these services, eg:
  - Changes in service models such as implementing different consultation modalities (eg electronic, telephone)
  - Broadened use of the workforce (eg use of Nurse Practitioners, practice nurse consultation lists, use of physiotherapists, pharmacists and pharmacist vaccinators)
  - Development and implementation of new services based on robust analytics (eg outreach services on Marae).
- DHBs are required to implement any new programmes announced in Budget 20.
- DHBs are also required to submit recovery plans for PHO Newborn Enrolment, PHO2 Quality of ethnicity data and PHO3 Māori enrolment in PHOs if their performance dropped during COVID-19.

Note: *Some or all of the actions in this section may form part of your System Level Measures (SLM) 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 evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs).

See section 2.6 *Expectations on developing the activities in your plan* for additional information.

Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
			System outcome	**Government priority outcome**
1. Implement the HCH model (or modular elements of HCH) in additional general practices (see SLM Plan).	1. HCH model extended by Q4.	1.Further practices developed implementation plans by Q4	We live longer in good health	Support healthier, safer and more connected communities
2. Locality Care Coordinators facilitate multidisciplinary meetings for Māori and vulnerable populations at Health Care Home localities **(EOA)**.	2. MDT meetings occurring by Q1	2-3. MDT meetings running in new areas by Q4		
3. Extend the coordinated care localities to Victory and other agreed localities	3. Coordinated care extended by Q3			

4. Extend the Circle of Security pilot programme to two new localities with the aim of positively influencing the first 1,000 days of vulnerable children's lives	4&5. First 1,000 days programmes extended by Q4			
5. Extend the Nurturing Infant Care Locality pilot to Victory and Blenheim with the aim of positively influencing the first 1,000 days of vulnerable children's lives				
6. Hire a virtual health administrator to support an increase in virtual health consultations.	6. Health Administrator in place by Q1	6 & 8. Virtual health consultation numbers increase		
7. Develop a business case for repurposing some of the rural health flexible funding pool to fund consumable costs of point of care testing in rural practices.	7. Business case developed by Q1			
8. Implement virtual health consultations in rural Marlborough	8. Marlborough rural virtual health consults in place by Q2			
9. Deliver a workforce plan to support Models of Care (MoC) project initiatives	9. Profile of current workforce completed by November 2020 (Q2); Analysis of MoC workforce impacts completed by March 2021 (Q3); Design of future state and implementation plan completed by June 2021 (Q4)	9. Documented profile; Analysis documented; Approved plan in place		
10. Implement programmes announced as part of Budget 20	10. Implementation of programmes by Q4.			
11. Submit recovery plans for PHO Newborn Enrolment, PHO2 Quality of ethnicity data and PHO3 Māori enrolment in PHOs if their performance dropped during COVID-19.	11. Performance against PHO, PHO2 & PHO3 determined by Q3 and, where required, recovery plans submitted by Q4.			

<table>
<tr><td colspan="3">Air Ambulance Centralised Tasking
▪ DHBs are required to include a commitment statement in their Annual Plan to actively participate with National Ambulance Sector Office (NASO) in the design and planning phases to centralise the tasking of aeromedical assets in New Zealand. It is not proposed that the clinical co-ordination function currently undertaken by DHB staff will change through this process.</td><td>This is an equitable outcomes action (EOA) focus area
(All DHBs are to include equity focus and clear actions to improve Māori health outcomes, it is expected that the equity actions are evidence based. Pacific health outcomes are expected from the Pacific DHBs)
See section 2.6 Expectations on developing the activities in your plan for additional information.</td></tr>
<tr><td>Activity
1. Nelson Marlborough Health will actively participate with NASO in the design and planning phases to centralise the tasking and co-ordination of aeromedical assets in New Zealand.</td><td>Milestone
1. Participation in design and planning phases evident by Q4.</td><td>Measure
1. Tasking and co-ordination of aeromedical assets in New Zealand is centralised.</td><td>Government theme:
Improving the well-being of New Zealanders and their families
System outcome
We live longer in good health
Government priority outcome
Support healthier, safer and more connected communities</td></tr>
</table>

Pharmacy

Medicines related morbidity and mortality and inappropriate polypharmacy are a significant cost to the health system and contribute to poor health outcomes for New Zealanders

- Describe any significant initiatives the DHB is undertaking to implement integrated models of care that ensure older people living in the community have equitable access to the medicines optimisation expertise of pharmacists.
- Describe any significant initiatives the DHB is undertaking to implement integrated models of care that ensure people living in aged residential care facilities have equitable access to the medicines optimisation expertise of pharmacists.
- Describe any significant initiatives the DHB has commissioned locally (or intends to commission locally) this year, under the Integrated Community Pharmacy Services Agreement (ICPSA), to reduce the difference in local access and outcomes for your population. Examples might include new community pharmacy services such as gout management, or enabling pharmacists to deliver a broader range of vaccinations.
- Describe the local strategies the DHB has initiated from 1 April 2020 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.

COVID-19

- Specifically include actions related to responding to COVID-19 in your plan, and that you consider the impact this will have on the DHB and the sector's capacity to undertake other activity in 2020/21.

This is an equitable outcomes action (EOA) focus area

(All DHBs are to include equity focus and clear actions to improve Māori health outcomes, it is expected that the equity actions are evidence based. Pacific health outcomes are expected from the Pacific DHBs)

See section 2.6 *Expectations on developing the activities in your plan* for additional information.

Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
1. To trial the TAPER tool (an IT enabled polypharmacy screening tool for pharmacists) in Marlborough, to assist patients and GPs to identify and reduce unnecessary medication/over prescribing in the elderly (over 75 years) who are living independently, thereby improving their quality of life. A full medication review on all patients in the TAPER trial is outside of scope.	1. Receive initial report from test pilot and if decision to broaden access is made then assist business case by providing pharmacist funding by Q1. 1. Training and orientation to the TAPER tool, referral and follow-up processes provided to Marlborough community pharmacy and general practices by Q2. 1. TAPER tool initiated in 50% of Marlborough community pharmacies (n=5-6 of 11) by Q3.	1. Elderly living independently are only receiving the medication they need.	**System outcome** We have health equity for Māori and other groups	**Government priority outcome** Support healthier, safer and more connected communities

	1. Analysis and evaluation of the initial 3 months TAPER results completed by Q4.			
2. To co-design a plan with PHOs and Health of Older Persons for resourcing the reinstatement of the clinical pharmacist to complete medication reviews for residents in care facilities or people receiving care in their own home.	2. Plan agreed and funding identified by Q2 and pharmacist recruitment underway by Q4.	2. Elderly have equitable access to medicines optimisation.		
3. To determine if Māori with COPD: i. Have access to appropriate medication to control their COPD ii. Understand how to use the medication through community pharmacy Medicine Use Reviews (MURs).	3. To work with the Ministry of Health and PHOs to complete data analysis to quantify the gap between clinical need and dispensing of appropriate COPD medication to Māori (+ recommendations on how the gap can be closed [or further investigations required]) 3. To develop a strategy to address the identified gaps by Q3. 3. Quantitative and qualitative report on MURs completed, including the number of MURs undertaken by community pharmacists with Māori patients with COPD, lessons learnt, and how these can be addressed by Q4.	3. 100% of willing participants will have medicines utilisation reviews (MURs) completed and fewer avoidable admissions (ASH) for exacerbations of COPD for Māori.		

4 To improve access to non-funded¥ influenza vaccine to Māori, refugee groups and other vulnerable populations through community pharmacy. (This will impact on the 2021 influenza season) **(EOA)**. ¥ people who do not meet the eligibility criteria for funded influenza vaccine in the Pharmaceutical Schedule	4. Strategy and funding options co-designed by consumers, community pharmacy, Nelson Marlborough Health and NGOs by Q2. 4. Implementation of the strategy through community pharmacy for the 2021 influenza season by Q3. 4. Report to ELT/ITAG on the uptake of non-funded influenza vaccination, supplied through community pharmacy, by age, gender and ethnicity by Q4.	4-5. Improved influenza vaccination rates in Māori, Pacific and Asian people over 65 years of age.		
5. To improve the uptake of funded influenza vaccine by Māori, and Pacific population through community pharmacy. (This will impact on the 2021 influenza season) **(EOA)**. This will involve Nelson Marlborough Health working with community pharmacy, Te Waka Hauora, Te Piki Oranga and other agencies (eg, Ministry of Social Development) to identify eligible people, and the development of a service model acceptable to the target populations.	5. Consultation completed and participating pharmacies identified by Q2. 5. Implementation of the strategy through community pharmacy for the 2021 influenza season by Q3. 5. Report to ELT / ITAG on the uptake of funded influenza vaccination which will establish a baseline for comparison in future years for this integrated approach by Q4.			
6. To implement the Nelson Marlborough Health Community Pharmacy Strategy, specifically the process around awarding contracts.	6. The strategy is socialised and documentation and service specifications to support applications for Integrated Community Pharmacy Services Agreement (ICPSA) are developed by Q1. 6. Applications are received and contracts awarded as appropriate by Q2.			

Long-term conditions including diabetes Identify how the DHB will: ▪ improve primary and community care activity to prevent, identify and support management of long-term conditions targeting those with the poorest outcomes ▪ offer evidenced based nutritional and physical activity advice ▪ monitor and use 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. **Identify how the DHB is working in collaboration with their high needs population groups to identify the health promotion / protection activities that are most effective and efficient activities for that population group.** **Diabetes specific actions** Identify how the DHB will ensure that all people with diabetes will: ▪ be effectively managed through diabetes annual reviews, retinal screening, access to specialist advice ▪ improve modifiable risk factors by targeting those at high-risk (including people with existing complications: foot, eye, kidney, and cardiovascular disease, see SS13 for further details) ▪ provide culturally appropriate diabetes self-management education (DSME) and support services and evaluate the effectiveness of the DSME ▪ identify health promotion and health protection activities the DHB has agreed to undertake to prevent diabetes and other long-term conditions.	**This is an equitable outcomes action (EOA) focus area** (equity focus and clear evidence-based actions to improve Māori health outcomes from all DHBs plus Pacific health outcomes from the Pacific DHBs). See section 2.6 *Expectations on developing the activities in your plan* for additional information.

Activity	Milestone	Measure	Government theme: Improving the well-being of New Zealanders and their families	
			System outcome	**Government priority outcome**
1. PHOs to collaborate with Te Piki Oranga to help locate Māori Men (30-45) who are eligible for CVDRA, to undertake screening, and follow-up with management **(EOA)**	1. TPO provides information to PHOs by Q1	1 & 7. Increase in screening rates for Māori Men (30-45)	We have improved quality of life	Ensure everyone who is able to, is earning, learning, caring or volunteering
2. Nelson Bays Primary Health to undertake workforce development with the Kaimahi and Pukenga Manaaki at Te Piki Oranga and the Pasifika Community Based Nurse to enable consistent health literacy messaging across a range of providers who interact with whānau and high needs populations, and to promote options that support/enhance self-management/ behaviour change **(EOA)**.	2. Workforce development occurring during 20-21	2-6 & 8-10. Improvement in HbA1c measures for Māori with diabetes		
3. Nelson Bays Primary Health extending dietitian clinics to Te Awhina Marae **(EOA)**.	3. Dietitian clinics occurring by Q3			
4. Expand pool-based activity programme (Maatapuna) in a partnership between Nelson Bays Primary Health and Te Piki Oranga, removing barriers to increasing physical activity levels	4. Maatapuna underway by Q2			
5. Undertake "StayWell", a group based session targeted at those at risk, or with LTC's, delivered in the community using a problem-solving approach to lifestyle behaviour	5. StayWell undertaken by Q2			
6. Deliver education/information at marae and community centres **(EOA)**.	6. Education sessions occurring each quarter			

7. PHOs to provide data to general practices about their patients with diabetes to enable the practice to use this as a reflection and quality improvement tool	7. Practices receiving information each quarter			
8. Locality Care Coordinators facilitate multi-disciplinary meetings for Māori and vulnerable populations at Health Care Home localities **(EOA)**	8. MDT meetings occurring by Q1			
9. Pilot self-management education 'taster' sessions in Marlborough with Te Piki Oranga clients that are culturally relevant, appropriate and accessible for participants and family/whānau/support person **(EOA)**.	9. Self-management 'taster' sessions occurring by Q1			
10. Undertake the health promotion and health protection activities described in the *Healthy food and drink section of the Annual Plan 2020/21* which will prevent diabetes and other long-term conditions.	10. Refer to Healthy food and drink section.			

2.11 Financial Performance Summary

(Please refer to Appendix 1: Statement of Performance Expectations for details.)

Section Three: Service Configuration

3.1 Service Coverage

There are no identified significant service coverage exceptions identified for 2020/21.

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 2020/21 year. Note that some proposed service changes will require further information/discussion as they progress.

Change	Description	Benefits of change	Change for local, regional or national reasons
Ki Te Pae Ora Transformational Change Program	▪ 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)	▪ Possible closure of a community resource centre operated by NMH, to be provided through other means	▪ Support people to more independence ▪ Reduce the incidence of duplicate or similar functions across our system ▪ Ensure best use of resources by aligning with our integration priorities ▪ Work more closely with our system-wide partners including NGOs and primary care ▪ Facilitate increased cross agency working to better meet the holistic needs of our vulnerable client group ▪ Invest in primary and community initiatives to keep people well in the community and ensure there is good resource for the consumer run 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 Provider change for management support to Marlborough Hospice in Blenheim	▪ Salvation Army withdrawing and proposed that functions transfer to Hospice Trust	▪ Local provision	▪ 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
Possible relocation of Blood taking depot from Tahuna to Stoke	▪ Same service relocated	▪ Better centralised location in larger suburb with high number of elderly ▪ Easier access	▪ Local
Possible reformat of Older Persons Day Programs for elderly	▪ Post Covid some whole day group programs no longer as popular. Consultation to occur on other options	▪ More flexibility for attendees ▪ Possible virtual options ▪ Wider range of activities/choice	▪ Local

Locally initiated reviews following COVID-19

Nelson Marlborough Health have completed two comprehensive reviews; contracting *Resilient Organisations* to engage with a wide stakeholder group to undertake the reviews. The *Health and Disability Sector Response Report* has been completed and the *Interagency Report* is due by 17 July, both in draft for confirmation at 28 July Nelson Marlborough Health Board meeting.

Shifts or additions in workforce Full Time Equivalents (FTE)

Executive	FTE increase	Staff group	Description
CEO	0.7	Management/Admin	Employed internal audit resource, previously outsourced
CEO	0.5	Medical	Additional clinical staffing resource for the MOC/Ki Te Pai Ora programme
DOAH	2.5	Allied Health	Additional resource supporting acute medical pathway and weekend cover
GMCG	0.9	Nursing	Two roles required to deliver additional ACC (offset by additional ACC revenue)
GMHR	4.5	Management/Admin	Roles to complete the Holidays Act remediation project
GMHR	1	Management/Admin	Fixed term SMO recruitment resource to support employment of SMOs and reduced locum workforce
GMIT	1	Management/Admin	Project resource (role is capitalised against range of IT projects so zero opex costs)
GMIT	1	Management/Admin	Additional network engineer incorporating dedicated cyber security responsibilities
GMFP	1	Management/Admin	Fixed term project manager for interim facilities projects (role is capitalised so zero opex costs)
GMFP	1	Management/Admin	Property manager role specifically to manage rental property portfolio, especially the Richmond & Wairau hubs
GMFP	1	Management/Admin	Increased analytic resource to respond to increased need from the business for data intelligence
GMFP	1.7	Hotel/Support	Additional security resources to assist in managing workplace aggression
GMPS	0.4	Nursing	Additional palliative care resource within district nursing team (nurse practitioner role)
GMPS	2.8	Management/Admin	Admin support roles for district nursing, public health and rural services
GMPS	1	Allied Health	Additional dietetic resource offset by additional revenue
GMMH	1	Nursing	Additional CATT resource to meet demand
GMMH	1	Nursing	Clinical nurse specialist role to improve support and address demand pressures within acute mental health
GMMH	1	Nursing	Additional AOD resource offset by additional revenue
GMMH	1	Nursing	Additional CAMHS resource to meet demand
GMMH	1	Nursing	NSEP Māori nursing graduate role
GMMH	1	Allied Health	Additional social work resource to meet acute demand
GMCS	2.3	Allied Health	MOH contract within child development services for improvement work services
GMCS	5.7	Various	Meet the ICCU roster resource requirements for safe practice
GMCS	1	Nursing	Fixed term LMC in Wairau maternity services

Executive	FTE increase	Staff group	Description
GMCS	2	Medical	Surgical registrar roles to ensure roster compliance
GMCS	0.3	Medical	Increased FACEM resource to met roster requirements
GMCS	0.1	Medical	Increased vascular resource to met roster requirements
GMCS	2	Medical	Orthopaedic registrar & community house officer roles - positions filled but not budgeted
GMCS	1	Nursing	Additional nursing resource to meet dialysis demand
GMCS	1	Nursing	Additional nursing resource to meet oncology demand
GMCS	2	Nursing	Additional nursing resource to meet roster requirements in MAPU
GMCS	3	Allied Health	Additional MIT resourcing in Wairau to meet MECA roster requirements
GMCS	3.8	Management/Admin	Additional clinical admin resource to support clinical demand
Various	11.5	Nursing	CCDM resourcing to meet MECA obligations
Various	1.6	Management/Admin	Budget fixes to match contracted workforce
TOTAL	64.3		

3.3 Service Issues

There are identified number significant service issues for 2020/21 due to two significant factors:

- Lack of space until we have a new hospital build
- Covid-19 impact and recovery.

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
- All subspecialty areas have limited one or two person teams, any sickness and/or unplanned leave disrupts delivery
- Staff who have not taken leave during Covid-19 and have previously accumulated leave balances are likely to want to take leave if borders open
- Many First Specialist Assessments (FSAs) result in repeated follow ups as conditions previously without treatments are now treatable often using novel agents that are on Special Authority. These have annual review cycles, increased through treatment monitoring and considerably lengthen the time someone is involved in a service. The immunomodulators are examples of this used across many areas of medicine

- Population growth will result in an increased number of referrals and needs to be reflected in relative age distribution across Nelson Marlborough Health, higher numbers of over 65s and disproportionate numbers of over 80 years
- Shifting of activities and services to primary care will require funding to follow. However, this cannot disrupt the critical mass and financial vulnerability of small services
- Assumption is made that theatre capacity remains and that all supporting staff (anaesthetic, technician and nursing) are available to support the lists
- Plans assume sufficient bed capacity exists over winter months to allow for planned care to continue and winter illnesses to be managed within hospital environment
- Planned Care recovery assumes patients are available to attend, recent contact has shown some patients still anxious to attend hospital for treatment
- Sufficient acute theatre capacity is required to manage acute cases and not impact on planned care surgical delivery
- Nelson Marlborough Health rely on staff being available and willing to work weekends to create additional capacity in reducing backlog
- Number of patients being clinical override remains at same level.

In Mental Health and Addictions:

- Health, safety and wellbeing in workplace to address workplace aggression
- Workforce pipeline – attracting and recruiting medical, nursing and allied staff
- Training and supporting health workforce with focus on primary care, emergency department (ED) as well as trauma informed care across the system
- High demand on services with particular pressure in Child Adolescent Mental Health Service (CAMHS) and Addictions.

In Primary and Community based services:

- Nelson Marlborough Health is experiencing pressure on Dementia Beds and has begun planning to increase capacity.

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 is 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 2020/21 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 (subject to Government approval). 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 healthcare needs and increasing demand. The four-stage Better Business Case planning process was estimated to take three-four years to complete. The draft Indicative Business Case was approved by the Board in May 2019, and was submitted to the regional investment committee, Ministry of Health and Treasury. An updated IBC was submitted to the Ministry of Health, Treasury and the Capital Investment Committee in May 2020. The further business cases will be developed over the next two to three years before construction begins on the multi-million dollar improvements. It is noted that approval of the Detailed Business Case will be required prior to any capital appropriation for the rebuild of Nelson Hospital is received and the development commences.

Short-term facility planning and investment will be essential during the interim until the rebuild of Nelson Hospital; particularly considering the current infrastructure lacks sufficient space to meet current demand.

Other capital and infrastructure development includes the replacement of the Wairau Boilers ($5 million), allocation of space in the emergency department to accommodate mental health clients, upgrades of the mental health inpatient unit, a new facility to enable better co-location of the hospital dental service with the community oral health hub and the establishment of a child respite service in Wairau.

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 co-ordinated care across the health system that is closer to home and improves equity. An infrastructure focus continues to be applied to reducing technical debt, improving the robustness of our infrastructure, and maximising current investments.

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

- With CDHB, prioritise and implement a Theatre Management solution by integrating SI PICS with Scope
- Align with a regional project to investigate options for implementing a patient portal, so that patients can view their own hospital medical record
- Complete development of the reporting toolset that automates collation and delivery of data from regional SI PICS and HCS, and other data sources, into the national data collections (NCAMP)
- Contribute to the South Island Regional Service Provider Index managed by the South Island Alliance Programme Office. This is a continuing multi-year project
- Develop mental health care plans in Health Connect South

- Implement the next stage of the eTriage program, which is eRequests. This is to enable internal hospital department-to-department referrals, followed by hospital-to-community referrals. The eTriage tool adds online triage functionality onto eReferrals received in Health Connect South (HCS).

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. The refresh of our Digital Strategy will be completed, with a key plank of separating systems of record and systems of engagement/analytics in alignment with the national nHIP strategy. Participating in the Digital Maturity Assessment programme will help inform the strategic roadmap, acknowledging the project currently programmed to implement a medication charting solution is a known maturity gap. Timing for this Assessment programme is still to be confirmed.

Application portfolio management for existing information assets is managed through an annual rolling programme of CAPEX requests, for example replacing older PCs, adding new licenses 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, and a Penetration Test completed in 2019.

Co-operative developments

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

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'

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

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.

4.3 Workforce

The list of new key projects for the coming year are outlined in the DHB Activity table in section 2.

During the 2020/21 year NMH will focus on developing leadership, growing our Māori workforce (including in leadership), and responding to the challenges and opportunities of an ageing workforce.

Workforce planning will be centred on the changing models of care, but will inform wider organisational issues such as talent shortages, job design and team structures.

The organisational development strategy for the year will support achieving a higher level of engagement by staff and a strong focus on ensuring workforce wellbeing.

To continue our kaupapa of increasing the development of our Māori workforce, NMH is committed to the Te Tumu Whakarae position statement. NMH is working towards a workforce that is representative of our communities and where Māori leaders can flourish.

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.

4.4 Information technology

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.

Section Five: Performance Measures

5.1 2020/21 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 and disability system
- Better population health outcomes supported by primary health care.

The DHB monitoring framework and accountability measures have been updated for 2020/21 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	63%	
		Year 2	63%	
CW02	Oral health: Mean DMFT score at school year 8	Year 1	<0.77	
		Year 2	<0.77	
CW03	Improving the number of children enrolled and accessing the Community Oral health service	Children (0–4) enrolled (≥ 95 percent of pre-school children (aged 0-4 years of age) will be enrolled in the COHS)	Year 1	≥95%
			Year 2	≥95%
		Children (0–12) not examined according to planned recall (≤ 10 percent of pre-school and primary school children enrolled with the COHS will be overdue for their scheduled examinations with the COHS.)	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 olds fully immunised		
		95% of five-year-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		

Performance measure		Expectation	
CW06	Child Health (Breastfeeding)	70% of infants are exclusively or fully breastfed at three months	
CW07	Newborn enrolment with General Practice	The DHB has reached the "Total population" target for children enrolled with a general practice by 6 weeks of age (55%) and by 3 months of age (85%) and has delivered all the actions and milestones identified for the period in its annual plan and has achieved significant progress for the Māori population group, and (where relevant) the Pacific population group, for both targets	
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	
CW12	Youth mental health initiatives	Initiative 1: Report on implementation of school-based health services (SBHS) in decile one to four (and decile five after January 2020) 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	
MH01	Improving the health status of people with severe mental illness through improved access	Age (0–19) Māori, other & total	4.2% (Māori, other & total)
		Age (20–64) Māori, other & total	6.5% (Māori), 4.6% (other & total)
		Age (65+) Māori, other &total	0.9% (Māori, 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	

Performance measure		Expectation	
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	
MH07 (tbc)	Improving the health status of people with severe mental illness through improved acute inpatient post discharge community care	(expectation to be confirmed)	
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	

Performance measure		Expectation		
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*		TBC
		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)

Performance measure		Expectation		
			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	
		Planned Care Measure 5: *Cardiac Urgency Waiting Times* (Only the Five Cardiac units are required to report for this measure)	All patients (both acute and elective) will receive their cardiac surgery within the urgency timeframe based on their clinical urgency	
		Planned Care Measure 6: *Acute Readmissions*	The proportion of patients who were acutely re-admitted post discharge improves from base levels	11.4%
		Planned Care Measure 7: Did Not Attend Rates (DNA) for First Specialist Assessment (FSA) by Ethnicity (Developmental)	Note: There will not be a Target Rate identified for this measure. It will be developmental for establishing baseline rates in the 2020/21 year	
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 (causing duplication)	>1% and ≤3%

Performance measure		Expectation		
			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 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, milestones and measures 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	
			Count of enrolled people aged 15-74 in the PHO who have completed a DAR in the previous 12 months	
			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	

Performance measure		Expectation	
		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*, and an statin (3 classes) ▪ ACEI/ARB if any of the following – LVEF ,50%, DM, HT, in-hospital HF (Killip Class II to IV) (4 classes) ▪ Beta-blocker if LVEF<40% (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 PPM forms completed within 2 months of the procedure
			Indicator 6: Device registry completion- ≥ 99% of patients who have pacemaker or implantable cardiac defibrillator implantation/replacement have completion of ANZACS QI Device PPM (Indicator 5A) and ICD (Indicator 5B) forms within 2 months of the procedure
		Focus Area 5: Stroke services Provide confirmation report according to the template provided	**Indicator 1** ASU: 80% of acute stroke patients admitted to a stroke unit or organised stroke service with a demonstrated stroke pathway within 24 hours of their presentation to hospital

Performance measure		Expectation	
			Indicator 2 Reperfusion Thrombolysis /Stroke Clot Retrieval 12% of patients with ischaemic stroke thrombolysed and/or treated with clot retrieval and counted by DHB of domicile, (Service provision 24/7)
			Indicator 3: In-patient rehabilitation: 80% patients admitted with acute stroke 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 people who returned a positive FIT have a first offered diagnostic date that is within 45 working days or less of their FIT result being recorded in the NBSP IT system	
SS17	Delivery of Whānau ora	Appropriate progress identified in all areas of the measure deliverable	
SS18	Financial outyear planning & savings plan	Provide reports as specified	
SS19	Workforce outyear planning	Provide reports as specified	
PH01	Delivery of actions to improve SLMs	Provide reports as specified	
PH02	Improving the quality of ethnicity data collection in PHO and NHI registers	All PHOs in the region have implemented, trained staff and audited the quality of ethnicity data using EDAT within the past three-year period and the current results from Stage 3 EDAT show a level of match in ethnicity data of greater than 90 percent	
PH03	Access to Care (PHO Enrolments)	The DHB has an enrolled Māori population of 95 percent or above	
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	

Appendix 1: Statement of Performance Expectations including Financial Performance

Section 1: Statement of Performance Expectations

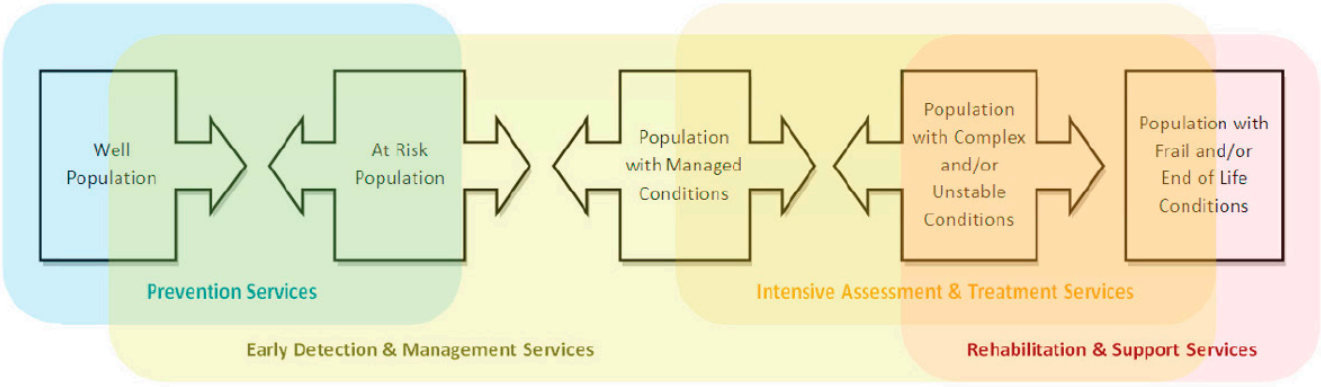
We aim to provide the best healthcare and achieve the best health outcomes for our community, and we need to monitor our performance to evaluate the effectiveness of the decisions we make on behalf of our population, and ensure we are achieving the outcomes required for our community.

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.

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 or 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 2020–21

Measures Quality (Q) – Quantity (V) – Coverage (C) – Timeliness (T)	Notes	Actual 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	V	80%	>85%	>85%	>85%
Percentage of enrolled high-needs women (20–69) who had a cervical smear in the last 3 years	V	73%	>85%	>85%	>85%
Percentage of women (45–65) having mammography within 2 years	V	79%	>80%	>80%	>80%
Percentage of newborn hearing screening completed within 1/12 birth	V	99%	>95%	>95%	>95%
Percentage of two year old children fully vaccinated	C	87%	>95%	>95%	>95%
Percentage of over 65 year olds vaccinated for seasonal influenza	V	60%	>75%	>75%	>75%
Percentage of eligible children receiving Before (B4) School Checks	V	104%	100%	100%	100%
Number of clients seen by the primary mental health service – youth	Q	NEW	>580	>580	>580
Number of clients seen by the primary mental health service – adults	Q	NEW	>3300	>3300	>3300
Shorter waits for non-urgent mental health services for 0–19 year olds: 80% of people seen within 3 weeks	T	47%	>80%	>80%	>80%
Shorter waits for non-urgent addiction services for 0–19 year olds: 80% of people seen within 3 weeks	T	64%	>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 2020–21

Measures **Quality (Q) – Quantity (V) – Coverage (C) – Timeliness (T)**	**Notes**	**Actual 2018/19**	**Target 2019/20**	**Target 2020/21**	**Target 2021/22**
Percentage of people in the district enrolled with PHO – Nelson	C	99%	100%	100%	100%
Percentage of people in the district enrolled with PHO – Marlborough	C	98%	>99%	>99%	>99%
Utilisation of DHB-funded dental services by adolescents (School Year 9 up to and including age 17 years) [CW05]	C, V	82%	>85%	>85%	>85%
Percentage of children <5 years enrolled in DHB funded dental services [CW03]	C	86%	>=95%	>=95%	>=95%
Percentage of secondary care patients whose medicines are reconciled on admission	C, Q	48%	>50%	>50%	>50%
Percentage of people provided with a CT scan within 42 days of referral	T	81%	95%	95%	95%
Percentage of people provided with an MRI scan within 42 days of referral	T	48%	95%	95%	95%
Supporting Parents; Healthy Children: Information about parenting and children's needs is included in the initial assessment and wellbeing plan for adults with a mental health or addiction issue as applicable	C	New	100%	100%	100%
Post-discharge community care for mental health inpatients: Follow-up within 7 days	Q, T	New	100%	100%	100%

Intensive Assessment and 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, NMH 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 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 2020–21

Measures Quality (Q) – Quantity (V) – Coverage (C) – Timeliness (T)	Notes	Actual 2018/19	Target 2019/20	Target 2020/21	Target 2021/22
Acute inpatient average length of stay (days)	Q	2.37	2.3	2.3	2.3
Percentage of elective and arranged surgery undertaken on a day case basis	Q	65%	>68%	>68%	>68%
Percentage of people receiving their elective & arranged surgery on day of admission	Q	93%	>99%	>99%	>99%
Percentage of total deliveries in primary birthing units	Q V	8%	>7%	>7%	>7%
Women registering with an LMC by week 12 of their pregnancy	T	77%	>80%	>80%	>80%
Standardised Intervention Rate for major joint replacement	V	24 per 10,000	>21 per 10,000	>21 per 10,000	>21 per 10,000
Standardised Intervention Rate for cataract procedures	V	22 per 10,000	>27 per 10,000	>27 per 10,000	>27 per 10,000
Reduce seclusion events per month	Q, V	34	<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 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 2020–21

Measures Quality (Q) – Quantity (V) – Coverage (C) – Timeliness (T)	Notes	Actual 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	90%	>86%	>86%	>86%
Percentage of older people living in ARC	C	3.7%	<4%	<4%	<4%
Improving Mental Health services using transition (discharge) planning and employment: Child and Youth with a transition (discharge) plan. [MH02]	Q	50.00%	>95%	>95%	>95%

Section 2: Financial Performance

Introduction

Nelson Marlborough Health continues to display a strong commitment to operate 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, the return to a breakeven fiscal position has been a key commitment for NMH while remaining focussed on good patient outcomes. Whilst we expect that new challenges will emerge in the 2020/21 financial year and the years to follow we consider we remain in good shape to face these challenges.

The risks to achieving this position, changes that must be made and challenges to overcome are outlined through this 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. We are also awaiting the advice relating to the planned care catch-up funding announced during the response to COVID-19 and any implications that arise from the delivery of the associated work that is still to be agreed with the MOH.

Financial Performance Summary

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. The prospective financial statements presented later in this plan show that NMH has a breakeven result across all four years covered by the fiscal projections included in this plan.

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. In achieving this we have continued to invest in new services including additional funding into various initiatives to address the equity gap.

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 however at a lower level than nominal dollar value received for 2020/21.

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 recently agreed MECA that occurred in the 2019/20 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) 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.

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

f) 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.

g) 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.

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

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

j) 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.

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

l) 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 $9.0M of general capital expenditure across the four 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 including:

- An update to the Indicative Business Case (IBC) for the Nelson Hospital Development was submitted to the MOH in April 2020 and NMH expects to commence work on the Detailed Business Case during the 2020/21 financial year.
- A number of smaller business cases for the 'shovel ready' projects that fit within the Government's infrastructure investment programme are in development. These include:
    - the replacement of the boilers at Wairau hospital,
    - refurbishment of Wahi Oranga (the Mental Health inpatient unit),
    - reconfiguration of the Nelson emergency department to accommodate mental health clients,
    - a new oral health hub, and
    - the development of a facility for child respite in Blenheim.

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

Three years ago 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 has been received. 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 2020/21 financial year. The results shown for the 2019/20 year include a number of costs that relate to the response to the COVID-19 pandemic which are spread across a number of the cost lines.

The financial statements for the four output classes are under development and will be included with the updated plan that includes the additional revenue and costs associated with the planned care catch-up once the funding and requirements have been advised by the MOH.

STATEMENT OF PROSPECTIVE FINANCIAL PERFORMANCE

	2018/19 Actual $000	2019/20 Forecast $000	2020/21 Projection $000	2021/22 Projection $000	2022/23 Projection $000	2023/24 Projection $000
Revenue	**525,939**	**558,649**	**597,227**	**609,172**	**621,356**	**633,782**
Operating Expenditure						
Workforce costs	206,782	224,300	235,023	239,722	244,517	249,408
Outsourced services	18,047	19,108	19,825	20,222	20,627	21,040
Clinical Supplies	41,146	43,294	45,625	46,537	47,468	48,418
Infrastructure and Non-clinical supplies	38,955	32,891	38,991	40,076	41,179	42,301
External providers	171,003	178,769	182,788	186,442	190,171	193,974
Inter-district flows	46,977	49,690	49,623	50,615	51,626	52,659
Interest	332	380	436	445	454	463
Depreciation & amortisation	11,888	13,036	15,056	15,056	15,056	15,056
Capital charge	11,072	9,873	9,860	10,057	10,258	10,463
Total expenditure	**546,202**	**571,341**	**597,227**	609,172	621,356	633,782
Operating surplus/(deficit)	**(20,263)**	**(12,692)**	**0**	0	0	0
Impairment of intangible assets	(302)	0	0	0	0	0
Net surplus/(deficit)	**(20,565)**	**(12,692)**	**0**	**0**	**0**	**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	0	0	0	0	0	0
Items that will not be reclassified to surplus/(deficit):						
Gain/(Loss) on property revaluation	0	0	0	0	0	0
(Impairment)/revaluation of property, plant & equipment	0	0	0	0	0	0
Total other comprehensive revenue or expenses	0	0	0	0	0	0
Total comprehensive income	**(20,565)**	**(12,692)**	**0**	**0**	**0**	**0**

STATEMENT OF PROSPECTIVE MOVEMENTS IN EQUITY

	2018/19 Actual $000	2019/20 Forecast $000	2020/21 Projection $000	2021/22 Projection $000	2022/23 Projection $000	2023/24 Projection $000
Equity at beginning of the year	**187,521**	**166,409**	**153,170**	**152,623**	**152,076**	**151,529**
Comprehensive income						
Net surplus/(deficit)	(20,565)	(12,692)	0	0	0	0
Other comprehensive income	0	0	0	0	0	0
Total comprehensive income	**(20,565)**	**(12,692)**	**0**	**0**	**0**	**0**
Owner transactions						
Equity injections						
Equity repayments	(547)	(547)	(547)	(547)	(547)	(547)
Total owner transactions	**(547)**	**(547)**	**(547)**	**(547)**	**(547)**	**(547)**
Equity at end of the year	**166,409**	**153,170**	**152,623**	**152,076**	**151,529**	**150,982**

STATEMENT OF PROSPECTIVE FINANCIAL POSITION

	2018/19 Actual $000	2019/20 Forecast $000	2020/21 Projection $000	2021/22 Projection $000	2022/23 Projection $000	2023/24 Projection $000
Non current assets						
Property, plant & equipment	197,681	200,361	193,555	187,741	181,671	175,340
Intangible assets	11,509	12,217	11,973	11,685	11,351	10,970
Prepayments	36	36	36	36	36	36
Other financial assets	1,715	1,715	1,715	1,715	1,715	1,715
Total non current assets	**210,941**	**214,329**	**207,279**	**201,177**	**194,773**	**188,061**
Current assets						
Cash & cash equivalents	6,315	1,907	8,410	13,964	19,822	25,986
Other cash deposits	21,284	21,284	21,284	21,284	21,284	21,284
Debtors & other receivables	19,221	19,221	19,221	19,221	19,221	19,221
Inventories	2,742	2,742	2,742	2,742	2,742	2,742
Prepayments	1,188	1,188	1,188	1,188	1,188	1,188
Assets held for sale	465	465	465	465	465	465
Total current assets	**51,215**	**46,807**	**53,310**	**58,864**	**64,722**	**70,886**
Total assets	**262,156**	**261,136**	**260,589**	**260,041**	**259,495**	**258,947**
Equity						
Crown equity	81,920	81,373	80,826	80,279	79,732	79,185
Revaluation reserve	86,476	86,476	86,476	86,476	86,476	86,476
Retained earnings	(1,987)	(14,679)	(14,679)	(14,679)	(14,679)	(14,679)
Total equity	**166,409**	**153,170**	**152,623**	**152,076**	**151,529**	**150,982**
Non current liabilities						
Interest bearing loans & borrowings	7,664	7,664	7,664	7,664	7,664	7,664
Employee entitlements	9,870	9,870	9,870	9,870	9,870	9,870
Total non current liabilities	**17,534**	**17,534**	**17,534**	**17,534**	**17,534**	**17,534**
Current liabilities						
Creditors & other payables	47,908	60,151	60,151	60,150	60,151	60,150
Employee benefits	29,330	29,330	29,330	29,330	29,330	29,330
Interest bearing loans & borrowings	501	501	501	501	501	501
Provisions	474	450	450	450	450	450
Total current liabilities	**78,213**	**90,432**	**90,432**	**90,431**	**90,432**	**90,431**
Total liabilities	**95,747**	**107,966**	**107,966**	**107,965**	**107,966**	**107,965**
Total equity & liabilities	**262,156**	**261,136**	**260,589**	**260,041**	**259,495**	**258,947**

STATEMENT OF PROSPECTIVE CASH FLOWS

	2018/19 Actual $000	2019/20 Forecast $000	2020/21 Projection $000	2021/22 Projection $000	2022/23 Projection $000	2023/24 Projection $000
Cash flows from operating activities						
Receipts from Ministry of Health & patients	523,143	558,625	597,222	609,169	621,351	633,777
Interest received	1,550	1,050	1,250	1,275	1,301	1,327
Payments to employees	(190,504)	(216,504)	(233,016)	(237,676)	(244,434)	(247,279)
Payments to suppliers	(318,522)	(321,133)	(339,110)	(347,165)	(352,101)	(361,188)
Capital charge paid	(11,073)	(9,873)	(9,860)	(10,057)	(10,258)	(10,463)
Interest paid	0	0	0	0	0	0
Net GST paid	(174)	0	0	0	0	0
Net cash inflow from operating activities	**4,420**	**12,165**	**16,486**	**15,546**	**15,859**	**16,174**
Cash flows from investing activities						
Sale of property, plant & equipment	103	103	0	0	0	0
Cash inflow on maturity of investments	0	0	0	0	0	0
Acquisition of property, plant & equipment	(11,678)	(11,678)	(7,000)	(7,000)	(7,000)	(7,000)
Acquisition of intangible assets	(2,289)	(2,289)	(2,000)	(2,000)	(2,000)	(2,000)
Acquisition of investments	(1,334)	(1,334)	0	0	0	0
Net cash inflow / (outflow) from investing activities	**(15,198)**	**(15,198)**	**(9,000)**	**(9,000)**	**(9,000)**	**(9,000)**
Cash flows from financing activities						
Loans raised	0	0	0	0	0	0
Finance leases raised	0	0	0	0	0	0
Equity injections	0	0	0	0	0	0
Equity repaid	(547)	(547)	(547)	(547)	(547)	(547)
Repayment of borrowings	(828)	(828)	(436)	(445)	(454)	(463)
Repayment of finance lease liabilities	0	0	0	0	0	0
Net cash outflow from financing activities	**(1,375)**	**(1,375)**	**(983)**	**(992)**	**(1,001)**	**(1,010)**
Net increase/(decrease) in cash & cash equivalents	**(12,153)**	**(4,408)**	**6,503**	**5,554**	**5,858**	**6,164**
Cash & cash equivalents at 1 July	18,468	6,315	1,907	8,410	13,964	19,822
Cash & cash equivalents at 30 June	**6,315**	**1,907**	**8,410**	**13,964**	**19,822**	**25,986**

SUMMARY OF REVENUE & EXPENSES BY OUTPUT CLASS

	2018/19 Actual $000	2019/20 Forecast $000	2020/21 Projection $000	2021/22 Projection $000	2022/23 Projection $000	2023/24 Projection $000
Revenue						
Prevention services	8,226	8,573	8,993	9,173	9,357	9,544
Early detection & management services	123,542	128,754	135,070	137,772	140,527	143,338
Intensive assessment & treatment services	288,862	311,569	338,027	344,787	351,684	358,717
Support services	105,309	109,753	115,137	117,440	119,788	122,184
Total revenue	**525,939**	**558,649**	**597,227**	**609,172**	**621,356**	**633,782**
Expenses						
Prevention services	7,752	8,157	8,898	9,001	9,110	9,223
Early detection & management services	119,544	125,237	133,090	135,065	137,105	139,210
Intensive assessment & treatment services	312,885	327,301	340,190	348,422	356,766	365,225
Support services	106,021	110,647	115,049	116,683	118,375	120,124
Total expenses	**546,202**	**571,341**	**597,227**	**609,172**	**621,356**	**633,782**
Net contribution						
Prevention services	474	416	95	172	247	321
Early detection & management services	3,998	3,517	1,980	2,707	3,422	4,128
Intensive assessment & treatment services	(24,023)	(15,731)	(2,164)	(3,635)	(5,082)	(6,509)
Support services	(712)	(894)	88	756	1,413	2,060
Net surplus / (deficit)	**(20,263)**	**(12,692)**	**(0)**	**0**	**(0)**	**0**

STATEMENT OF PROSPECTIVE FINANCIAL PERFORMANCE - PREVENTION SERVICES

	2018/19 Actual $000	2019/20 Forecast $000	2020/21 Projection $000	2021/22 Projection $000	2022/23 Projection $000	2023/24 Projection $000
Income	**8,226**	**8,573**	**8,993**	**9,173**	**9,357**	**9,544**
Operating Expenditure						
Workforce costs	4,438	**4,814**	**5,044**	**5,145**	**5,248**	**5,353**
Other operating costs	971	**878**	**1,333**	**1,285**	**1,239**	**1,195**
External providers & inter district flows	2,343	**2,466**	**2,521**	**2,572**	**2,623**	**2,675**
Total expenditure	**7,752**	**8,157**	**8,898**	**9,001**	**9,110**	**9,223**
Net surplus / (deficit)	**474**	**416**	**95**	**172**	**247**	**321**

STATEMENT OF PROSPECTIVE FINANCIAL PERFORMANCE - EARLY DETECTION AND MANAGEMENT SERVICES

	2018/19 Actual $000	2019/20 Forecast $000	2020/21 Projection $000	2021/22 Projection $000	2022/23 Projection $000	2023/24 Projection $000
Income	**123,542**	**128,754**	**135,070**	**137,772**	**140,527**	**143,338**
Operating Expenditure						
Workforce costs	21,823	23,672	24,803	25,299	25,805	26,322
Other operating costs	8,477	7,662	12,273	11,832	11,408	10,999
External providers & inter district flows	89,244	93,903	96,014	97,933	99,892	101,890
Total expenditure	**119,544**	**125,237**	**133,090**	**135,065**	**137,105**	**139,210**
Net surplus / (deficit)	**3,998**	**3,517**	**1,980**	**2,707**	**3,422**	**4,128**

STATEMENT OF PROSPECTIVE FINANCIAL PERFORMANCE - INTENSIVE ASSESSMENT AND TREATMENT SERVICES

	2018/19 Actual $000	2019/20 Forecast $000	2020/21 Projection $000	2021/22 Projection $000	2022/23 Projection $000	2023/24 Projection $000
Income	**288,862**	**311,569**	**338,027**	**344,787**	**351,684**	**358,717**
Operating Expenditure						
Workforce costs	155,763	168,958	177,036	180,575	184,187	187,871
Other operating costs	100,438	99,599	104,275	107,790	111,322	114,872
External providers & inter district flows	56,685	58,743	58,880	60,057	61,257	62,482
Total expenditure	**312,885**	**327,301**	**340,190**	**348,422**	**356,766**	**365,225**
Net surplus / (deficit)	**(24,023)**	**(15,731)**	**(2,164)**	**(3,635)**	**(5,082)**	**(6,509)**

STATEMENT OF PROSPECTIVE FINANCIAL PERFORMANCE - SUPPORT SERVICES

	2018/19 Actual $000	2019/20 Forecast $000	2020/21 Projection $000	2021/22 Projection $000	2022/23 Projection $000	2023/24 Projection $000
Income	**105,309**	109,753	**115,137**	**117,440**	**119,788**	**122,184**
Operating Expenditure						
Workforce costs	24,759	26,856	28,140	28,703	29,277	29,862
Other operating costs	11,554	10,444	11,913	11,485	11,074	10,676
External providers & inter district flows	69,708	73,347	74,996	76,495	78,025	79,585
Total expenditure	**106,021**	**110,647**	**115,049**	**116,683**	**118,375**	**120,124**
Net surplus / (deficit)	**(712)**	**(894)**	**88**	**756**	**1,413**	**2,060**

Appendix 2: Priorities Matrix

See next page

DRAFT

All people live well, get well, stay well

Nelson Marlborough Health Key Priorities to June 2021

Priority

Te Tiriti o Waitangi / The Treaty of Waitangi

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

Achieve health equity: Improve health status of those currently disadvantaged, particularly Māori	Embed Hauora Direct (vulnerable population assessments)	Give practical effect to He Korowai Oranga across the whole system.	Establish Hapū Wānanga and Strengthen Whare Ora	Reduce harm caused by methamp hetamine	Progress initiatives related to working towards equity workstream.	Improve equity of enrolment & utilisation of oral & sexual health services and smoking cessation programmes and products	Address the social determinants of health (environment, nutrition, physical activity, housing alcohol use, racism, social capital and wellbeing).	Improve responsivenes s to people with a disability and dementia.	
Drive efficient, effective, safe & sustainable healthcare: Support clinical governance, innovation & invest to improve	Improve acute demand management across the system	Respond and manage the threat of Antimicrobial Resistance	Understand and improve patient experience of care	Improve pathway of the deteriorating patient	Increase research and innovation capacity and facilitate clinician led research & innovation.	Implement sustainable system improvements	Improve in and out-year planning processes	Strengthen the stepped care model	
One Team: Achieve joined-up care and wellbeing across health, local authority and social services	Maximise the role of community pharmacy and NGOs.	Implement a Nelson-Wairau service delivery model	Strengthen care coordination in alignment with general practice / locality clusters	Implement Government agreed actions following the MH&A Inquiry	Strengthen our response and preparedness for Enabling Good Lives system transformation	Improve access to health professional advice	Strengthen school-based health services		

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

- 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

Information Technology: Support better information sharing, efficiency and effectiveness

- 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

Facility Development: Plan for a redevelopment of Nelson Hospital

- 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

Sustainable Services

Positively impact our environment

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

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. Mental Health

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

Appendix 3

TOP OF THE SOUTH HEALTH ALLIANCE

System Level Measures Improvement Plan
2020/21 Financial Year

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 (www.nmdhb.govt.nz)
- Nelson Bays Primary Health Organisation (nbph.org.nz)
- Marlborough Primary Health Organisation (www.marlboroughpho.org.nz)
- Te Piki Oranga (other Well Child providers including Plunket are engaged at quarterly forums) (www.tpo.org.nz)
- INP Medical Clinic (www.inp.co.nz)
- Whanake Youth (www.whanakeyouth.org.nz)

Purpose

This document shows how the System Level Measures Improvement Plan 2020/21 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

A whole of system alliance was appointed to oversee our system level measures across our Nelson Marlborough Community and develop our System Level Measures Improvement Plan 2020/21. 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.

Sara Shaughnessy
Chief Executive
Nelson Bays Primary Health

Beth Tester
Chief Executive
Marlborough Primary Health

Anne Hobby
Tumuaki/General Manager
Te Piki Oranga

Peter Bramley
Chief Executive
Nelson Marlborough Health

Table 1: System Level Measures Improvement Group and Champions

Name	Organisation	Role	SLM Champion
Sara Shaughnessy	Nelson Bays PHO	Chief Executive	ALL System Level Measures
Beth Tester	Marlborough PHO	Chief Executive	Patient Experience of Care - Primary
Anne Hobby	Te Piki Oranga	Tumuaki/General Manager	-
Cathy O'Malley	Nelson Marlborough Health	General Manager Strategy, Primary and Community	Youth Access to and Utilisation of Youth-appropriate Health Services (10–24 year olds): Sexual and Reproductive Health. Amenable Mortality
Elizabeth Wood	Mapua Health Centre; and Nelson Marlborough Health	General Practitioner; and Clinical Director Community & Chair of Clinical Governance	Patient Experience of Care - Secondary
Jo Mickleson	Nelson Marlborough Health	Pharmaceuticals Manager	
Jill Clendon	Nelson Marlborough Health	Adon & Op Manager - Ambulatory Care, District Nurses NN	Youth Access to and Utilisation of Youth-appropriate Health Services (10–24 year olds): Sexual and Reproductive Health.
Lauren Ensor	Nelson Marlborough Health	Health Promotions Manager	Youth Access to and Utilisation of Youth-appropriate Health Services (10–24 year olds): Sexual and Reproductive Health.
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
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 decreased from 4,175 in December 2018 to 3,864 per 100,000 population in December 2019 and remains lower than the national total. However, the rate for tamariki identifying as Māori continues to increase; rising from 5,249 per 100,000 population in the 12 months to December 2018 to 6,087 in the twelve months to December 2019. In terms of ASH events, this equates to a rise for Māori from 95 events in 2018 to 112 in 2019. Meanwhile, the rate for non-Māori and non-Pacific populations continues to decrease.

Increases in ASH rates for Māori children in Nelson-Marlborough are driven by dental conditions (1,902 per 100,000 population/35 events) and asthma (1,413 per 100,000 population/26 events). 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 15% by 30 June 2021 (from 6,087 in December 2019 to 5,174 by 30 June 2021)
Activities	**Contributory Measures**
1. Employ a Public Health Nutritionist by Q1.	Improved nutrition/reduced sugar consumption in ECE settings
2. NMH Community Oral Health, Heart Foundation, NMH Public Health Nutritionist and Enviroschools Facilitator to co-design a plan for working with ECE centres to strengthen parental engagement in improving determinants of oral health and nutrition by Q2.	Enrolment rate of preschool children in oral health services.
3. Facilitate the establishment of Tuakana-teina (elder teaching younger) relationships to promote Mana atua/Wellbeing (Strand 1 of Te Whāriki), with a specific focus on teaching good oral health and nutrition in ECE settings and link this with *Project Menemene*.	Hospital admissions for children <5 years with dental carries as primary diagnosis.
4. Co-design a plan with local Communities of Learning (CoL) and schools to respond to the national review of the Health Promoting in Schools programme, with a particular focus on how this will impact key social and health determinants – (e.g., nutrition and oral health). Engagement with CoL and schools by Q1 and Plan designed by Q4.	Hospital admissions for children <5 years with dental carries as primary diagnosis.

Activities	Contributory Measures
5. Explore the feasibility of Hauora Direct referral to whānau ora navigator to advocate on behalf of a whānau with respect to improving determinants of asthma and respiratory conditions instead of referrals to multiple agencies (e.g., Housing NZ, Tenancy services GP etc.). Feasibility study completed by Q2 and Action plan for support implemented by Q4.	Hospital admissions for children aged five years with a primary diagnosis of asthma. Referral rates to whānau ora navigator.
6. Change the fluoride model of care to apply fluoride twice each year for Māori, Pacific and high risk children and start earlier from 1 year of age starting Q2.	78% of Māori preschool children enrolled with the Child Oral Health Service receive fluoride twice each year.
7. Any presentation to GP or Hospital for children with asthma/respiratory symptoms, aged between 0-4 years, are provided info sheet on prevention/treatment which includes info on where to go for info on ventilation and heating, tenancy advice/help, immunisation, adherence to medication, smoking cessation referral. ▪ Health Promotion team will put together a patient information sheet for practices by Q1. ▪ PHOs liaise with practices to roll out the information sheet by Q2. ▪ PHOs and Health Promotion team to evaluate uptake/use of information sheet by Q4.	Hospital admissions for children aged five years with a primary diagnosis of asthma. Children fully immunised by 8 months, 24 months and 5 years.

Using Health Resources Effectively

Acute hospital bed days per capita measures the use of hospital resources, predominantly relating to adults and older people. Acute care is urgent or unplanned health care that a person receives for an illness or injury. 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 decreased from 260.0 per 1,000 population to 250.2 per 1,000 between the year to December 2018 and year to December 2019. However, this decrease was not seen in all ethnic groups; rates for Māori increased from 270.6 to 335.3 per 1,000 population and rates for Pacific increased from 234.8 to 353.0 per 1,000 population. The main drivers of overall acute hospital bed days in Nelson Marlborough are age, socio-economic deprivation and events associated with stroke and other cerebrovascular conditions (DRG B70) and respiratory infections/inflammations (E62). For Māori, in addition to Stroke and Other Cerebrovascular Disorders and Respiratory Infections/Inflammations, the conditions making the greatest contribution to the acute hospital bed days rate in the year to December 2019 were Major Affective Disorders (DRGU63).

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 by 15% from 335.3 per 1,000 population to 285.0 per 1,000 population by 30 June 2021
Activities	**Contributory Measures**
1. Implement *Swoop Team* (or similar) by Q1 to provide rapid response to those with an acute exacerbation of a chronic condition at home or in care *(also in Acute Demand section of Annual Plan).*	Acute admission and readmission rates to hospital by ethnic group. Number of referrals to Swoop Team received.
2. Health Care Home Programme will: ▪ Implement the HCH model (or modular elements of HCH) in additional general practices by Q4 and impact report produced by Q4. The HCH model of care has been reviewed to align to Pae Ora as a vision and set of values grounded in equity across all domains of the model. Practices ensure that information resonates with people in terms of language and visual presentation, enhancing the cultural skills and competencies of staff, including understanding unconscious bias inherent in many services. ▪ Proactively manage patients in primary care through the introduction of risk stratification, early identification of cohorts of patients, triaging and standardised processes for urgent access and extended roles within the General Practice teams *(Also in Acute Demand and primary health care integration sections of the Annual Plan).*	Acute admission and readmission rates to hospital by ethnicity. Percentage of enrolled Māori population belonging to HCH practices. Number of care plans shared between key team members.
3. Strengthening Coordinated Care will increase care coordination for the most complex and vulnerable patients by: ▪ Implementing and supporting an evidence based consistent approach to identify the most complex and vulnerable patients by Q1. ▪ Locality Care Coordinators (LCC) will facilitate multidisciplinary meetings and support team integration for vulnerable populations at localities by Q3.	Number of MDT meetings and patients referred to or by Locality Care Coordinators.
4. Pilot self-management education 'taster' sessions in Marlborough/Nelson with Te Piki Oranga clients that are culturally relevant, appropriate and accessible for participants and family/whānau/support person by Q2 *(also in Acute Demand section of Annual Plan).*	Number of Taster' sessions held Acute admission and readmission rates to hospital.
5. Work with pharmacists to remind patients to make a follow-up appointment with their General Practitioner after Hospital discharge from Q1 *(also in Acute Demand section of Annual Plan and Prevention and early detection section of this SLM Plan).*	Reduced acute admission and readmission rates to hospital. Number of pharmacists reminding patients to make follow-up appointments.

Activities	Contributory Measures
6. Nelson Bays Primary Health to undertake work-force development by Q2 with Te Piki Oranga Kaimahi and Pukenga Manaaki and Pasifika Community Based Nurse to enable consistent health literacy messaging across a range of providers who interact with whānau and high needs populations, and to promote options that support/enhance self-management/behaviour change, with particular note to respiratory and heart conditions *(drivers of acute demand, also in Acute Demand section of Annual Plan).*	Number of work force development sessions delivered. Acute admission and readmission rates to hospital.
7. PHOs to collaborate with Te Piki Oranga to help locate Māori Men (30–45) who are eligible for CVDRA, and provide point of care testing/CVDRA in home/ TPO clinics or other community engagement opportunities by Q2.	PHO enrolled Māori within the eligible population who have had a CVD risk recorded in the last five years.

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. Please note that due to the transition of the survey between providers, primary care data was unable to be updated so we have developed activities that continue to improve the outcomes identified for improvement last year.

Primary care

The transition to a new survey provider along with the impact of COVID-19 have disrupted the 2020 February and May patient experience surveys for primary care and resulted in limited access to historical data. In the interim, Nelson Marlborough Health have agreed with the Ministry of Health's System Level Measures Improvement Team to review and reflect on the survey data published for 2019 in the Atlas of Healthcare Variation to inform[1] the activities in this plan. The responses to the following questions indicate areas where equitable access and outcomes could be improved for Māori:

In the twelve months prior to the survey, 14.1% of respondents in Nelson Marlborough indicated there was a time when they wanted health care from a GP or nurse but could not get it. Similarly, 18.5% of patients indicated that there was a time they did not visit a GP or nurse because of cost, with Māori (34.5%) more likely to report this than the 'other' ethnic group (17.4%). Responses to these questions were explored further:

- Could you tell us why cost stopped you from seeing a GP or nurse? – Māori were more likely than other ethnic groups to report that the appointment was too expensive (92.6%), they couldn't take time off work (27.8%) or the cost of travel was too great (13.0%).
- Has cost stopped you from picking up a prescription? – Māori were more likely than other ethnic groups to answer 'yes' (16.8%)
- Have you been involved in decisions about your care and treatment as much as you wanted to be? Māori were less likely than other ethnic groups to answer 'yes' (68.2%).

The activities to improve patient experience in primary care therefore focus on addressing these barriers.

Secondary care

With respect to secondary care, and the the inpatient survey, Nelson Marlborough Health has identified communication and coordination as domains in which we could improve.[2] 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 2019 was around 24%. The results from this survey showed that 54% of patients reported receiving enough information on medication side-effects to watch

[1] www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/atlas-of-healthcare-variation/health-service-access
[2] www.hqsc.govt.nz/our-programmes/health-quality-evaluation/publications-and-resources/publication/3936/

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 responses for four domains: Communication, Partnership, Coordination, Physical and Emotional needs.
Local Milestone	▪ 5% reduction in Māori reporting barriers to accessing primary care and pharmaceuticals by 30 June 2021. ▪ 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 2021.
Activities	**Contributory Measures**
1. PHOs will work with iwi providers to understand and address barriers to accessing primary care with a report identifying barriers and solutions completed by Q4.	Rates of Māori reporting unmet need for primary health care. Number of collaborative projects initiated.
2. NBPH will work with community agencies to provide a 'Vulnerable Populations' (VIP) project to target Māori, Pacific and other vulnerable people who cannot afford to access General Practice services, which would improve enrolment of children in GPs and WCTO providers.	Enrolment rates of Māori children in Primary Care. Enrolment rates of Māori children with WCTO providers.
3. Improve the number of GPs that have open notes and the proportion of patients accessing them by Q4.	Response rates of Māori to the question 'Have you been involved in decisions about your care and treatment as much as you wanted to be?'
4. Ensure scripts match discharge summaries through the use of *Medsman* within Health Connect South with a trial underway by Q3.	Response rates of Māori to the question 'Do you feel you received enough information from the hospital on how to manage your condition after your discharge?'
5. Work with pharmacists to remind patients to make a follow-up appointment with their General Practitioner after Hospital discharge by Q1 *(also in Acute Demand section of Annual Plan and Using Health Resources Effectively in SLM Plan).*	Response rates of Māori to the question 'Do you feel you received enough information from the hospital on how to manage your condition after your discharge?'
6. PHOs/Primary Care practices/HCH and NMH Quality Improvement Team to co-design check boxes for house surgeons to indicate on discharge summaries when/whether patients require-follow up care and where this should occur (e.g. please phone practice within 2 days, 4 weeks, 6 months). ▪ Initial meeting held by Q1. ▪ Final checklist confirmed by Q2-Q3. ▪ Checklist rolled out by Q4.	Response rates of Māori to the question 'Do you feel you received enough information from the hospital on how to manage your condition after your discharge?'

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 2016 was 84.1 per 100,000 (196 deaths), with the main contributing conditions being coronary artery disease (54 deaths), suicide (20 deaths) and female breast cancer (18 deaths).

The rate for Māori is not available because rates are suppressed where there are less than 30 deaths. However, in 2016 twenty-three people identifying as Māori died from a potentially preventable condition, predominantly coronary disease (6 people), chronic obstructive pulmonary disease (3) and suicide (2).

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 equity gaps in amenable mortality rates for Māori by 30% by 30 June 2023
Activities	**Contributory Measures**
1. PHOs to collaborate with Te Piki Oranga to help locate Māori Men (30-45) who are eligible for CVDRA, to undertake screening, and follow-up with management by Q1 *(refer Long Term Conditions section of Annual Plan and Using Health Resources Effectively in SLM Plan 2020-21).*	Proportion of Māori Men (30–45) who are eligible for CVDRA receiving CVDRA.
2. Nelson Bays Primary Health extending dietitian clinics to Te Awhina Marae by Q3 *(refer Long Term Conditions section of Annual Plan 2020-21).*	Number of Māori attending dietician clinics at Te Awhina Marae. Proportion of attendees reporting improved diet at six months follow-up. Proportion of attendees with improvements in BMI, blood pressure, cholesterol, HbA1c at 12 months.

Activities	Contributory Measures
3. PHOs to provide data to general practices about their patients with diabetes each quarter to enable the practice to use this as a reflection and quality improvement tool that improves diabetes management *(refer Long Term Conditions section of Annual Plan 2020-21)*.	Primary Health Organisation (PHO) enrolled people aged 15 to 74 years with diabetes by most recent HbA1c level within the past 12 months. Proportion of practices using PHO diabetes information in patient consultations.
4. Hold self-management education 'taster' sessions by Q1 in Marlborough with Te Piki Oranga clients that are culturally relevant, appropriate and accessible for participants and family/whanau/support person *(refer Long Term Conditions section of Annual Plan 2020-21)*.	Primary Health Organisation (PHO) enrolled people aged 15 to 74 years with diabetes by most recent HbA1c level within the past 12 months. Proportion of Māori with diabetes who engage in self-management programmes.
5. Expand pool-based activity programme (Maatapuna) by Q2 in a partnership between Nelson Bays Primary Health and Te Piki Oranga, removing barriers to increasing physical activity levels *(refer Long Term Conditions section of Annual Plan 2020-21)*.	Proportion of attendees reporting improved physical activity at six months follow-up. Proportion of Māori engaging in increasing activity programmes district wide.

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/whānau environment (i.e., 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/whānau 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 from January 2019 to June 2019, 66.9% of registered births were enrolled with a WCTO provider and only 53.4% of newborns in Nelson Marlborough could be confirmed as living in smokefree households at six weeks postnatal (this compares with a national average of 55.3%). The rate for Māori is a lot lower; only 40.1% of new born Māori were enrolled with a WCTO provider and only 21.7% of Māori newborns in Nelson Marlborough could be confirmed as living in smokefree households at six weeks postnatal. This is lower than the national rate for Māori which is 34.4%. Rates also decline with increasing deprivation.

National Measure	Babies living in a smokefree household at six weeks postnatal (up to 56 days of age).
Local Milestone	At least 34.4% of Māori newborns in Nelson Marlborough Health live in a smokefree household at six weeks post-natal by 30 June 2021
Activities	**Contributory Measures**
1. NBPH will work with community agencies to provide a 'Vulnerable Populations' (VIP) project to target Māori, Pacific and other vulnerable people who cannot afford to access General Practice services, which would improve enrolment of children in GPs and WCTO providers.	Enrolment rates of Māori children in Primary Care. Enrolment rates of Māori children with WCTO providers.
2. Smokefree 2025 programme to review initial Pepi First referral model by Q3 to understand how referrals from LMC midwives could be improved.	Referral rates to Pepi First by LMC midwives.
3. Work with the Ministry of Health, Plunket and Te Piki Oranga to breakdown BLSH and Wellchild indicators by Q3 to identify differences based on ethnicity, rurality and/or facility and identify improvement actions for SLM Plan 2021/22.	Awareness of ethnicity, rurality and facility differences in BLSH and Wellchild indicators.
4. LMCs, midwives and Hauora Direct to promote vaping as a quit smoking aid with whānau living in the same household as pregnant women underway by Q3. *(refer Smokefree 2025 section in Annual Plan 2020-21).*	Referral rates of whānau living with pregnant women to smoking cessation services (including the use of vaping as a quit smoking tool).
5. Promote the Pēpi First programme to "wrap-around support" partners each quarter (e.g. iwi social service providers, budget advisors, LMCs and other health and social service providers) that have regular contact with hapū māmā; ensure referral pathways from Hapū Wānanga, Hauora Direct and other targeted health services *(refer Smokefree 2025 section of Annual Plan).*	Referral rates to Pēpi First.
6. Explore integrated IT solutions to reduce barriers to parents, GPs and LMCs to enrolment *(refer Maternity and Early years section of Annual Plan).* ▪ Initial stakeholder meeting held by Q1. ▪ Feasibility of Hauora Direct or other IT solutions to address this need determined by Q2. ▪ Alternative non-IT options explored by Q4 if necessary.	WCTO enrolment rates.
7. WCTO will work closely with maternity services to notify each late/non referral so NMH can address barriers to timely enrolment with an initial stakeholder meeting held by Q1 *(refer Maternity and Early years section of Annual Plan).*	WCTO enrolment rates.
8. Increase LMC workforce capacity in Wairau to enable LMCs to support whānau experiencing difficulties accessing WCTO services by Q4 *(refer Maternity and Early years' section of Annual Plan).*	Proportion of newborns in Wairau enrolled in WCTO services.

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 2018, 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 (37.5%) than males (10.0%). Similar equity gaps in coverage on the basis of sex exist for those aged 15–19 years and persist for all ethnic groups. Data for 2019 will be available in August 2020.

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 10.0% in 2018 to at least 35.7% (i.e., bring male rates in line with female rates) by 30 June 2021.
Activities	**Contributory Measures**
1. Establish a 'train the trainer' model by Q4 in collaboration with occupational health nurses in local industry to add routine STI testing alongside compulsory drug testing, focusing initially on Port Nelson (Talley's & Sealords) and ITO apprenticeship providers (i.e., building trades). *(cross reference Sexual Health section Annual Plan 2020/21).*	Number of organizations offering STI testing alongside compulsory drug testing.
2. Enable registered nurses to provide STI testing and treatment in the community by Q4 through targeting providers who provide services to high numbers of Māori first *(cross reference Sexual Health section Annual Plan 2020/21).*	Number of registered nurses providing STI testing and treatment in the community.

Activities	Contributory Measures
3. Nelson Marlborough Health's Health Promotion team to work together with youth health services to scope and strengthen year 10 sexual education in high schools with reference to *Mana Tangata Whenua: National Guidelines for Sexual and Reproductive Health Promotion with Māori (cross reference Sexual Health section Annual Plan 2020/21).* ▪ Understanding of current programme/s by Q1, ▪ Areas identified for improvement identified by Q2, ▪ Revised programme in place by Q4.	Understanding of sexual and reproductive health among youth.
4. Collaborate with local PHOs and primary care practices to identify ways to encourage Primary Care Practices to routinely ask about sexual and reproductive health during youth consultations by Q4. *(cross reference Sexual Health section Annual Plan 2020/21).*	Number of primary care practices routinely asking young people about sexual and reproductive health.

TE WAIORA Nelson Marlborough Health

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Nelson Marlborough Health